



CAMP FIRE INCIDENT Butte County After-Action

Region III RDMHS
Emergency Medical Services Authority
California Department of Public Health

Review Region III RDMHS

After-Action Report/Improvement Plan

November 8, 2018

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INCIDENT OVERVIEW

Incident Name	Camp Fire Incident
Incident Dates	November 8 th through December 2018 (primary activities)
Scope	<p>This incident began on the morning of November 8th 2018 resulting in the evacuation of Feather River Hospital and numerous SNFs. The town of Paradise, much of Magalia, Concow and Sterling City were destroyed by the fire displacing more than 26,000 people.</p> <p>Buildings Destroyed: 18,804</p> <p>Fatalities: 86</p> <p>Missing: 3</p> <p>Injuries: Multiple Reports (unknown county)</p> <p>Acres Destroyed: 153,336</p> <p>Active Fire Activity: November 8th through November 25th 2018.</p>
Mission Area(s)	<ol style="list-style-type: none">1. Response, Evacuation and Recovery
Core Capabilities	<ol style="list-style-type: none">1. Rapid AST deployment2. Assessment of situation status of impacted OA3. SNF recognition of emergency evacuation needs
Threat or Hazard	<ol style="list-style-type: none">1. Cause still under investigation. Red Flag Warnings from the NWS were in effect for dry conditions and high winds when the fire started. Winds 30-45 mph drove the fire rapidly into the Town of Paradise. The area had not seen rain for 70+ days. Incident presented a significant risk to life, property and medical facilities.
Type of Incident	<ol style="list-style-type: none">1. Mass evacuation due to imminent risk of death associated with the fast moving fire in Paradise, Magalia, Concow, Sterling City and areas of Chico. Evacuations of Feather River Hospital and multiple SNF & assisted living facilities.2. Rapid patient movement and relocation needed in addition to prolonged OA shelter support for staffing and equipment.

**Lead
Agencies**

Region III RDMHS (John C. Lord)
S-SV EMS Duty Officers (John Poland, Kristy Harlan)

**Participating
Organizations**

S-SV EMS:

- RDMHS (Region III).
- Duty Officer Staff.

Ambulance Strike Teams (AST):

- American Medical Response (multiple counties)
- Dignity Health North State (multiple hospital based ambulances)
- Bi-County Ambulance
- Butte EMS
- Plumas District Hospital Ambulance
- Medic Ambulance
- Paramedics Plus

Effected Operational Areas (OA):

- Butte County Public Health
- Glenn County Public Health
- Yuba County Public Health
- Sutter County Public Health

Patient Distribution:

- Enloe Hospital (CF)
- Many SNF self-evacuated due to high danger
- Mercy Redding (CF)
- Glenn County
- Colusa County

State Duty Officer Programs:

- EMSA
- CDPH
- California National Guard
- California Cal-Mat

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EXECUTIVE SUMMARY (TIMELINE)

November 8th at 0745: I received a phone alert advising that a fast moving fire had been reported in Butte County at Camp Creek Road near Hwy 70. Concow Lake with multiple structures lost. By the time of my first Flash Report to the State Duty Officer Programs, Feather River Hospital was under an evacuation warning. By 0813 hours Feather River Hospital was under an evacuation order and the RDMHS was taking several calls from Feather River Hospital staff requesting assistance in evacuating their facility patients. By 0820 hours I had received a phone call from Butte EMS management advising me that they were in need of emergent assistance to evacuate facilities in the town of Paradise and requested at least 5 ASTs. By this time the RDMHS had made contact with the Butte County MHOAC (Dr. Andrew Miller), who promptly reported he was aware of the rapidly developing situation in Paradise and instructed the RDMHS to employ all transport means necessary to effect the evacuation of all medical facilities in the danger area including Feather River Hospital and multiple Skilled Nursing Facilities as the entire town of Paradise was now under an evacuation order. By 0825 a request for 5 AST into Butte was being coordinated by S-SV EMS staff in Region III, with communication to the Region IV RDMHS for their needed AST resources.

