

San Joaquin Operational Area



Healthcare Coalition Chemical Surge Annex

June 21, 2024

San Joaquin County Emergency Medical Services Agency
P.O. Box 220, French Camp, California 95231

San Joaquin Operational Area Healthcare Coalition
Chemical Surge Annex

Record of Changes

Date	Changes	By
3/21/24	Initial draft published	Phil Cook
5/15/24	<p>Second draft published</p> <p>Corrected Appendixes numbering and Table of Content</p> <p>Added a reference Cal OSHA regulations, requiring the use of the Incident Command System (ICS) to managing the response to hazardous materials incident, to Section 2 Concept of Operations.</p> <p>Added the following Appendixes:</p> <ul style="list-style-type: none"> • 3.7 - Site Safety and Control Plan ICS-208 HM Form • 3.8 - Hospital and EMS CHEMPACK container contents • 3.9 - Pediatric Decontamination Process • 3.10 - Service Animal Decontamination References 	Phil Cook
6/21/24	<p>Final version published</p> <p>Added the following Appendixes:</p> <ul style="list-style-type: none"> • 3.8 – Example Site Safety and Control Plan ICS-208 HM Form • 3.10 CHEMPACK Resources in Neighboring Counties <p>Edited Pediatric Decontamination Process Appendix, removing the following terms from the algorithm: school aged, preschool, and infants & toddlers, to reduce confusion. Renumbered to 3.11</p> <p>Renumbered Service Animal Decontamination References Appendix to 3.12</p>	Phil Cook Emergency Preparedness Committee

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1. Introduction

This annex describes a coordinated healthcare response to a chemical emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of healthcare facilities. The annex will outline specific incident and response protocols necessary to properly plan for, manage, and care for patients during a chemical emergency.

1.1 Purpose

This annex applies to a multi-casualty incident with a large number of hazardous materials exposed patients that exceed the capacity of the seven acute care hospitals in the county. It supports the SJOA Healthcare Coalition Emergency Operations Plan by addressing specific needs of hazardous materials exposed patients and supporting appropriate medical care during a disaster. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing uniform response actions in the case of an emergency that involves (or could involve) significant numbers of hazardous materials victims.

1.2 Scope

The San Joaquin Operational Area Healthcare Coalition Chemical Surge Annex encompasses all participating healthcare facilities, providers, public and private medical and health agencies/organizations, pre-hospital care service providers, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

1.3 Authority

This annex is issued under the authority of the San Joaquin County Emergency Medical Services Agency Administrator, who serves as the Medical Health Operational Area *Coordinator (California Health and Safety Code, Division 2.5, Sections 1797.153 and 1797.220)*.

1.4 Overview/Background of Healthcare Coalition and Situation

- The population of San Joaquin County is 800,965¹

¹ <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia,CA/PST045223#PST045223>

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- San Joaquin County has seven acute care receiving hospitals, including one level II trauma center.

Hospital	Address	Trauma Center Designation ²
Adventist Health Lodi Memorial	975 S. Fairmont Ave. Lodi, CA 95240	N/A
Dameron Hospital	525 West Acacia St. Stockton, CA 95203	N/A
Doctor's Hospital of Manteca	1205 E. North St. Manteca, CA 95336	N/A
Kaiser Hospital Manteca	1777 W. Yosemite Ave. Manteca, CA 95337	N/A
San Joaquin General Hospital	500 West Hospital Rd. French Camp, CA 95231	Level II
St. Joseph's Medical Center	1800 N. California St. Stockton, CA 95204	N/A
Sutter Tracy Community Hospital	1420 N. Tracy Blvd. Tracy, CA 95376	N/A

(Table 1)

- There are five trauma centers designated to receive San Joaquin County trauma patients³

Hospital	Address	Trauma Center Designation ³
San Joaquin General Hospital (Primary)	500 West Hospital Rd. French Camp, CA 95231	Level II
UC Davis Medical Center (Alternate)	2315 Stockton Blvd. Sacramento, CA 95817	Level I
Kaiser South Sacramento (Alternate)	6600 Bruceville Rd. Sacramento, CA 95823	Level II
Doctor's Medical Center (Alternate)	1441 Florida Ave. Modesto, CA 95350	Level II
Memorial Medical Center (Alternate)	1700 Coffee Rd. Modesto, CA 95355	Level II

(Table 2)

1.5 Assumptions

- All San Joaquin County acute care receiving hospitals have personnel trained⁴ to receive and decontaminate hazardous material exposed patients, in accordance with Cal OSHA regulations.

² American College of Surgeons <https://www.facs.org/quality-programs/trauma>

³ EMS Policy No. 4709 Trauma Center Service Areas <https://www.sjgov.org/department/ems/policies>

⁴ <https://www.dir.ca.gov/title8/5192.html>

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- All seven acute care receiving hospitals in San Joaquin County have been equipped and trained to decontaminate contaminated patients.
- Fire and other response agencies have scene management and patient care responsibilities, in the field, during large-scale hazardous material multi-casualty incidents. Therefore, hospitals must be self-sufficient and capable of decontaminating patients.
- Patients shall be decontaminated in the field, prior to transportation to a receiving hospital or trauma center.
- Removal of patient clothing can eliminate up to 90% of contamination.
- The Disaster Control Facility (DCF) at San Joaquin General Hospital has primary responsibility for providing patient destinations during multi-casualty incidents.
- The Regional Disaster Medical Health Coordinator (RDMHC) has primary responsibility for the coordination of patient movement within Mutual Aid Region IV.
- Federal resources (e.g., ambulance contracts, National Disaster Medical System teams), though potentially available to assist, cannot be relied upon to mobilize and deploy for the first 72 hours.

2. Concept of Operations

All San Joaquin County acute care receiving hospitals are prepared to receive, stabilize, and manage hazardous materials exposed patients. However, patients that meet major trauma triage criteria⁵ must be transported to a trauma center for care.

The emergency response to hazardous materials incidents will be managed using the Incident Command System (ICS), in accordance with Cal OSHA regulations Title 8 CCR §5192 (q)(3).

The following EMS Agency policies⁶ govern the management of multi-casualty incidents, patient destinations, trauma care, and transportation:

- EMS Policy No. 7010 MCI Field Operations
- EMS Policy No. 7020 MCI Control Facility Operations
- EMS Policy No. 5215 Trauma Patient Destination

⁵ https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-5000-prehospital-care/5210---major-trauma-triage-criteria---effective-april-1-2023.pdf?sfvrsn=cc69ed31_2

⁶ <https://www.sjgov.org/departments/ems/policies>

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- EMS Policy No. 5210 Major Trauma Triage Criteria
- EMS Policy No. 5201 Medical Patient Destination
- EMS Policy No. 5001 Authority for Medical Emergency Management
- EMS Policy No. 4709 Trauma Center Service Areas
- EMS Policy No. 4448 EMS Aircraft Utilization
- EMS Policy No. 7101 EMS Chempack Request Prehospital

2.1 Activation

Activation of this annex will be concurrent with the activation of the multi-causality incident, involving a large number of hazardous materials exposed patients. Hospitals will be notified by the Disaster Control Facility, via EMResource⁷.

