



## Public Health Preparedness and Response Program

Trudy Raymundo  
Director

Corwin Porter  
Assistant Director

Maxwell Ohikhuare, M.D.  
Health Officer

### Mutual Aid for a Public Health Emergency

**Overview:** San Bernardino County used mutual aid to help re-build Environmental Health when resources were limited after the San Bernardino Terrorist Attack on December 2, 2015.

**Challenge:** On December 2, 2015, the San Bernardino County Department of Public Health (SBCDPH) suffered a traumatic terrorist attack causing 13 deaths and 22 wounded. At the time of the incident, the Division of Environmental Health Services (EHS) had 115 staff members. Due to the physical and emotional impacts to staff, many staff members did not come back to work. Immediately following, SBCDPH had to fill positions to sustain EHS operations to continue providing essential services to the community. This task was essentially re-building EHS from the ground up. The plan for medical health mutual aid resource management was created prior to December 2nd, however, complete processes for implementation had not been developed at the state and local levels. When the mutual aid request was sent out to local health jurisdictions throughout California, questions arose in regards to cost reimbursements, legal ramifications for inspections conducted in our jurisdiction, liability issues, qualifications, licensing/credentials, etc. The SBCDPH Preparedness and Response Program (PRP), and the RDMHS discovered there was no formal tracking system to collect and share responder data. The two entities worked together to develop a tracking strategy to manage the resources and get resources deployed timely.

**Innovative Solution:** SBCDPH had to create Frequently Asked Question (FAQ)s; include Job Duty Statements with resource request forms; and develop Post Agreements to be signed between the participating jurisdictions and SBCDPH. The FAQs addressed inquiries from the local health jurisdictions. The Job Action Sheets made it clear what the job duties and level of service/expertise was needed. The Post Agreement was developed and signed between SBC and each responding jurisdiction, addressing the scope of the emergency, cost reimbursement rates, time sheets, etc. A weekly spreadsheet was kept to document personnel resources.

One level of coordination was implemented by instituting a weekly Medical Health Operational Area Coordination (MHOAC) conference call where all impacted agencies came together to share incident information, county updates, make response decisions, discuss resource needs, and map out the recovery process and procedure. This call was extremely successful, and without a doubt an integral part of the coordination efforts for this incident.

**Originality:** At the time of the incident, SBCDPH needed specialized staffing certified in California. Through mutual aid cooperation from other local health jurisdictions and state agencies throughout California, SBCDPH worked through

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the Medical Health Operational Area Coordination (MHOAC) and Regional Disaster Medical Health Coordination/Specialist (RDMHC/S) programs to deploy 165 personnel resources over a seven month period for EHS. Counties including Riverside, Los Angeles, Orange, Ventura, Contra Costa, Marin, and San Luis Obispo assisted. State agencies such as the California Department of Public Health, Medical Waste Management, California Board of Water and Sanitation, and Cal Recycle also provided assistance and addressed state and local mandates. This was the largest mutual aid public health personnel deployment in California history.

SBCDPH PRP utilizes local emergency response plans, and a state guidance, California Public Health and Medical Emergency Operations Manual (EOM) to effectively respond to emergencies. The EOM provides local health jurisdictions, local health officers, local environmental health departments, Local Emergency Medical Services Agencies (LEMSAs), local behavioral health departments, local emergency management agencies, state and federal agencies with a structure that is applicable across the state.

PRP identified that SBC did not have a demobilization plan for the mutual aid responders. SBCDPH worked with other SBC stakeholders to create a plan for the smooth transition of all responders as they returned to their home counties. During an emergency response, tracking time and costs are imperative for reimbursement purposes. A tracking tool was developed to capture jurisdiction, staff time, travel information, reimbursement costs to compare invoices and staff cost sheets.

**Cost Effectiveness:** The cost of the Waterman Incident Mutual Aid response was approximately \$420,000 to cover the mutual aid expenses for seven months. Each jurisdiction paid for their response and filed for reimbursement from SBCDPH to cover the cost of staff time, overtime (if applicable), and travel expenses (lodging, meals, mileage).

**Results:** The mutual aid response was successful in regards to assisting the SBCDPH EHS to re-establish services following a tragic event. Expertise from Environmental Health Departments throughout California contributed to the rebuild of SBCDPH EHS. Trainings programs were built into the mutual aid response. New hires are trained by local health jurisdictions and state agencies.

One of the most important lessons learned from this response is the necessary and immediate need for all MHOAC and RDMHC Programs to work closely with both Operational Area and state emergency management during all responses. Communications is always key to successful programs.

**Project or Program Contacts**

Melissa German, Public Health Program Coordinator

Preparedness and Response Program

247 South Boyd St., San Bernardino, CA 92415-0059

(909) 252-4406; mgerman@dph.sbcounty.gov

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