1000 hours: S-SV EMS had authorized an emergency modification of the 911 system halting all non-emergency transports so Butte EMS units could focus on the evacuation of patients in Paradise. Feather River Hospital reported that most of their patients had to be emergently evacuated by private owned vehicles (POV) and law enforcement, as many ambulances could not make it to the facility ahead of the fire. Two Butte EMS units were **“burned over”** by the fire while evacuating patients from Feather River Hospital, with **one of the ambulances destroyed**. 4 CHP rotor aircraft were positioned at the Chico airport to assist with patient rescue along with 3 air ambulances to assist in IFT of possible burn patients. The Butte DOC was open by this time with contact information provided to the RDMHS and sent on to the State Duty-Officer Programs.

1025 hours: Region III RDMHS responds to a request for a **“conference call”** with CDPH for a briefing, advising: “I do not have time for a conference call.” At the time of this request, the RDMHS with S-SV EMS Staff assistance, was heavily engaged in response activities within the Butte OA with the MHOAC. A lengthy conference call would have impeded RDMHS activity during this critical phase in the fire response.

1030 hours: The RDMHS had received multiple reports that the entire town of Paradise had been “over-run” by fire. AST leader reports active fire burning in all access points into the town of Paradise and is unable to gain access to SNF assisted living facilities requesting evacuations. AST teams directed by RDMHS to abort

attempts to access paradise based on reports the fire is now moving down the Skyway. As AST is turning their team around, they encountered a SNF (Paradise Skilled Nursing) on the Skyway with 14 patients in need of evacuation. This task was undertaken with all patients loaded and evacuated. Within minutes of the evacuations, the facility was fully engulfed in fire.

1116 hours: The Butte County MHOAC and the Region III RDMHS were in frequent contact coordinating information and needs regarding patient evacuation priorities and facility lists. The MHOAC had reported that busses (with Sherriff's deputies on board), were moving into the area to evacuate whomever they could. AST were to be deployed when the MHOAC received word of a facility in need of assistance. Staging area for patients (if needed) had been established by the MHOAC. A HavBed poll for the region was conducted and the polling results were provided to Enloe Medical Center as many of the evacuated patients were arriving at their facility. AST now staging on lower Skyway. RDMHS has been in direct radio contact with the AST leaders until direct communication with EMS can be established within the OA.

1116 hours: The RDMHS and the Butte MHOAC were coordinating evacuation efforts (to avoid duplication). Butte MHOAC reports that transit busses with law enforcement on-board are assisting with evacuations in the burn areas. Discussion with MHOAC and RDMHS about the potential need to relocate acute care patients evacuated from Feather River Hospital outside the OA (if needed). RDMHS reported to Butte MHOAC that ASTs were unable to gain access to several SNFs in Paradise due to access being cut-off by fire.

1126 hours: Received confirmation that EMS crew "**burned over**" by fire had been located "**alive and well, sheltering at Feather River Hospital.**" One (1) ambulance reported destroyed.

1200 hour: S-SV EMS staff arrived in Butte County to assist with EMS logistics.

1213 hours: Fire has grown to 8,000 acres with strong winds 35-40 MPH. Public Health has opened several evacuation shelters in concert with the Red Cross. Multiple structures lost with many injuries reported. Evacuation orders now in place for Paradise, Pulga, Concow, Old Magalia, Centerville, Butte Creek and Butte College. Cal-Fire describing the Camp Fire as "the perfect storm."

1237 hours: AST are staging in Chico until access can be made to Paradise. All roads into Paradise are closed. The AST with RDMHS concurrence secured 7 medi-vans and assigned them to the strike team to assist with patients in wheel chairs for SNF

evacuations. Portions of HWY 70 are closed. Residents evacuating the town of Paradise reporting it took 2-3+ hours to move off the ridge into Chico.

1305 hours: RDMHS notify the region of the Butte County DOC contact number. Nursing support being offered by several counties. Butte DOC coordinating scheduling.

1317 hours: Fire has exploded to 17,000 acres with 0 (zero) containment. All efforts are focusing on public safety at this time. Cal-Fire reporting a “critical rate of spread.” Evacuation orders expanding.

1354 hours: RDMHS at the request of the Butte County MHOAC, sends FLASH REPORT to all Region III MHOAC requesting a SNF bed poll for their areas.