This annex can also be activated upon the request for hazardous materials surge assistance from any of the seven acute care-receiving hospitals.

2.2 Notifications

2.2.1 Multi-Casualty Incidents (MCI)

- Prehospital personnel will notify the Disaster Control Facility (DCF), via radio or cell phone, of a MCI.
- The DCF creates a MCI Haz Mat event in EMResource to notify and poll receiving hospitals for the numbers of immediate, delayed, and minor patients they can receive, as well as the hospital's ability to decontaminate patients.

2.2.2 The Emergency Medical Services Agency Duty Officer is available on a 24/7 basis as the point of contact for the Medical Health Operational Area Coordinator (MHOAC)⁸.

- Dispatch (209) 236-8339

2.3 Roles and Responsibilities

2.3.1 Prehospital

- Respond to incident
- Notify the Disaster Control Facility of a multi-casualty incident

⁷ <https://emresource.juware.com/login>

⁸ EMS Policy No. 7001 https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-7000-multi-casualty-incident-and-disaster-medical/7001---on-call-ems-duty-officer-notification---effective-april-1-2023-v2.pdf?sfvrsn=d736efd0_2

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- Manage Medical Branch or Group operations
- Request EMS CHEMPACK resources, as needed
- Ensure contaminated patients are decontaminated prior to transport
- Triage, treat and transport patients

2.3.2 Disaster Control Facility

- Create a MCI Haz Mat event in EMResource to notify and poll receiving hospitals for the numbers of immediate, delay, and minor patients they can receive, as well as each hospital's ability to decontaminate patients.
- Provide patient destinations to the Patient Transportation Group Supervisor, in the field.

2.3.3 Receiving Hospitals and Trauma Centers

- Manage hazardous materials emergency operations using the Incident Command System (ICS), in accordance with Cal OSHA regulations⁹
- Receive patients
- Decontaminate patients, as needed
- Provide patient care and treatment
- Request Hospital CHEMPACK resources, as needed
- Transfer patients to a higher level of care, as needed
- Activate facility medical surge plan, as needed
- Activate family reunification plan, as needed
- Discharge patients

2.3.4 Medical Health Operational Area Coordinator (MHOAC)

- Coordinate patient movement with Region IV, as needed.
- Coordinate the release and deployment of CHEMPACK resources, as needed
- Submit Medical Health Situation Reports to Region IV and the state, as needed.

⁹ Title 8 CCR §5192(q)(3)(A)

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- Provide a list of hospitals that received patients from the multi-casualty incident to the San Joaquin County Office of Emergency Service to assist with family reunification, as needed.

2.4 Logistics

2.4.1 Space

Hospitals will use conventional patient care areas to treat hazardous materials exposed patients. When necessary, hospitals will activate their medical surge plans to expand care into contingency spaces and/or implement alternate care sites.

Each hospital maintains 12 to 24 portable medical beds for rapid deployment to expand capacity. In addition, over 500 portable beds are maintained in the healthcare coalition cache, which are available upon request through the MHOAC program.

2.4.2 Staff

Hospitals manage their staffing needs by routinely calling back staff during periods of high census and/or medical surge, in accordance with their surge plans. When necessary, hospitals can submit a staffing flexibility request to the California Department of Public Health, Center for Health Care Quality¹⁰ to address staffing shortages.

2.4.2.1 Staff Training

- Patient decontamination team personnel shall be training to the Hazardous Materials First Responder Operations (FRO) Level, in accordance with Cal OSHA regulations, available in Appendix 3.6
- Clinicians and patient decontamination team personnel should complete radiological response training, such as the Radiological Training for Hospital Personnel course, developed by the U.S. Department of Energy and the Federal Emergency Management Agency (FEMA).
- Additional radiological training resources are available in Appendix 3.3
- Trauma center nurse training includes adult and pediatric burn care, which is part of the required Trauma Nursing

¹⁰ <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000a.pdf>

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Core Course (TNCC)¹¹ curriculum. Many acute care hospitals encourage Emergency Department nurses complete the TNCC course as well.

- The Prolonged Care of the Burn Patient in a Non-Burn Facility Following a Mass Casualty Incident E-Learning modules (also known as the 96 Hour Plan) are available, at no cost, through the University of Utah Health Crisis Standards of Care website. See Appendix 3.4 Burn Training Resources for the login information.
- Additional burn care training is available through the American Burn Association. See Appendix 3.4 Burn Training Resources for more information.

2.4.3 Supplies

Hospitals will utilize their normal supply chains to procure and maintain necessary medical equipment and supplies required to stabilize and manage burn patients.

Hospitals with immediate unmet medical supply and/or equipment needs can request resources from other healthcare coalition member organizations, in accordance with the San Joaquin Operational Area Healthcare Coalition Memorandum of Understanding (MOU)¹². In addition, resource requests can be submitted through the Medical Health Operational Area Coordinator (MHOAC)¹³ program, by entering requests into the WebEOC Resource Request and Deployment Module (RRDM)¹⁴.

The San Joaquin Operational Area Medical Health Multi-Agency Coordination (Med MAC) Group¹⁵ will be activated, as needed, to establish priorities related to the allocation of critical resources.

2.5 Special Considerations

2.5.1 Behavioral Health

Given the nature and scope of a radiological multi-casualty incident, it can be expected that a number of those who witnessed, were injured by, or responded to the event will experience some mental trauma in relation to the incident. Healthcare facilities should be

¹¹ <https://www.ena.org/education/tbcc>

¹² <https://www.sjgov.org/department/ems/Menu/emergency-preparedness/coalition>

¹³ California Code, Health and Safety Code Section 1797.153

¹⁴ <https://www.sjgov.org/ems/webecinfo.htm>

¹⁵ <https://www.sjgov.org/department/ems/Menu/emergency-preparedness/coalition>

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prepared to identify and respond to these issues in their patients, patients' families, and their staff to the best of their ability.

In a large-scale disaster scenario, psychological first aid is an evidence informed approach, whose purpose (according to The American Psychological Association) is to "assess the immediate concerns and needs of an individual in the aftermath of a disaster". Psychological First Aid advocates that mental health clinicians and emergency response workers work to understand the victim's world view, project a sense of calm, normalize feelings and reactions, provide information needed to de-escalate acute distress and provide education to the individual or family regarding "next steps" to take.

Healthcare coalition organizations can request Psychological First Aid (PFA) assistance for patients and/or family members by contacting the San Joaquin County Behavioral Health Services Crisis Center¹⁶, any time, at 209-468-8686.

The San Joaquin Area Critical Incident Support Team (SJACIST) is a group of volunteer chaplains and peer support personnel, trained to assist and support victims, their friends and relatives, as well as healthcare workers, during time of crisis and stress. The team is available 24/7, at no cost.

