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Interim Director, California EMS Authority
Little Hoover Testimony
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Mr. Chairman, I am Richard Watson, Interim Director of the California Emergency Medical Services Authority (EMSA). I would like to take this opportunity to describe our successes, and outline our plans for continuing preparation for response to a disaster, whether natural or man-made, that has a significant medical impact.

I would like to first emphasize that California is better prepared today than ever before. Activities by EMSA are part of a cohesive strategy to improve our medical response. Our first goal is to build pre-hospital capacity using ambulance services and first responders. Our second goal is to build hospital, trauma, and burn capacity using our existing system. And our third goal is to ensure processes for coordination and communication so that all parts of the system work together as envisioned by Standardized Emergency Management System (SEMS).

As you are aware from previous testimony before you, the Emergency Medical Services Authority is mandated in its authorizing legislation in the Health and Safety Code, the State Emergency Plan and in State Office of Emergency Services (OES) Administrative Order to prepare for and, if necessary, manage the State's medical response to disaster. In addition, the Authority is responsible for developing effective standardized local and regional EMS systems throughout California. This is accomplished through statewide leadership in policy and regulation development and standards guidance. The actual implementation of this statewide approach is carried out under the medical and administrative coordination of 31 single and multi-county local EMS systems covering the 58 counties.

Our key State partners in ensuring our medical preparedness to "all-hazards" response include the California Department of Health Services, Office of Emergency Services, Office of Homeland Security, and the California National Guard.

Strategy

The EMSA works with a wide variety of constituents to improve disaster medical planning, response and recovery capabilities in light of the state's history of natural disasters and the potential for human caused events such as terrorism. EMSA develops plans and procedures as part of the state's SEMS that are based upon input and coordination with governmental partners from the local, regional, state and federal levels along with private and not-for-profit health care

provider groups and voluntary organizations. Since we had the opportunity to join you last and report on the ongoing development of the state's disaster medical services system, we have moved forward on multiple levels to improve our response capabilities through a fully integrated planning and preparedness program.

The added opportunity of available federal Bioterrorism and Homeland Security funds has enabled us to significantly accelerate our efforts and implement a cohesive, comprehensive and continuous, statewide strategy. The specific projects are part of a plan that includes specific measurable benchmarks approved by Health Resources and Services Administration (HRSA).

HRSA Funding

In 2002, the State of California received a cooperative agreement grant for \$9.9 million from the HRSA for the development and implementation of regional plans to improve the capacity of hospitals, their emergency departments, outpatient centers, EMS systems and other collaborating health care entities to respond to bioterrorism incidents and/or other outbreaks of infectious disease. Working cooperatively with the Department of Health Services, EMSA utilized these funds to more fully integrate the private and not-for-profit health care industry into disaster preparedness partnerships with state and local governments. Many of the activities and benchmarks required multiple years to complete, and have an initial phase and then subsequent enhancement activities.

A committee was formed and provided guidance in meeting mandated critical benchmarks for the grant program. Representatives from hospitals, local EMS Agencies and Health Departments, CDHS, OES, federal Health and Human Services, FEMA and Veterans Affairs, fire services, private ambulances, emergency physicians and nurses, and many other entities were participants. A comprehensive statewide assessment to address hospital and community clinic capacities, capabilities, vulnerabilities and needs to respond to bioterrorism was conducted. The results indicated that California hospitals are already ahead of the curve nationally in their level of preparedness for bioterrorism events. The information from the survey was then utilized to identify areas for further enhancement of preparedness.

In particular, training in chemical, biological, radiological, nuclear and explosives (CBRNE) was developed, communication programs at hospitals were installed, protocols for clinics were developed, Regional pharmaceutical caches were purchased, and the poison control system began to be linked with the EMS system for health information and surveillance.

Additionally, a funding allocation was given to 55 counties for the purchase of goods and services. This allocation was for hospital pharmaceutical caches, personal protective equipment, decontamination equipment, and evacuation

equipment. It also provided for surge capacity equipment to expand the workable space at a hospital through the use of mobile shelters (tents) with heating, lighting and electrical connections.

During the current year, \$6 million has been identified for specific EMS activities. EMSA is currently engaged in updating the Hospital Emergency Incident Command Systems (HEICS) to incorporate weapons of mass destruction (WMD) components, address the issues of small and rural hospitals and be NIMS (National Incident Management System) compatible.

As a large part of this years strategy, EMSA is improving trauma and burn surge capacity through allocation for purchase of supply caches for Level I and II trauma centers. EMSA continues to work on Ambulance Strike Team development and implementing hospital communication systems.

We are also developing statewide guidelines and plans for Field Treatment Sites and investigating the development of a statewide approach to patient care personnel surge capacity in a disaster. This may include the use of medical volunteers through advance registration and volunteers of medical personnel.