1419 hours: Following reports from several EMS units in Paradise that Feather River Hospital was destroyed by fire, the RDMHS relayed this information to the region in a FLASH REPORT. Later that evening (~1700 hours), the exact wording of the FLASH REPORT was broadcast on KRCR News Channel 7, this public release was not authorized by the RDMHS as FLASH REPORTS should be viewed as for official use only.

1543 hours: Governor’s Office declares a state of emergency in Butte County. Fire has increased to 18,000 + acers. One (1) SNF confirmed evacuated by AST. AST leader reports other SNFs on their list to evacuate could not be accessed due to heavy fire activity at their access points. Power is reported to be out in Paradise and surrounding areas. At least one (1) burn patient has been reported.

1748 hours: FLASH Report header modified to address information leaked to local news media (emphasis added). Cal Fire reports hundreds of structures lost in the Paradise / Magalia area. Cal-Fire also reports fire continues to grow “at an alarming rate.”

1933 hours: Fire continues to grow with no containment, now over 20,000 acres. RDMHS in frequent contact with Butte County MHOAC assessing status of OA and needs. RDMHS now working with the SOC. Butte MHOAC reports need for oxygen at several evacuation shelters. Resource Request expected shortly.

Throughout the evening of November 8th, the RDMHS continued to work with the Butte OA and SOC coordinating OA status and needs. S-SV EMS also had staff working in the County of Butte at the Enloe Communications Center in order to

aid in communication with AST and area hospitals. RDMHS/S-SV EMS activity continued until approximately 0200 11/09/18.

November 9th 0550 hours: Local news now reporting that thousands of structures have been lost in the Paradise area. New evacuations orders in place for Sterling City and surrounding areas. RDMHS continues to work with MHOAC on shelter staffing needs. AST teams are remaining in county due to ongoing aggressive fire growth. MHOAC confirmed that needed Oxygen supplies for shelters has been met by the State of California. Red Flag warning remain in effect for Friday November 9th and are expected to last into Monday. Increasing winds expected on Sunday afternoon.

0924 hours: Following a brief conference call with the Butte MHOAC, RDMHS, S-SV EMS, and EMSA to assess Butte's immediate needs, it was concluded that Cal-Mat Teams would need to be deployed into the OA. Factors considered for decision included:

- *Loss of Feather River Hospital*
- *Possible loss of up to 15 SNF/assisted living facilities*
- *Loss of other numerous medical assets (clinics, MD offices et al.)*
- *Displaced medical providers, MD, RN, Public Health Staff (homes lost).*
- *MHOAC concerns over meeting immediate and long term medical needs of the OA population.*

Three (3) Cal-Mat teams are being deployed into Butte County. They are to be deployed in and around shelters with a base of operations for support. The teams are expected to arrive in the OA at approximately 1900 hours (this date) and be fully deployed by the AM on November 10th. Fire has now burned 70,000+ acres with 5% containment. Five (5) AST teams remain in the OA with plans to release one (1) team at a later PM time this date. Mercy Medical Center Redding (CF) has been in contact with the RDMHS and is offering any needed medical support (hospital beds et al) to the OA if needed.

1237 hours: RDMHS and S-SV EMS continuing to work with the Butte MHAOC for medical support. State SOC is working to provide additional nursing support to the shelters in the OA. AST continue to be active in the OA with patient movement and shelter support. RDMHS provides to the region updated contact information.

1907 hours: Following multiple tasks working with the OA for medical support, the RDMHS remains on duty, but advises he will be stepping away from e-mail only for a rest period. RDMHS advises the OA, Region and the State to contact him directly by

cell for any emergent needs. John Poland remains in the Butte OA and can be contacted as a “back-up” if needed.

November 10th 1120 hours: Fire now reported to be over 100,000 acres with 20% containment. 9 fatalities had been reported with structures destroyed numbering more than 6,500. Strong winds and extreme fire behavior expected to continue. Fire burning to the North/West impacting the communities of Magalia and Paradise Pines, Big Bend, Berry Creek and also threatening areas near Oroville.

1239 hours: Due to escalating, “very critical” fire behavior, the MHOAC requested the RDMHS to develop **“PLANS ONLY”** for a possible need to evacuate Oroville Hospital (should it become necessary). RDMHS concluded that this would require five (5) additional ASTs and relayed plans to the state SOC. Other RDMHS were advised to PLAN only for possible additional deployments of AST and further HavBed polling.