See Appendix 3.3 Behavioral Health Resources for more information.

2.5.2 Decontamination

Contaminated patients should be decontaminated in the field prior to transport, however the treatment of patients with life threatening injuries takes priority over complete decontamination. All receiving hospitals have developed patient decontamination policies, including processes for handling self-presenting contaminated patients.

Pediatric patients are more susceptible to hypothermia, than adults, and need to be dried off immediately following decontamination. Infants can become slippery during decontamination, placing them inside a laundry basket can greatly reduce fall risks. See Appendix 3.11 for additional pediatric decontamination guidance.

Hospitals need to be prepared to decontaminate patient's service animals. See Appendix 3.12 for additional guidance.

¹⁶ https://www.sjcbhs.org/crisis_intervention.aspx

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2.6 Operations – Medical Care

2.6.1 Triage

Patients from multi-casualty incidents will be triaged in accordance with EMS Policies No. 7010 Multi-Casualty Incident Field Operations and 5210 Major Trauma Triage Criteria.

Secondary triage at trauma centers and/or acute care hospitals should be consistent with the triage criteria developed by the U.S. Department of Health and Human Services – Radiation Emergency Medical Management (REMM)¹⁷ and/or Burn Triage and Treatment guide from the American Burn Association¹⁸.

2.6.2 Treatment

The prehospital treatment for patients in the field will be conducted in accordance with EMS Policy Section 5000 Prehospital Care¹⁹.

The treatment of radiologically exposed patients will be determined by the attending physician, in consultation with a Radiation Injury Treatment Network (RITN) hospital and/or any of the organizations listed in Appendix 3.1

The course of treatment for burn patients, in a trauma center and/or acute care hospital, will be determined by the attending physician, in consultation with a burn center.

2.7 Transportation

Patients at a multi-casualty incident will be transported by Advanced Life Support (ALS) ambulance to the appropriate hospital, as directed by the Disaster Control Facility.

Inter-facility transfers will be transported by Basic Life Support (BLS), Advanced Life Support (ALS), Critical Care Transport (CCT), Specialty Care Transport (SCT) or Air Ambulance, as determined by the transferring physician.

The California Patient Movement Plan²⁰ will be activated once the need to transport patients outside of Mutual Aid Region IV has been identified.

¹⁷ <https://remm.hhs.gov/>

¹⁸ <http://ameriburn.org/quality-care/disaster-response/>

¹⁹ <https://www.sjgov.org/departments/ems/policies>

²⁰ https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf

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Patients transported outside of the state will be coordinated by the California Medical Health Coordination Center (MHCC) and the National Disaster Medical System (NDMS)²¹.

2.8 Tracking

Patients from multi-casualty incidents will be tracked by the Disaster Control Facility (DCF) and Patient Transportation Group Supervisor.

Inter-facility transfers will be tracked by the transferring hospital.

2.9 Reunification

A list of hospitals that received patients from a multi-casualty incident will be collected by MHOAC, or designee, and forwarded to the San Joaquin County Office of Emergency Service (OES) to make available to the public, as needed.

Each hospital will active their reunification plans to reunite patients with family members, as needed.

2.10 Deactivation and Recovery

MCI field operations will be terminated by the Medical Branch Director, after all patients have been transported off scene. The Patient Transportation Group Supervisor will notify the Disaster Control Facility (DCF) when the incident has ended. The DCF will end the MCI event in EMResource, which will notify the activated trauma centers and receiving hospitals, that field operations have been terminated. Hospitals will deactivate surge plans once the surge of patients has ended. The MHOAC, or designee, will deactivate once Operational Area and/or Regional coordination is no longer required.

Prehospital, hospital and MHOAC program personnel will conduct incident critiques or hot washes, after the incident, to identify strengths, areas for improvement, and if needed, corrective actions. Findings will be documented in After Action Reports.

3 Appendices

3.1 Hazardous Materials Care Resources

3.1.1 Agency for Toxic Substances and Disease Registry (ATSDR)

3.1.1.1 Medical Management Guidelines (MMGs) for Acute Chemical Exposures

<https://wwwn.cdc.gov/TSP/MMG/MMGLanding.aspx>

²¹ <https://www.phe.gov/Preparedness/responders/ndms/Pages/default.aspx>

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- 3.1.1.2 Toxicology Profiles
<https://wwwn.cdc.gov/TSP/index.aspx>
- 3.1.2 Centers for Disease Control and Prevention (CDC)
 - 3.1.2.1 Chemical Agents
<https://emergency.cdc.gov/agent/agentlistchem.asp>
 - 3.1.2.2 Radiation Emergencies
<https://www.cdc.gov/nceh/hazradousmaterials/emergencies/index.htm>
 - 3.1.2.3 Radiation Emergencies – Resource Library
<https://www.cdc.gov/nceh/radiation/emergencies/resourcelibrary/all.htm>
 - 3.1.2.4 Information for Clinicians
<https://www.cdc.gov/nceh/hazradousmaterials/emergencies/clinicians.htm>
 - 3.1.2.5 Acute Radiation Syndrome: A Fact Sheet for Clinicians
<https://www.cdc.gov/nceh/hazradousmaterials/emergencies/arsphysicianfactsheet.htm>
 - 3.1.2.6 Medical Countermeasure (Treatment) for Radiation Exposure and Contamination
<https://www.cdc.gov/nceh/hazradousmaterials/emergencies/countermeasures.htm>
- 3.1.3 Crop Data Management Systems
 - 3.1.3.1 Pesticide Safety Data Sheets (SDS) by brand name
<http://www.cdms.net/manuf/manuf.asp>
- 3.1.4 EXTOTXNET
Pesticide Information Profiles (PIPs)
<http://extoxnet.orst.edu/pips/ghindex.html>
- 3.1.5 National Institute for Occupational Safety and Health (NIOSH)
 - 3.1.5.1 NIOSH Pocket Guide to Chemical Hazards
 - 3.1.5.2 Mobile Apps
 - App Store
<https://apps.apple.com/us/app/niosh-mobile-pocket-guide/id1450966582?ls=1>
 - Google Play

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<https://play.google.com/store/apps/details?id=com.niosheid.androidnpg>

- Video

<https://www.youtube.com/watch?v=eloyiqiCmI0>

3.1.6 National Oceanic and Atmospheric Administration (NOAA)

3.1.6.1 CAMEO Chemicals - online library of more than 6,000 data sheets

<http://cameochemicals.noaa.gov/>

3.1.6.2 Mobile Apps

- App Store

<https://apps.apple.com/app/apple-store/id1151912682>

- Google Play

https://play.google.com/store/apps/details?id=gov.noaa.cameochemical&referrer=utm_source%3Dcameo_chemicals_website%26utm_medium%3Dbadge%26android%3Dadmob