In the coming year, EMSA will have \$6.2 million to continue many of the activities now underway and to carry out new programs in the areas of hospital surge management including austere care guidelines, field management support system, and an EMS patient tracking system.

Overall, the many activities and projects lead to our three main goals of: (1) pre-hospital capacity building, (2) hospital capacity building, and (3) maintenance of integrative processes, such as communications.

Preparedness and Response Activities with the Office of Homeland Security

The EMSA has also been the recipient of Office of Homeland Security funds provided from the federal Department of Homeland Security in the last year. Two new efforts have been initiated to enhance terrorism preparedness capabilities:

Under the direction of the Office of Homeland Security, the California Military Department (CMD) has created an Emergency Response Training Partnership (ERTAC) to bring agencies with legislated responsibility for training First Responders together to address terrorism issues. The Partnership will standardize training for all of California's First Responders (EMS, Fire, Law, et al), as it pertains to CBRNE terrorism and weapons of mass destruction (WMD). The Partnership currently consists of CMD, EMS (EMSA), Fire Service (CDF), Law (Commission on Peace Officers Standards & Training), and Emergency Services (OES). Each of the members were provided grants to enable a review

and approval process to identify training in terrorism prevention and response. EMSA developed an EMS WMD curriculum and is preparing State Training Guidelines. The department will review current and past EMS WMD course content for deficiencies and implement a train-the-trainer program.

EMSA will develop, implement, and operate a coordinated medical terrorism monitoring and analysis program within California as part of the new State Terrorism Threat Assessment Center (STTAC) operated by the Office of Homeland Security. These new activities will provide intelligence analysis, assessment and operations response coordination for medical and health specific issues. The STTAC will provide analysis and assessment to law enforcement and other agency response partners of information leading to potential terrorist activities within California.

Other Activities for Training and SEMS Integration

In an effort to ensure that the medical and health community—including health officers-- is educated and fully integrated into SEMS, EMSA continues to strengthen the state's disaster medical system through several other ongoing activities. This process of integration with local health officers is also part of the Medical Mutual Aid system within the six (6) mutual aid regions of California.

The Annual Statewide Disaster Medical and Health Management Conferences, coordinated by EMSA, are devoted to educating physicians, nurses, EMTs, Paramedics, firefighters, and healthcare and government emergency management planners on current terrorism and disaster medical and health topics. Over 1,200 participants normally attend at three conference venues.

Annual Disaster Medical “Boot Camps” preceding the Management Conferences are conducted for local EMS and Health Department personnel and other interested groups to provide in-depth training on California's medical and health response and mutual aid system.

The Annual Statewide Medical and Health Disaster Exercise, led by the EMSA, provides an opportunity to exercise linkages amongst the many entities comprising the disaster medical and health system. Hospitals, prehospital, and governmental medical/health and emergency management agencies are able to exercise together to consider the issues and challenges should a terrorist event occur in California. Over three hundred hospitals and the majority of the counties participate in the event.

EMSA conducts an Annual “Rough and Ready” field disaster medical training and exercise which brings together California's seven Disaster Medical Assistance Teams (DMATs) with EMSA, the California National Guard and other state and local medical, public health, emergency management, fire service and volunteer agencies and providers to develop field medical care and deployment

skills. In recent years, the DMATs exercised the newly developed EMSA/DHS mass prophylaxis guidance and, based on the lessons learned, EMSA has updated that document.

The EMSA participates in numerous other exercises and activities to coordinate our duties with those of other local, regional, state, and federal agencies, including the upcoming state Golden Guardian exercise in November. As a result, EMSA tries to maintain the necessary linkages to carry out our responsibility to coordinate the State's medical response to a disaster, under the guidance of the Governor's Office of Emergency Services.

Organizational Placement

As you are aware, over time there have been several proposals regarding the organizational placement of EMSA, by both your Commission and the C.P.R. Report. The administration is evaluating the implications of various organizational structures suggested.

Pending any major reorganization, EMSA is committed to continue to move forward in a carefully-planned approach to improve disaster medical planning, response and recovery in our state in conjunction with its key state and local partners.

Summary

I've tried to answer your questions regarding surge capacity and EMSA's activities to improve disaster preparedness.

Given the evidence of the profound impact on first responders, the entire EMS community, and other healthcare partners to the September 11 and anthrax terrorist attacks, it is essential that the EMSA continue to expand its leadership role in preparing pre-hospital EMS, in-patient (hospital) and out-patient medical and health services. The department will continue to emphasize a rapid response utilizing well-trained and equipped personnel operating in an integrated and coordinated approach utilizing SEMS.

I wish to once again thank the Commission for this opportunity and to assure you of our continued commitment to work closely with our key partners, such as the Department of Health Services, Office of Emergency Services, Office of Homeland Security, and the California National Guard, and local private and public providers, to enhance emergency preparedness and all-hazards planning and response in the State of California.