1321 hours: SOC reports that other RDMHS have been alerted to PLANNING needs for possible evacuation of Oroville Hospital should it become necessary (No request at this time, planning needs only). CHP Air Operations and Region III EMS aircraft providers have been advised of PLANS. Enloe Medical Center now providing AST support at their facility. Resource request received and submitted for vehicle support of AST vehicles. State of California L&C contacted the RDMHS stating they were going to initiate SNF bed polling, they were directed by the Region III RDMHS to coordinate those efforts with the SOC and other State RDMHS to prevent a duplication of bed counts and to minimize any confusion with facilities.

1736 hours: RDMHS contacted by the Sutter County MHOAC, reporting that SNF patients from Oroville have (possible self-evacuation) have begun to arrive in Sutter County (without the knowledge of the Sutter MHOAC). Sutter MHOAC reports that there are zero (0) SNF beds available in Sutter County. **–note: Oroville SNF evacuations were not ordered by the Butte MHOAC. Patient movement was not coordinated by the Butte MHOAC or the Region III RDMHS.**

1836 hours: E-mail sent to all Region III Public Health MHOAC and EP Coordinators reporting that Butte County Public Health DOC is in need of trained staff members to assist in staffing the Butte DOC for Camp Fire support.

1900 hours: Following an OA medical needs review with the Butte County MHOAC, OA ambulance providers, AST staff and Enloe Medical Center, the MHOAC with group concurrence, elected to **demobilize one (1) AST**. The recommendation to demobilize the entire force (ALL 5 [five] ASTs) by the AST overhead manager (citing ease of AST

invoicing) was deemed premature due to ongoing shelter support needs and aggressive fire activity.

CAL MAT teams in the Butte OA continue to be active at three (3) medically supported shelters. Region III RDMHS/S-SV-EMS continue to work with the Butte OA, EMSA, CDPH et al. to maintain med/health support. Butte MHOAC reports that he has worked with Enloe Medical Center to establish a health clinic 0900 to 2100 hours to provide some relief to the CAL MAT teams and provide support to evacuees' at non-medical shelters.

Fire now at 109,000 acres with 25% containment. Fatalities now at 23 with homes destroyed numbering more than 6,450. Winds continue to pose problems with fire behavior.

2238 hours: The Region and involved health agencies were notified that John Lord (RDMHS) was entering "night operations mode" but would remain on-duty and active available by cell phone. John Poland's contact information was also provided as a back-up.

November 12th 0700 - 1080 hours: Following a 0700 conference call with the Butte MHOAC to evaluate AST activity within the Butte OA, it was decided by the MHOAC to demobilize two (2) of the remaining four (4) AST. A follow-up conference call scheduled at 2100 hours will review on-going fire activity and AST needs for remaining teams. Provided there is no change in the fire/medical situation, the plan will call for release of the final two (2) teams on Tuesday November 13th at 0800 hours. CAL MAT Teams remain in the OA and active. All media and/or political queries should be sent to the Butte DOC. Butte DOC staffing needs (mutual aid) are being scheduled by the Butte OA DOC.

2200 hours: Following a 2100 hour conference call to review AST activity within the Butte OA, it was agreed, that barring any changes in the situation, the Butte MHOAC would plan on releasing the remaining AST at 0800 hours on November 13th. Following the call, the RDMHS moved into night mode available and active by cell phone.

November 13th 0700 hours: Fire at 125,000 acres with 30% containment. 42 confirmed fatalities at this time. Approximately 200 people missing. CAL MAT teams remain active in the Butte OA. The two (2) remaining AST are being released by the MHOAC with RDMHS and LEMSA agreement at 0800 this date. S-SV EMS staff continuing to provide EMS logistical support at Enloe Communications.

1732 hours: A fourth (4th) CAL MAT team has been requested by the Butte OA and the request has been forwarded to the State SOC. Dr. Howard Backer and Craig Johnson (EMSA) traveling to Butte OA to confer with the Butte MHOAC and offer assistance (additional state equipment has been requested to provide additional shelter support in the OA). Nurse staffing needs are being coordinated by the OA DOC (two staff members have been assigned to scheduling). The Butte DOC was provided with the results of a recent Region III SNF bed poll.