3.1.7 Radiation Emergency Assistance Center/Training Site (REAC/TS) Oak Ridge Institute for Science and Education

<https://orise.ornl.gov/resources/reacts/index.html>

3.1.7.1 General Information: 1-865-576-3131

3.1.7.2 After-Hours: 1-865-576-1005 (Ask for REAC/TS)

3.1.5.3 REAC/TS Rad Med App

- App Store

<https://apps.apple.com/us/app/reacts/id1472260982?ls=1>

- Google Play

https://play.google.com/store/apps/details?id=com.quickseries.rca.REAC.TS&hl=en_CA

3.1.8 U.S. Department of Health and Human Services (HHS)

3.1.8.1 Chemical Hazards Emergency Medical Management (CHEMM)

<https://chemm.hhs.gov/index.html>

- Information for Hospital Providers

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<https://chemm.hhs.gov/hospitalproviders.htm>

- Video
<https://www.youtube.com/watch?v=I0f406KMIqA>
- Mobile Apps
 - App Store
<https://apps.apple.com/us/app/wiser-response/id375185381>
 - Google Play
https://play.google.com/store/apps/details?id=gov.nih.nlm.wiser&hl=en_US&gl=US

3.1.8.2 Primary Response Incident Scene Management (PRISM): Decontamination Guidance for Chemical Incidents
<https://www.medicalcountermeasures.gov/barda/cbrn/prism/>

3.1.8.3 Radiation Emergency Medical Management (REMM)
<https://remm.hhs.gov/index.html>

3.1.8.3.1 Interactive Tool to Determine Triage Category and Myeloid Cytokine Use After a Nuclear Detonation
<https://remm.hhs.gov/triagetool5.htm>

3.1.8.4 Does Estimator for Exposure – 3 Biodosimetry Tools:
https://remm.hhs.gov/ars_wbd.htm

3.1.8.5 Biodosimetry Reference List
https://remm.hhs.gov/biodosimetry_refs_mindnode.htm

3.1.2.3 Managing Internal Radiation Contamination
https://remm.hhs.gov/int_contamination.htm#blockingagents

3.1.2.4 REMM Mobile App

- App Store
<https://apps.apple.com/us/app/id372600451>
- Google Play
<https://play.google.com/store/apps/details?id=gov.nih.nlm.sis.remm>

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3.1.9 US Department of Transportation

3.1.9.4 Emergency Response Guidebook

<https://www.phmsa.dot.gov/training/hazmat/erg/emergency-response-guidebook-erg>

- Video
<https://www.youtube.com/watch?v=PitdCqx7cU>
- Mobile Apps
 - App Store
<https://apps.apple.com/us/app/erg-2012-for-iphone/id592158838?ign-mpt=uo%3D2>
 - Google Play
<https://play.google.com/store/apps/details?id=gov.nih.nlm.erg2012>

3.1.10 US National Library of Medicine (NLM)

3.1.10.4 Consumer Product Information Database (CIPD)

<https://www.whatsinproducts.com/>

3.1.10.5 Wireless Information System for Emergency Responders (WISER)

<https://wiser.nlm.nih.gov/>

- Video
<https://youtu.be/dkmYTZxTUHM>

3.1.10.6 WebWISER

<https://webwiser.nlm.nih.gov/getHomeData>

- Acute Patient Care Guidance
<https://webwiser.nlm.nih.gov/ref?toolArg=%3CReferenceArgs+TopicType%3D%22chem%22+FileName%3D%22mmghome.htm%22+%2F%3E>
- Chemical Search
<https://webwiser.nlm.nih.gov/knownSubstanceSearch>
- Tools and Guidance

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<https://webwiser.nlm.nih.gov/tools/ToolsHome>

- Mobile Apps
 - App Store
<https://apps.apple.com/us/app/niosh-mobile-pocket-guide/id1450966582?ls=1>
 - Google Play
<https://play.google.com/store/apps/details?id=com.niosheid.androidnpg>

3.2 Burn Care Resources

3.2.9 ASPR-TRACIE Burn Collection

<https://asprtracie.hhs.gov/technical-resources/28/burns/0>

3.2.10 American Burn Association

<http://ameriburn.org/>

3.2.10.4 Burn Center Referral Criteria

<http://ameriburn.org/wp-content/uploads/2017/05/burncenterreferralcriteria.pdf>

3.2.10.5 Western Region Burn Disaster Consortium – Burn Mass Causality Operations Plan

<http://ameriburn.org/wp-content/uploads/2021/03/final10.2020-wrbdc-bmci-operations-plan.pdf>

3.2.11 University of Utah Health Crisis Standards of Care

<https://crisisstandardsofcare.utah.edu/Pages/home.aspx>

3.2.11.4 Burn CSC App

- App Store
<https://apps.apple.com/us/app/uofu-health-burn-csc/id1521337083>
- Google Play
https://play.google.com/store/apps/details?id=com.universityofutahhealth.csc&hl=en_US&gl=US

3.3 Hazardous Materials Training Resources

3.3.9 Just-in-Time Training: Acute Radiation Syndrome Healthcare Providers Primer for Healthcare Providers

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<https://ritn.net/training/just-in-time>

3.3.10 Radiation Injury Treatment Network (RITN): What You Need to Know

<https://youtu.be/v-qW-z7qXRw>

3.3.11 Radiation Injury Treatment Network (RITN): Web-Based Training

<https://ritn.net/training/web-based-training>

3.3.11.4 Initial Care of Patients with Acute Radiation Syndrome

<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=e8b27387-b6ca-4856-b5a6-f796f4a5311f>

3.3.11.5 Basic Radiation Training for Healthcare Professionals

<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=04103a69-ee86-4152-8201-8143fb605bc2>

3.3.11.6 RITN Concept of Operations

<https://app.cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=b3cda249-6bbf-4394-857c-b102d098be56>

3.3.11.7 Non-Medical Personnel Radiation Awareness

<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=e2424f58-af16-42b9-9fc8-e3cb0203f33f>

3.3.12 CDC Radiological Terrorism: Just-in-Time Training for Hospital Clinicians

<https://orau.gov/rsb/video/jit.html>

3.3.13 Instrument Training Videos

3.3.13.4 Ludlum Model 3

<https://www.youtube.com/watch?v=l4hJqzqpD7U>

3.3.13.5 Ludlum Model 9 DP

https://youtu.be/UYPJQNVeC_I

3.3.13.6 Ludlum Model 14 C

<https://youtu.be/zDUf-luC2-c>

3.3.13.7 Ludlum Model 26-1

<https://youtu.be/ijaxlBZjdbE>

3.3.13.8 Ludlum Model 2241-2 Kit

<https://www.youtube.com/watch?v=iRjmJxHEXHU>

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3.4 Burn Training Resources

3.4.1 University of Utah Health Crisis Standards of Care

- 3.4.1.1 96 Hour Plan E-Learning Modules (Click request account on the login page)
<https://crisisstandardsofcare.utah.edu/Pages/training-96hr-main.aspx>

3.4.2 American Burn Association

- 3.4.2.1 Education Resources
<https://ameriburn.org/education/education-resources/>

