An Integrated Approach to Riverside County’s MHOAC Program

MHOAC TB Response at Local High School

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Discussion

• Riverside County Demographics
• An Integrated Approach to Riverside County’s MHOAC Program
• Riverside County’s HCC During a Response
• MHOAC TB Response at Local High School
• Lessons Learned
• Conclusion
Riverside County

- Fourth largest county in CA
- Covers over 7,200 sq mi
- Nearly 200 miles wide
- Population of 2.3 million
- 17 acute care receiving hospitals
- 140 long term care facilities
  - (54 SNFs)
- Over 190 other HCFs
What is the MHOAC?

- Established by Health & Safety Code §1797.153
- Responsible for Implementation of the OA’s Medical/Health Disaster Plan
- Serve as the OA Public Health and Medical Mutual Aid Coordinator
- Analogous to Fire/Law Op Area Coordinators
- Coordinates all medical/health resource requesting
Expectations from MHOAC Programs

• 24/7 POC
• Provide situation reports
  - Push and pull information
• Maintain a public health/medical resource directory
• Ensure the 17 functions are adequately addressed in the Operational Area Medical and Health Disaster Plan
Riverside County’s MHOAC Program

- Monitors the healthcare system
  - Initiate emergency notifications
  - Coordinate requests for medical health assistance and/or resources
  - Obtain and distribute information to enhance situational awareness
- Provides immediate response notification to essential emergency management partners
- Facilitates the implementation of the OA’s medical and public health response plans
Riverside County’s MHOAC Program

- PHEPR and EMS Duty Officers provide a single entry point for the MHOAC Program
- Activation of Rapid Response Team (RRT)
- RRT determines what level of response is appropriate
  - Virtual response
  - Partial DOC response
  - Full DOC response
MHOAC Plan

- Roles/Responsibilities
- Policies/Procedures
- Concept of Operations: day-to-day, unusual event, automatic activation triggers
- Public Health and Medical Incident Activation and Escalation Pathway
- Information Sharing Guide: Intake Form, SitStat Reports, 213 RR
- Response and Communications Guide
Automatic Activation Triggers

- Certain situations warrant automatic field response by the MHOAC Duty Officer Program. For example:
  a. Hospital is on Internal Disaster
  b. Healthcare Facility Command Center is activated due to the response
  c. Healthcare Facility is considering or planning for a complete or partial evacuation
  d. Communication Failure (Healthcare Facility is unable to communicate situation updates to the MHOAC Program)
  e. County and/or City OES Duty Officer is on-scene at a Healthcare Facility
MHOAC TB Response at Local High School
History of Coalition Building

- Western Riverside Emergency Council
  - Formed by Kaiser Permanente and City of Riverside in early 80’s
  - Focus on training and exercises for hospitals
  - Public Health became Co-Chair in 2006
    - Emphasis expanded to include coordination between all medical/health partners
    - Focus expanded to include communications, planning and response
Coalition Building (cont)

• MMRS Steering Committee (2000)
  ▫ Hospitals, Fire, Law Enforcement, EMS, Emergency Management
  ▫ Focus on inter-disciplinary planning and equipment standardization

• PHEP Advisory Committee (2002/03)
  ▫ Built upon MMRS Steering Committee
  ▫ Added more PH disciplines, education partners
  ▫ Focused on SNS, Smallpox, BT Plan development

• Expanded to include Coroner’s Office, Faith Based Organizations, agencies serving those with AFNs
  ▫ WREC became Working Group
HCC During a Response

- Medical/health coordination occurs through the Health Officer and MHOAC Program
- Health Care Coalition Members integrate through MHOAC Program
  - MAC Calls
  - HCC not an “official” component of emergency response structure
- MHOAC Program may be Duty Officer or DOC, if activated
TB Investigation, 2013

November 20, 2013
- Active case of tuberculosis identified in student at Indio High School
- Case investigation protocols initiated by Tuberculosis Program Staff

November 21 – December 15, 2013
- Possibly exposed individuals identified and contacted by Tuberculosis Program Staff.

December 16, 2013
- DOPH conducts TST (TB skin testing) clinic at Indio High School
- Results of 198 students contacted:
  - 115 negative TST reading
  - 2 with history of positive PPD
  - 59 had a positive TST reading
  - 22 no TST information (TB Program followed-up)
TB Investigation, 2013 (cont)

December 16 – 18, 2013

- Eight chest x-rays obtained from students who had positive TST readings required further review by the departmental physician

December 19, 2013

- Riverside County Health Officer determined need for additional testing
- MHOAC Program notified to convene a Rapid Response Team (RRT) call
- Decision made to activate the Public Health and Medical DOC
TST Clinic at Indio High School

December 20, 2013

- Clinic: 0800 to 1500 hours
- Approx 1,806 students and staff were screened (TST for 1,494)
- Additional 90 were assessed by own physician
- Quantiferon testing for those who couldn’t return
- Clinic conducted on last day of school before break – but had to come back on Monday for read
TST Clinic at Indio High School

December 23, 2013

• All but 30 students returned to have their TST read
• Quantiferon results: 13 positive, 8 indeterminate and 192 negative (213 total)
• TST Results: 1,331 negative, 133 positive and 99 had positive history (1,464 total reads)
• DOC and the Warehouse Operations Center demobilized
• Disease Control follow-up continued
TST Clinic at Indio High School December, 2013 (cont)

- Multi-Agency Response
  - School District Administration/PIOs
  - School Nurses
  - City of Indio Emergency Management
  - City of Indio Fire/EMS/Law and City Manager
  - MRC
  - County Board of Supervisors
  - DOPH – wide response

- Networks (e.g., H1N1) helped!
Lessons Learned

- Coordination of media activity
- Establishing a Joint Information Center
- Department Operations Center (DOC) depth of experience for each specialty position
- Establish data collection process from field response activity to the DOC
- Develop an alerting protocol that standardizes the alerting procedures
- Develop and implement an automated scheduler
- Early notification of the MHOAC
Conclusion

- Strong HCC Networks assisted in great coordination between the County, School District, medical volunteers and emergency management at all levels (city, schools, DOPH, County OES)

- MHOAC Coordination demonstrated the successful integration between Emergency Preparedness and Response activities (e.g., POD/Mass Vaccination Planning) and “traditional” Public Health response (e.g., TB Follow-up)
Rapid Large-Scale Deployment of Tuberculosis Testing in a High School — Riverside County, California, 2013–2014

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