Over the following week the RDMHS and S-SV EMS provided ongoing support to the Butte OA. On November 21st, my last substantive FLASH REPORT was sent to Region III et al.

November 21st 0747 hours: Rain in the forecast. Fire at 153,336 acres with 80% containment. Single resident homes destroyed 13,500 +, multiple resident homes destroyed 275, commercial property destroyed 514. Civilian fatalities currently at 81 with 600 – 700 missing. Animal shelters (large and small) have been established at multiple locations.

Reported Situation / Risks:

Due to prevailing weather conditions at the time of the fires outbreak, it was quickly established by the Butte County MHOAC, PH staff and the RDMHS that multiple risks would be faced. The first reports received by the RDMHS were of residential evacuations orders, which quickly shifted to large areas of Paradise including Feather River Hospital (acute care facility) and many Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (reported to be 15+ structures).

At the time of the fire's onset, much of Region III was under a "red flag" fire danger warning due to large areas of dry fuel and excessive winds with gusts 35 – 40 MPH. These winds drove the fire at an unprecedented rate and placed countless residents, clinics, SNF at immediate risk. Due to the fast nature of the fire activity, the requested five (5) AST were unable to reach Feather River Hospital. In addition, many SNF facilities opted for immediate self-evacuation of their residents. While this did pose several challenges related to patient tracking, it was ultimately the correct decision as AST personnel would not be able to out-pace the fires movement before it reached these facilities. In fact, the AST leader reported by radio to the RDMHS that many access points to these facilities were indeed cut-off by fire when they arrived to check on their status.

State of California SOC staff approached CDPH L&C about providing some form of a licensing waiver to the impacted acute care hospitals with the Butte OA due to the high number of patient evacuations from Feather River Hospital and several area SNFs. It

was hoped this would aid the facilities who were receiving vast numbers of patients. This request was denied.

As the event moved into several days, the Butte County Sheriff's office with the assistance of Butte County Public Health attempted to eliminate names from the "missing persons list" by cross checking it with evacuees at the Shelters. The RDMHS received a report that the Red Cross refused to provide the requested names of shelter occupants citing HIPPA, despite the fact that HIPPA does not apply. The following text was sent out in a flash report update:

SPECIAL NOTE
HIPPA

The Region III RDMHS has received multiple messages regarding some agencies reluctance to share individual names at Red Cross Shelters citing concerns with HIPPA. Many law and fire agencies are attempting to identify moved and or missing individuals. In a disaster/emergency situation such as the Camp Fire, **HIPPA DOES NOT APPLY.** Please see HIPPA Regulations citation below:

From 42 CFR 164.510(b)(3).

"If ... the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the covered entity may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is ... needed for notification purposes."

The noted risks were as follows:

1. Feather River Hospital
2. Multiple SNF / Assisted Living facilities
3. Immobile patients at home
4. Residents without transportation
5. Multiple Health Clinics
6. Immediate lack of needed resources as a result of the fast nature of the fire
7. Rapid displacement of the population (where to go), and relocation to evacuation shelters (CD, BH et al)
8. Immediate needs to provide additional staff to manage the event (shelters)

9. CDPH L&C unwillingness to provide for bed licensure flexibility within the impacted OA at acute care hospitals
10. Red Cross lack of familiarity with HIPPA regulations in a disaster setting

Major Strengths

The major strengths identified during this event are as follows:

- Very prompt recognition by Butte County PH MHOAC and staff of the emergency and its devastating potential for Paradise and Magalia areas.
- Prompt alerting of the RDMHS and State Duty Officers.
- Modified FLASH REPORTING to include all of Region III (and HPP Coalition partners) aided in situational awareness and mutual aid planning efforts by other counties.
- Early recognition by Butte PH of fire risk to Feather River Hospital and multiple SNFs.
- Prompt approval by Butte MHOAC for request of five (5) AST teams to assist with evacuations. Urgency of the event was clearly communicated by the MHOAC (request approval was within 60 - 75 minutes of the first fire report).
- Prompt approval to “modify” 911 EMS response” by the LEMSA allowing more ambulances to assist in emergent evacuations.
- Working coordination between Butte MHOAC and PH staff with the RDMHS, S-SV EMS and State Agencies.
- Response, deployment and utilization of Ambulance Strike Teams (AST) was rapid and well-coordinated.
- Communication with AST and the RDMHS (**via Med-3 UHF 463.050**) was extremely useful in communication of updates from the MHOAC, facilities needing evacuation et al.
- Regional Mutual Aid/support for OAs was effective and timely. Non-impacted counties opened evacuation shelters to assist in sheltering the masses forced to evacuate. Non impacted OA also provided staff support for shelters and DOC.
- Rapid recognition by impacted SNFs and assisted living facilities of imminent danger to their residents with implementation of evacuation plans (many patients evacuated to the city of Chico).
- Support of Control Facility (Enloe Medical Center) in patient surge and AST support.
- Support of Sierra Sacramento Valley EMS Staff in support of the RDMHS during the event. John Poland at the request of Butte EMS moved into the OA and provided logistical EMS support to the OA. Kristy Harlan also served as EMS logistics back-up support.

- Support and communication with the State Duty Officer programs (EMSA/CDPH), with the RDMHS was effective and productive. The system structure worked properly. While initial communications were rapid and emergent in nature (cell, land-line and e-mail), most agencies kept pace with the event and focused on support and assistance of the impacted areas. “The system worked very well.”
- Regional and out-of-region Mutual aid in support of the Butte OA was strong and well-coordinated early by the PH DOC. Due to the size and scope, several questions regarding wrap-around services did arise, but were eventually properly addressed.

Primary Areas for Improvement

Throughout the event, several opportunities for improvement were identified, however they primarily involved agencies outside of the Public Health area.

The primary areas for improvement, including recommendations, are as follows:

- Within 2 hours of the event occurring, the Region III RDMHS received an e-mail forward from CDPH requesting that I attend a conference call with them to provide a briefing. ***This request was completely unrealistic as the Butte OA and the RDMHS were heavily engaged in response activities (identifying and assisting with evacuation coordination). To take the RDMHS “out of service” for a call that (in past events have lasted an extended periods of time) would have seriously impaired the regional response activities.*** The request was DENIED by the Region III RDMHS for reasons addressed below. Several attempts to address CDPH activity (conference calls) during emergency events had already been addressed by myself with EMSA and CDPH. To illustrate this concern, **it should be noted that the first 4 hours of the Camp Fire were the most destructive and dangerous.**
- Red Cross staff should be made aware of the proper application of HIPPA in a disaster/emergency situation involving evacuees’ identification at a shelter. Failure to properly interpret HIPPA applications resulted in a delay in coordinating a list of “missing person” with the Butte County Sherriff Dept.
- Challenges in tracking resources from some areas were identified, as the requesting OA had difficulty in receiving “real-time” updates on current location and/or ETA of requested resources.
- Better coordination needed with the Ambulance Strike Team “overhead team.” The team while helpful, did pose several problems as the team leader brought about several communication challenges (departing from established

ICS) between the AST personnel, Strike Team Leaders, the OA and the RDMHS. Although these issues were resolved during the initial operational period, these events/challenges which included concerns expressed by Cal-Fire, could have been avoided.

- Efforts should be implemented by SNF/assisted living facility staff to communicate their evacuation status to the MHOAC.

When one considers the magnitude, speed and vast destructive nature of the Camp Fire, the overall response of the Butte County OA was rapid, appropriate and unquestionably saved lives. Many of the PH staff continued in their disaster roles even after losing their own homes to the fire. I can think of no better testament to their dedication to the communities within the impacted OA.

While the sudden and rapid nature of the self-evacuating Skilled Nursing Facilities did result in a patient surge in the Chico area, the unorthodox size and speed of the fire left these facilities with little else in the way of choices in order to ensure the safety of their patients. A more orderly or coordinated evacuation was not possible due to the speed of the fire and limitations in medical transport resources. Faced with the options of sheltering-in-place or evacuating, most (*in my judgement*) properly chose to evacuate. In future events/drills, efforts should be made by the Skilled Nursing / assisted living facilities to communicate their status to the MHOAC so that a duplication of evacuation efforts can be avoided.