3.4.3 Emergency Nurses Association

- 3.4.3.1 Trauma Nursing Core Course (TNCC)
<https://www.ena.org/education/tncc>

3.5 Behavioral Health Resources

3.5.1 American Psychological Association

- 3.5.1.1 Psychological First Aid Resources
<https://www.apa.org/practice/programs/dmhi/psychological-first-aid/resources>

3.5.2 Substance Abuse and Mental Health Service Administration (SAMHSA)

- <https://www.samhsa.gov/>

3.5.2.1 SAMHSA Disaster Mobil App

- https://store.samhsa.gov/product/samhsa-disaster?referer=from_search_result

3.5.3 San Joaquin County Behavioral Health Services - Crisis Center

- https://www.sjcbhs.org/crisis_intervention.aspx

- 3.5.3.1 Primary 24/7 Contact:
209-468-8686

3.5.4 San Joaquin Area Critical Incident Support Team (SJACIST)

- <https://www.sjacist.com/>

- 3.5.4.1 Primary 24/7 Contact:
209-373-3288

- 3.5.4.2 Secondary Contact:
209-479-1414

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3.6 Cal OSHA Regulations, Title 8 CCR, §5192(q) (1)-(11)

(q) Emergency Response to Hazardous Substance Releases: This subsection covers employers whose employees are engaged in emergency response no matter where it occurs except that it does not cover employees engaged in operations specified in subsections (a)(1)(A) through (a)(1)(D) of this section. Those emergency response organizations who have developed and implemented programs equivalent to this subsection for handling releases of hazardous substances pursuant to Section 303 of the Superfund Amendments and Reauthorization Act of 1986 (Emergency Planning and Community Right-to-Know Act of 1986, 42 U.S.C. 11003) shall be deemed to have met the requirements of this subsection.

(1) Emergency response plan: An emergency response plan shall be developed and implemented to handle anticipated emergencies prior to the commencement of emergency response operations. The plan shall be in writing and available for inspection and copying by employees, their representatives, and Division personnel. Employers who will evacuate their employees from the danger area when an emergency occurs, and who do not permit any of their employees to assist in handling the emergency, are exempt from the requirements of this subsection if they provide an emergency action plan in accordance with 8 CCR 3220.

(2) Elements of an emergency response plan: The employer shall develop an emergency response plan for emergencies which shall address, as a minimum, the following to the extent that they are not addressed elsewhere:

- (A) Pre-emergency planning and coordination with outside parties.
- (B) Personnel roles, lines of authority, training, and communication.
- (C) Emergency recognition and prevention.
- (D) Safe distances and places of refuge.
- (E) Site security and control.
- (F) Evacuation routes and procedures.
- (G) Decontamination.
- (H) Emergency medical treatment and first aid.
- (I) Emergency alerting and response procedures.
- (J) Critique of response and follow-up.
- (K) Personal protective equipment (PPE) and emergency equipment.
- (L) Emergency response organizations may use the local emergency response plan or the state emergency response plan or both, as part of their emergency response plan, to avoid duplication. Those items of the emergency response plan that are being properly addressed by the SARA Title III plans may be

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substituted into their emergency plan or otherwise kept together for the employer and employee's use.

(3) Procedures for handling emergency response.

(A) The senior emergency response official who has ultimate site control responsibility shall confirm that the Incident Command System (ICS) is in place and the position of Incident Commander (IC) instituted. All emergency responders and their communications shall be coordinated and controlled through the ICS.

Note to (q)(3)(A): The "senior official" at an emergency response is the most senior official on the site who has the responsibility for controlling the operations at the site until the emergency response official who is determined to have ultimate incident control authority arrives. Initially it is the senior officer on the first-due piece of responding emergency apparatus to arrive on the incident scene, usually a police or fire vehicle. As more senior officials arrive the position is passed up the line of authority which has been previously established. As there may be several separate spheres of responsibility at a given site (police, fire, Cal Trans, for example), there may be several "senior officials," each responsible for his/her own employees. The "senior emergency response official" who will have ultimate site control responsibility is established in the Hazardous Material Incident Contingency Plan for the State of California (January 1991), promulgated by the State Office of Emergency Services (OES) as directed by Health and Safety Code, Sec. 25503 (HS 25503), and California Code of Regulations, Title 19, Division 2 (19 CCR, Div. 2: Office of Emergency Services) and in coordination with the various city and county, i.e., area emergency response plans.

(B) The individual in charge of the ICS shall identify, to the extent possible, all hazardous substances or conditions present and shall address as appropriate site analysis, use of engineering controls, maximum exposure limits, hazardous substance handling procedures, and use of any new technologies.

(C) Based on the hazardous substances and/or conditions present, the individual in charge of the ICS shall implement appropriate emergency operations, and assure that the PPE worn is appropriate for the hazards to be encountered. However, PPE shall meet, at a minimum, the criteria contained in 8 CCR 3401-3408 when worn while performing fire fighting operations beyond the incipient stage for any incident.

(D) Employees engaged in emergency response and exposed to hazardous substances presenting an inhalation hazard or potential inhalation hazard shall wear positive pressure self-contained breathing apparatus (SCBA) while engaged in emergency

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response, until such time that the individual in charge of the ICS determines through the use of air monitoring that a decreased level of respiratory protection will not result in hazardous exposures to employees.

(E) The individual in charge of the ICS shall limit the number of emergency response personnel at the emergency site in those areas of potential or actual exposure to incident or site hazards, to those who are actively performing emergency operations. However, operations in hazardous areas shall be performed using the buddy system in groups of two or more.

(F) Back-up personnel shall stand by with equipment ready to provide assistance or rescue, and shall not engage in activities that will detract from that mission. Back-up personnel shall be protected, at a minimum, as the same level as the entry team. Advance first aid support personnel, at a minimum, shall also stand by with medical equipment and transportation capability.

(G) The individual in charge of the ICS shall designate a safety official, who is knowledgeable in the operations being implemented at the emergency response site, with specific responsibility to identify and evaluate hazards and to provide direction with respect to the safety of operations for the emergency at hand.

(H) When activities are judged by the safety official to be an IDLH condition and/or to involve an imminent danger condition, the safety official shall have the authority to alter, suspend, or terminate those activities. The safety official shall immediately inform the individual in charge of the ICS of any actions needed to be taken to correct these hazards at the emergency scene.

(I) After emergency operations have terminated, the individual in charge of the ICS shall implement appropriate decontamination procedures.

(J) When deemed necessary for meeting the tasks at hand, approved SCBA may be used with approved cylinders from other approved SCBA, provided that such cylinders are of the same capacity and pressure rating. All compressed air cylinders used with SCBA shall meet U. S. Department of Transportation (DOT) and National Institute for Occupational Safety and Health (NIOSH) criteria.