ANALYSIS OF CORE CAPABILITIES

Core Capability 1 - Rapid AST Deployment

Strengths

Strength 1: Duty Officer Utilization: Multiple duty officers (3 total) able to respond and assist with the coordination of AST and other resources to the OA, including CHP aircraft and multiple EMS air ambulances.

Strength 2: Communication Coordination: Multiple duty officers coordinating contact with multiple EMS providers to facilitate an expedited AST and air recourse responses. With MHOAC contact by phone, the RDMHS was able to provide AST updates via radio (Med-3 UHF 463.050). **This allowed for “real-time” updates and provided for much improved situational awareness (emphasis added).**

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1.1: AST Alerting: In the future, some form of a multi-layered AST alert or notification system should be considered in order to streamline the alert process for larger events (mass pager group). **It should be noted however, that notification and response of AST personnel was rapid with no noted delays.**

Reference: EOM-NIMS-SEMS-SSV Duty Officer Program

Analysis: AST alerting should be considered for “**ease of process.**” Only. Once notifications were made to AST personnel, their response was rapid.

Area for Improvement 1.2: AST Communication/Coordination: Once activated and responding to the impacted OAs, several updates and status reports were provided to the AST Leader by the RDMHS by radio (med-3 UHF 463.050). This system was very effective in providing real-time information to the strike team. The possibility of implementing a state-wide tactical channel or channel assignments, based on AO frequency availability should be considered and distributed once implemented.

Reference: EOM-NIMS-SEMS-SSV Duty Officer Program-ShasCom after hours S-SV notification Procedures.

Analysis: Local coordination with responding AST was conducted primarily through UHF radio communication with the RDMHS. The RDMHS was in phone contact with the Butte MHOAC and was able to provide real-time reports on med/health needs and fire location. This system was deemed to be a very effective improvement in AST communications during their early response activities. Frequency utilization was Med-3 UHF 463.050 Tone 4.

Core Capability 2 Assessment of Situation Status of impacted OAs

Strengths

Communication with the impacted OA began within 45 – 60 minutes of the fires outbreak. Once communication was established with the MHOAC and staff, situation status (while rapidly developing) was hindered mainly by the speed of the fire. Resource coordination and status reports from the OA were continuous. The RDMHS (through the use of modified Flash Reports), put Region III on notice. Feedback from non-impacted OA's indicated that the inclusion of them in the Flash Report process gave them at least a 12 hour head-start in their expected impact. In this case, the use of region wide flash reporting to all counties and their HPP Coalition Partners was viewed by the region as extremely helpful.

Strength 1: Duty Officer Utilization: Multiple duty officers (3 total) able to respond and assist with aligning needed medical resources.

Strength 2: Communication Coordination: With multiple S-SV Duty Officers involved in the event, it allowed the agency to “scale-up” very quickly and divide specific tasks among the 3 individuals. This enabled the RDMHS to adequately address specific OA needs. This also allowed for pre-positioning of four (4) CHP helicopters and three (3) air ambulances at the Chico Airport in anticipation of rescue and burn patient transport.

Strength 3: AST Communication: Communication: The RDMHS and 2 S-SV EMS Duty Officers used multiple communication modalities to communicate during the event. This included land lines, cell phones, text messaging, and e-mail. All tools operated well during the event with no disruptions. The RDMHS also used these same tools to communicate with the State of California Duty Officer Programs. While the event was very fast in pace, multiple in and outgoing calls occurring simultaneously, along with e-mail and text, the overall communication was effective with only minor issues occurring.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 2.1: County Situational Awareness: NONE. The Butte County response to the Camp Fire was timely and effective. Despite the mass level of destruction, the DOC was opened in a very short time and the RDMHS had on-going communication with the County MHOAC throughout the event. The only challenge to situational awareness was due solely to the unprecedented speed of the fire. Despite this challenge, the Butte County MHOAC and the Butte DOC were the primary source of information coming from the event and the RDMHS was not forced to rely on local news media.

Reference: EOM-NIMS-SEMS-SSV Duty Officer Program-ShasCom after hours S-SV notification Procedures.

Analysis: OA leadership and staff performed extremely well during this event. Situation status has historically been best achieved by the RDMHS by monitoring local news media. In this case the emergent information being reported to the RDMHS by the impacted OA was current, timely, relevant and hours ahead of the local news media (during the response phase).

Area for Improvement 2.2: Sit-Rep Updates: Ongoing Situational awareness were not hampered. While the formal Sit-Rep form was not used during the initial phases of the emergency, the situation did not allow for a timely completion of a multi-page form. For this reason, the Flash Report format was utilized by the RDMHS. Recommend simplification of the Sit-Rep forms or establishment of an e-mail FLASH REPORT template.

Reference: EOM-NIMS.

Analysis: In 2016 / 2017 & 2018 staff from the Butte OA had received (at their request) multiple EOM trainings. OA staff response to the event at the RDMHS level was organized, appropriate and consistent with the EOM and ICS. The only difficulties encountered in this area involved out-of-OA agencies departing from the EOM and/or ICS in contacting the OA/RDMHS offering unrequested resources or requesting information “for their higher ups.”

Core Capability 3 SNF Recognition of Emergency Evacuation Needs

Strengths

Faced with the options of sheltering-in-place or evacuating, most (*in my judgement*) properly chose to evacuate. The fast wind driven flames of this fire made “sheltering in place a non-viable option. As noted above, the AST attempting to reach Feather River Hospital encountered a SNF on the Skyway with fourteen (14) patients needing evacuation. The evacuation took place while the fire department was placing water on the facility, and once the evacuation was completed, the facility was destroyed minutes later.

While the coordination of distribution of patients during the Camp Fire was hampered by the large and rapid nature of the evacuations with many of the patients presenting in the Chico area, I believe the decision to promptly self-evacuate was proper based on the available information. This required an eventual relocation of patients following the initial surge that occurred.

The initial evacuation was conducted by many of the facilities prior to the deployment of medical transport assets. This made a full accounting of displaced patients very difficult for the MHOAC and the ASTs during the first hours/days of the event.

Strength 1: Skilled Nursing Reliance on Disaster/Emergency Plans: As noted in prior sections, it seems appropriate to note as a strength, the SNF’s ability to quickly evaluate the risks to their facility and residents and take decisive action. In this case not waiting for an outside agency to arrange for their evacuation, but instead implementing their patient movement/evacuation plan.

Strength 2: Use of HaveBed SNF Bed Polling: Once the impacted OA was made aware of the approximate number of patients needing to be dispersed, communication of this need was relayed to the RDMHS and S-SV EMS for the implementation of HaveBed and SNF bed polling. These results were provided to the OA to assist in patient distribution.

With the ongoing Med/Health Shelter needs, S-SV EMS implemented daily HaveBed polls for the region and provided daily reports to the Butte MHOAC.

Areas for Improvement

While it is clear that the SNF's and assisted living facilities evacuated under very emergent circumstances, a process or plan should be explored in order to better account for patient movement and facility status to be provided to the MHOAC. **With the understanding that these were very extreme circumstances, it should be noted that when attempting to deploy AST for evacuations, these efforts were complicated as the MHOAC and RDMHS were unclear on current facility status and current evacuation needs.** A quick (verbal or other form) Sit-Rep from the facility to the MHOAC may have aided in minimizing some of the fire driven pandemonium.

Area for Improvement 3.1: Suggest a method of MHOAC or DOC notification be made by a skilled nursing facility when self-evacuating a facility. This notification should include the reason for the evacuation, number of patients and destination of evacuated patients. If time permits, more information should be provided such as availability of staff to accompany patients to evacuation destination.

Reference: N/A

Analysis: N/A

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for S-SV EMS as a result of CAMP Fire Event conducted on November 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	1.			S-SV EMS	John Lord		
				S-SV EMS	John Lord	March 2019	Completed and ongoing.

¹ Capab

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
			Communications	S-SV EMS	John Lord	March 2019	

ility Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: PARTICIPATING ORGANIZATIONS

Participating Organizations	
Federal	
FEMS	
State	
EMSA	
CDPH	
RDMHS	
[Jurisdiction A]	
Shasta – Tehama – Glenn – Yuba – Sutter – Butte Counties et al.	
[Jurisdiction B]	
S-SV EMS – Multiple EMS providers – Multiple acute care hospitals – Multiple SNF.	