(4) Skilled support personnel: Personnel, not necessarily an employer's own employees, who are skilled in the operation of certain equipment, such as mechanized earth moving or digging equipment or crane and hoisting equipment, and who are needed temporarily to perform immediate emergency support work that cannot reasonably be performed in a timely fashion by an employer's own employees, and who will be or may be

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exposed to the hazards at an emergency response scene, are not required to meet the training required in this subsection for the employer's regular employees.

However, these personnel shall be given an initial briefing at the site prior to their participation in any emergency response. The initial briefing shall include instruction in the wearing of appropriate personal protective equipment, what chemical hazards are involved, and what duties are to be performed. All other appropriate safety and health precautions provided to the employer's own employees shall be used to assure the safety and health of these support personnel.

(5) Specialist employees: Employees who, in the course of their regular job duties, work with and are trained in the hazards of specific hazardous substances, and who will be called upon to provide technical advice or assistance at a hazardous substance release incident to the individual in charge, shall receive training or demonstrate competency in the area of their specialization annually.

(6) Training: Training shall be based on the duties and function to be performed by each responder of an emergency response organization. The skill and knowledge levels required for all new responders (those hired after the effective date of this standard) shall be conveyed to them through training before they are permitted to take part in actual emergency operations on an incident. Employees who participate, or are expected to participate, in emergency response, shall be given training in accordance with the following subsections:

(A) First Responder, Awareness Level (FRA): First responders at the awareness level are individuals who are likely to witness or discover a hazardous substance release and who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release. They would take no further action beyond notifying the authorities of the release. First responders at the awareness level shall have sufficient training or have had sufficient experience to objectively demonstrate competency in the following areas:

1. An understanding of what hazardous substances are, and the risks associated with them in an incident.
2. An understanding of the potential outcomes associated with an emergency created when hazardous substances are present.
3. The ability to recognize the presence of hazardous substances in an emergency.
4. The ability to identify the hazardous substances, if possible.
5. An understanding of the role of the first responder awareness individual in the employer's emergency response

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plan (including site security and control), and the U. S. Department of Transportation's Emergency Response Guidebook.

6. The ability to realize the need for additional resources, and to make appropriate notifications to the communication center.

(B) First Responder, Operations Level (FRO): First responders at the operations level are individuals who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release. They are trained to respond in a defensive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposures. First responders at the operational level shall have received at least eight hours of training or have had sufficient experience to objectively demonstrate competency in the following areas in addition to those listed for the awareness level; and the employer shall so certify:

1. Knowledge of the basic hazard and risk assessment techniques.
2. Know how to select and use proper PPE provided to the first responder operational level.
3. An understanding of basic hazardous materials terms.
4. Know how to perform basic control, containment, and/or confinement operations and rescue injured or contaminated persons within the capabilities of the resources and PPE available with their unit.
5. Know how to implement basic equipment, victim, and rescue personnel decontamination procedures.
6. An understanding of the relevant standard operating procedures and termination procedures.

(C) Hazardous Materials Technician: Hazardous materials technicians are individuals who respond to releases or potential releases of hazardous substances for the purpose of stopping the release. They assume a more aggressive role than a first responder at the operations level in that they will approach the point of release in order to plug, patch, or otherwise stop the release of a hazardous substance. Hazardous materials technicians shall have received at least 24 hours of training of which 8 hours shall be equivalent to the first responder operations level and in addition have competency in the following areas; and the employer shall so certify:

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1. Know how to implement the employer's emergency response plan.
2. Know the classification, identification, and verification of known and unknown materials by using field survey instruments and equipment.
3. Be able to function within an assigned role in the ICS.
4. Know how to select and use proper specialized chemical PPE provided to the hazardous materials technician.
5. Understand hazard and risk assessment techniques.
6. Be able to perform advanced control, containment, and/or confinement operations and rescue injured or contaminated persons within the capabilities of the resources and PPE available with the unit.
7. Understand and implement equipment, victim, and rescue personnel decontamination procedures.
8. Understand termination procedures.
9. Understand basic chemical and toxicological terminology and behavior.

(D) Hazardous Materials Specialist: Hazardous materials specialists are individuals who respond with and provide support to hazardous materials technicians. Their duties parallel those of the hazardous materials technician, however, those duties require a more directed or specific knowledge of the various substances they may be called upon to contain. The hazardous materials specialist would also act as the site liaison with Federal, state, local, and other government authorities in regards to site activities. Hazardous materials specialists shall have received at least 24 hours of training equal to the technician level and in addition have competency in the following areas; and the employer shall so certify:

1. Know how to implement the local emergency response plan.
2. Understand classification, identification and verification of known and unknown materials by using advanced survey instruments and equipment.
3. Know of the state emergency response plan.
4. Be able to select and use proper specialized chemical PPE provided to the hazardous materials specialist.
5. Understand in-depth hazard and risk techniques.
6. Be able to perform specialized control, containment, and/or confinement operations within the capabilities of the resources and PPE available.

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7. Be able to determine and implement decontamination procedures.
8. Have the ability to develop a site safety and health control plan.
9. Understand chemical, radiological, and toxicological terminology and behavior.

(E) Incident Commander/On-scene Manager: Incident commanders, who will assume control of the incident scene beyond the first responder awareness level, shall receive at least 24 hours of training equal to the first responder operations level and in addition have competency in the following areas; and the employer shall so certify:

1. Know and be able to implement the employer's incident command system.
2. Know how to implement the employer's emergency response plan.
3. Know and understand the hazards and risks associated with employees working in chemical protective clothing.
4. Know how to implement the local emergency response plan.
5. Know of the state emergency response plan and of the Federal Regional Response Team.
6. Know and understand the importance of decontamination procedures.

note to (q)(6)(E): Management personnel who, during an emergency situation, stay out of the hazardous area and who are not taking charge of the incident, and are not a "specialist" employee under subsection (q)(5) of this section are not subject to the provisions of this section.

(7) Trainers: Trainers who teach any of the above training subjects shall have satisfactorily completed a training course for teaching the subjects they are expected to teach, such as the courses offered by the California Specialized Training Institute, the California State Fire Marshal's Office, the University of California, or the U. S. National Fire Academy; or they shall have the training and/or academic credentials and instructional experience necessary to demonstrate competent instructional skills and a good command of the subject matter of the courses they are to teach.

(8) Refresher training.

(A) Those employees who are trained in accordance with subsection (q)(6) of this section shall receive annual refresher training of sufficient content and duration to maintain their competencies, or shall demonstrate competency in those areas at least yearly.

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(B) A statement shall be made of the training or competency; and if a statement of competency is made, the employer shall keep a record of the methodology used to demonstrate competency.

(9) Medical surveillance and consultation.

(A) Members of an organized and designated HAZMAT team, and hazardous materials specialists shall receive a baseline physical examination and be provided with medical surveillance as required in subsection (f) of this section.

(B) Any emergency response employee who exhibits signs or symptoms which may have resulted from exposure to hazardous substances during the course of an emergency incident, either immediately or subsequently, shall be provided with medical consultation as required in subsection (f)(3)(B) of this section.

(10) Chemical protective clothing: Chemical protective clothing and equipment to be used by organized and designated HAZMAT team members, or to be used by hazardous materials specialists shall meet the requirements of subsections (g)(3) through (5) of this section.

(11) Post-emergency response operations: Upon completion of the emergency response, if it is determined that it is necessary to remove hazardous substances, health hazards, and materials contaminated with them (such as contaminated soil or other elements of the natural environment) from the site of the incident, the employer conducting the clean-up shall comply with one of the following:

(A) Meet all of the requirements of subsections (b) through (o) of this section; or

(B) Where the clean-up is done on plant property using plant or workplace employees, such employees shall have completed the training requirements of the following: 8 CCR 3220, 8 CCR 5144, 8 CCR 5194, and other appropriate safety and health training made necessary by the tasks that they are expected to perform such as the use of PPE, and decontamination procedures. All equipment to be used in the performance of the clean-up work shall be in serviceable condition and shall have been inspected prior to use.

3.7 Site Safety and Control Plan (ICS-208 HM Form)

[https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20208hm,%20site%20safety%20and%20control%20plan%20\(v3\).pdf](https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20208hm,%20site%20safety%20and%20control%20plan%20(v3).pdf)

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SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:												
Section I. Site Information															
4. Incident Location:															
Section II. Organization															
5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:													
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:													
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:													
14. Environmental Health:	15.	16.													
17. Entry Team: (Buddy System) Name: PPE Level		18. Decontamination Element: Name: PPE Level													
Entry 1		Decon 1													
Entry 2		Decon 2													
Entry 3		Decon 3													
Entry 4		Decon 4													
Section III. Hazard/Risk Analysis															
19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL			
Comment:															
Section IV. Hazard Monitoring															
20. LEL Instrument(s):						21. O ₂ Instrument(s):									
22. Toxicity/PPM Instrument(s):						23. Radiological Instrument(s):									
Comment:															
Section V. Decontamination Procedures															
24. Standard Decontamination Procedures:										YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>		
Comment:															
Section VI. Site Communications															
25. Command Frequency:				26. Tactical Frequency:				27. Entry Frequency:							
Section VII. Medical Assistance															
28. Medical Monitoring:			YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	29. Medical Treatment and Transport In-place:					YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>
Comment:															

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Section VIII. Site Map	
30. Site Map:	
↑	
Weather <input type="checkbox"/>	Command Post <input type="checkbox"/>
Zones <input type="checkbox"/>	Assembly Areas <input type="checkbox"/>
Escape Routes <input type="checkbox"/>	Other <input type="checkbox"/>
Section IX. Entry Objectives	
31. Entry Objectives:	
Section X. SOP S and Safe Work Practices	
32. Modifications to Documented SOP s or Work Practices:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Comment:	
Section XI. Emergency Procedures	
33. Emergency Procedures:	
Section XII. Safety Briefing	
34. Asst. Safety Officer - HM Signature:	Safety Briefing Completed (Time):
35. HM Group Supervisor Signature:	36. Incident Commander Signature:

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INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print name and/or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 - 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use Boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 - 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 - 4 mandatory buddy system and back-up.)
19.	Material	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity), IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density, S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
20 - 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemical.
24.	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 - 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 - 29.	Medical Assistance	Enter comments if NO is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 - 33.	SOP s, Safe Work Practices, and Emergency Procedures	List in Comments if any modifications to SOP s and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 - 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.

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3.7 Example Site Safety and Control Plan (ICS-208 HM Form)

SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name: Pancake (EXAMPLE)	2. Date Prepared: 5/22/24	3. Operational Period: Time: 0900 -1500										
Section I. Site Information													
4. Incident Location: XYZ Hospital - 123 Main Street, Anytown, CA													
Section II. Organization													
5. Incident Commander: Cindy Jones	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference: Mary Barns											
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader: Jerry Williams											
11. Asst. Safety Officer - HM: Jeff White	12. Decontamination Leader: Sally Smith	13. Safe Refuge Area Mgr:											
14. Environmental Health:	15.	16.											
17. Entry Team: (Buddy System) Name: PPE Level		18. Decontamination Element: Name: PPE Level											
Entry 1		Decon 1 Brian Edwards C											
Entry 2		Decon 2 Ralph Wright C											
Entry 3		Decon 3 Jennifer Reed C											
Entry 4		Decon 4 Mary Costa C											
Section III. Hazard/Risk Analysis													
19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL	
Azinphos Methyl solution	N/A	Unkn	Liquid	5.3	10 mg/r	N/A	N/A	<0.001	Neg	1.44	N/A	N/A	
Comment: Patients were exposed to the chemical during a public gathering, and received gross decon in the field prior to transport to the hospital.													
Section IV. Hazard Monitoring													
20. LEL Instrument(s): N/A						21. O ₂ Instrument(s): N/A							
22. Toxicity/PPM Instrument(s): N/A						23. Radiological Instrument(s): N/A							
Comment:													
Section V. Decontamination Procedures													
24. Standard Decontamination Procedures:										YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
Comment: Warm water and soap													
Section VI. Site Communications													
25. Command Frequency: Channel 1				26. Tactical Frequency: Channel 3				27. Entry Frequency: N/A					
Section VII. Medical Assistance													
28. Medical Monitoring:						YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	29. Medical Treatment and Transport In-place:			
						YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>				
Comment: Decon operations are located outside of the Hospital Emergency Department													

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Section VIII. Site Map	
<p>30. Site Map:</p>	<p>Weather: 81°F, Wind 15 @ mph from NW, Humidity 52%</p> <p style="text-align: right;">Wind </p> <p style="text-align: right;">N </p> <p style="text-align: center; font-weight: bold;">EXAMPLE MAP</p>
<p>Weather <input checked="" type="checkbox"/> Command Post <input type="checkbox"/> Zones <input checked="" type="checkbox"/> Assembly Areas <input type="checkbox"/> Escape Routes <input type="checkbox"/> Other <input type="checkbox"/></p>	
Section IX. Entry Objectives	
<p>31. Entry Objectives:</p> <ol style="list-style-type: none"> 1. Provide for the safety of hospital personnel 2. Establish control zones, to limit the spread of contamination, by 1000 hours 3. Decontaminate patients within 30 minutes of arrival 4. Provide patient care and treatment 	
Section X. SOP S and Safe Work Practices	
<p>32. Modifications to Documented SOP s or Work Practices: YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/></p> <p>Comment: Maintain good housekeeping in the patient decon area to prevent slips, trips, and falls Use the buddy system when moving non-ambulatory patients to prevent back injuries</p>	
Section XI. Emergency Procedures	
<p>33. Emergency Procedures: Use standard hand signals to alert personnel of a PPE malfunction or for assistance</p>	
Section XII. Safety Briefing	
<p>34. Asst. Safety Officer - HM Signature: <i>Jeff White</i></p>	<p>Safety Briefing Completed (Time): <i>1000 hours</i></p>
<p>35. HM Group Supervisor Signature:</p>	<p>36. Incident Commander Signature: <i>Cindy Jones</i></p>

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3.9 Hospital and EMS CHEMPACK Container Contents

HOSPITAL CHEMPACK

San Joaquin County has two hospital containers

Item	Units/Case	Cases Per Container	Total Units
Diazepam 10 mg auto injector	150	1	150
Diazepam 5 mg/ml multi-dose vials (10 mL)	50	3	150
Midazolam 5mg/mL vial (10 mL)	50	10	500
Atropen 0.5 mg auto injector	144	1	144
Atropen 1 mg auto injector	144	1	144
Atropine 0.4 mg/ml multi-dose vials (20 mL)	100	11	1100
Pralidoxime 1 gm/20 mL multi-dose vials	276	12	3312
Sterile water 20mL vials	100	1	1

EMS CHEMPACK

San Joaquin County has one EMS container

Item	Units/Case	Cases Per Container	Total Units
ATNAA / DuoDote auto injectors*	200	6	1200
Diazepam 10 mg auto injector	150	2	300
Midazolam 5mg/mL vial (10mL)	50	1	50
Atropen 0.5 mg auto injector	144	1	144
Atropen 1 mg auto injector	144	1	144
Atropine 0.4 mg/ml multi-dose vials (20 mL)	100	1	100
Pralidoxime 1 gm/20 mL multi-dose vials	276	1	276
Sterile water 20mL vials	100	1	100

*ATNAA auto-injectors contain pralidoxime chloride 600 mg and atropine 2.1 mg

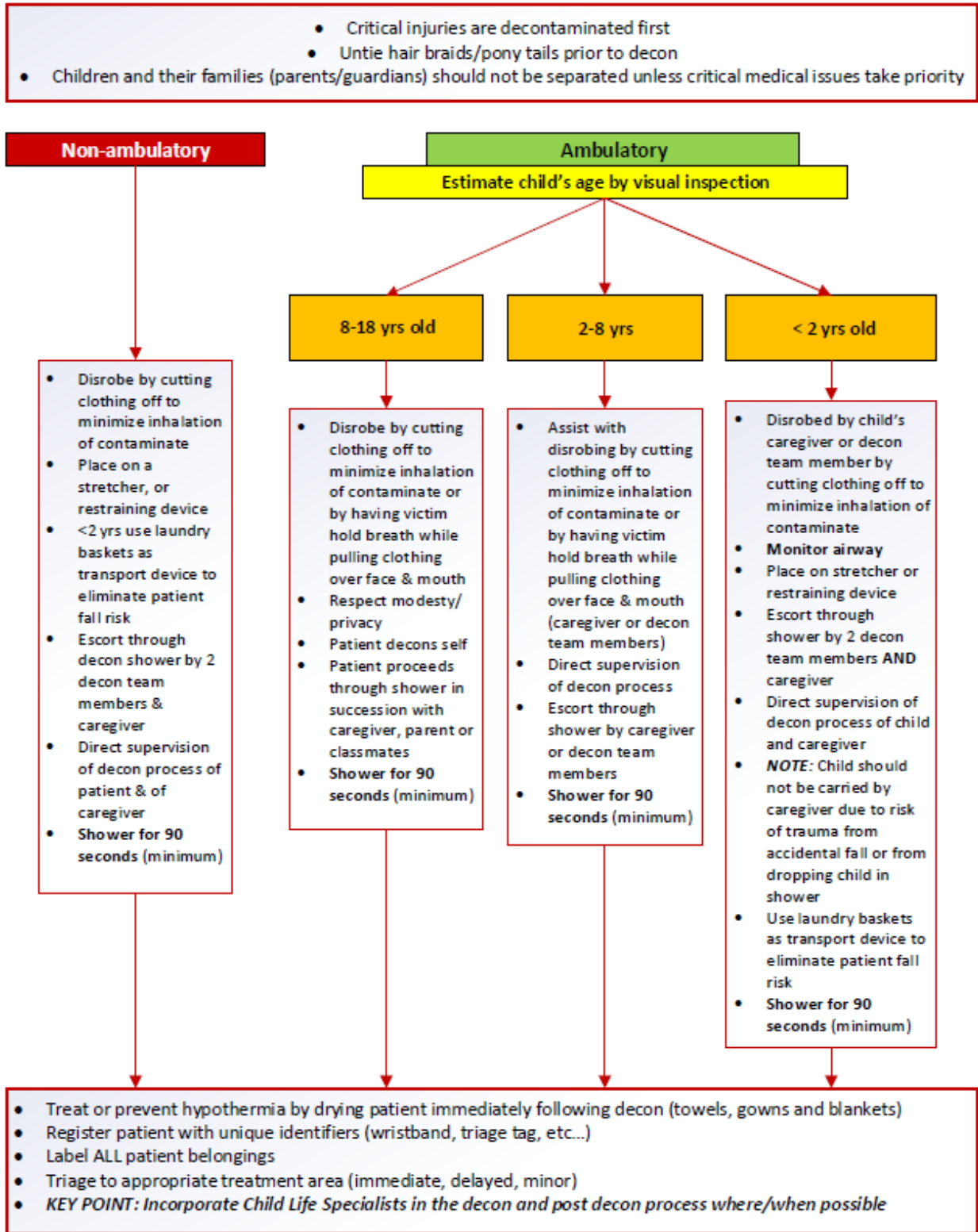
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3.10 CHEMPACK Resources in Neighboring Counties

County	City	Hospital	EMS
Sacramento	Elk Grove		1
	Mather	1	
	Rio Linda		2
	Sacramento	3	
	West Sacramento	1	6
	Total	5	9
Stanislaus	Modesto	1	4
	Total	1	4
Alameda	Fremont		2
	Livermore		1
	Oakland	1	3
	Pleasanton		1
	San Leandro	1	2
	Total	2	9

San Joaquin Operational Area Healthcare Coalition Chemical Surge Annex

3.11 Pediatric Decontamination Process



Source: Children's Hospital of Orange County (CHOC)

San Joaquin Operational Area Healthcare Coalition Chemical Surge Annex

3.12 Service Animal Decontamination References

- 3.12.1 Guidelines for Emergency, Gross, and Technical Decontamination of the Urban Search and Rescue Canine

<http://usarveterinarygroup.org/usarvet/wp-content/uploads/2017/05/K9-Decontamination-2017-Revision.pdf>

- 3.12.2 Hospital Decontamination System and Decontamination Methods for Assistance Dogs that Accompany Incoming Disaster Victims.

<https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/Hospital-Decon-for-Service-K9s-Gordon.pdf>

- 3.12.3 Planning for the Decontamination of Animals in Disaster

<https://kec-xtp.teex.tamus.edu/Resources/documents/2022%20The%20Conference/Planning%20for%20the%20Decontamination%20of%20Animals%20in%20Disaster.pdf>