Stanislaus County Health Services Agency

Public Health All-Hazards Emergency Operations Plan

Release date: November 2016

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Signature Page

This plan establishes the emergency organization, assigns tasks, specifies policies and general procedures, and provides for coordination of emergency response necessary to promote, protect, and improve the public health of the community in Stanislaus County.

Signed: Public Health Director

Nov 10 2016
Date

Approval and Implementation

Upon approval of the Public Health Director, this Emergency Operations Plan will be officially adopted and promulgated. The plan will be distributed to those County departments, supporting allied agencies and community organizations having assigned primary functions or responsibilities within the EOP. This 2016 Public Health All-Hazards Emergency Operations Basic Plan and its annexes supersede all previous versions of pubic health plans in Stanislaus County.

Record of Changes

Brief Description of Change	Revision Date	Page(s) Affected	Change Made By
Changes identified from the first partner review meeting on 10/28/16. Changes were made in multiple locations as this was the first draft review of the plan	11/2016	multiple	J. Ferrera – EP Manager
Updated Appendix D to identify 3 persons per DOC role per flu season AAR	3/2017	57	J. Ferrera – EP Manager

Record of Distribution

The following departments and agencies have received working copies of the Stanislaus County Public Health All-Hazards Emergency Operations Plan:

Department / Agency	Number of copies
Eastside Mosquito Abatement District	1
Mountain Valley EMSA	1
Stanislaus County Behavioral Health and Recovery Services	1
Stanislaus County Department of Environmental Resources	1
Stanislaus County Health Services Agency	1
Stanislaus County Office of Emergency Services	1
Turlock Mosquito Abatement District	1

Authorities and References

Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the California Department of Public Health, the Stanislaus County Chief Executive's Office, the executive heads of local municipalities, and the Public Health Officer can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a public health emergency (PHE), the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the Public Health Officer to ensure decisions and response actions are clear and consistent.

Governor

California Emergency Service Act (Government Code Title 2, Division Chapter 7, Section 8550 et seq.)

> Confers emergency powers upon the Governor and chief executives of political subdivisions of the state to provide for state assistance in organization and maintenance of emergency programs; establishes the Governor's Office of Emergency Services; assigns functions to state agencies to be performed during an emergency and provides for coordination and direction of emergency actions of those agencies; and establishes mutual aid procedures. Authority for the creation of standby orders exists in Government Code section 8567. Authority to suspend statutes and agency rules exists in Government Code section 8671.

California Department of Public Health (CDPH)

California Health and Safety Code Sections 100170-100180

> Establishes the authority of State Department of Health Services (i.e., CDPH) to enforce regulations to address threats to the public health.

California Health and Safety Code Sections 120125-120140

> Establishes the authority of CDPH to investigate and control communicable disease within the state.

California Health and Safety Code Sections 120145-120150

> Establishes the authority of CDPH to take actions related to persons, animals, or property to control threats to public health, including quarantine, isolation, inspection, disinfection, and destruction of property.

Stanislaus County Chief Executive's Office

Stanislaus County Code, Title 2, Chapter 2.52, Section 2.52.080

> Establishes the authority of the County Executive in the event of an emergency.

Executive heads of municipalities

California Health and Safety Code Sections 101375, 101400, 101405, 101450, 101460 and 101470

> Establishes authority of cities to consent or contract with the county to provide performance of public health functions and statute enforcement. In the absence of consents or contracts with the county, authorizes cities to appoint a health officer to enforce and observe all orders, ordinances, quarantines, regulations, and statutes related to public health.

Public Health Officer

California Health and Safety Code Sections 101000, 101025, 101030

> Establishes the authority of county health officers to preserve and protect the public health by enforcing county orders, ordinances, and statues pertaining to public health.

California Health and Safety Code Sections 101040, 101475

> Authorizes county and city health officers to take preventive measures during an emergency.

California Health and Safety Code Section 120175

> Authorizes the local health officer to take measures necessary to control the spread of communicable diseases.

A more comprehensive overview of the authorities granted the Public Health Officers can be found in the “Health Officer Practice Guide for Communicable Disease Control in California” (Appendix ‘F’).

A more comprehensive overview of the authorities for isolation and quarantine appears in Appendix F of the Crisis and Risk Communication Plan.

Medical Health Operational Area Coordinator (MHOAC)

The MHOAC program is specified by California Health and Safety Code Section 1797.153.

Purpose, Scope, Situation Overview, Assumptions

Purpose

This Stanislaus County Public Health All-Hazard Emergency Operations Plan (PH AHEOP) serves as the official emergency operations plan for public health in the county. The purpose of this plan is to promote, protect, and improve the health of the community through disaster operations and recovery. In conjunction with the overarching Stanislaus County Emergency Operations Plan, this AHEOP:

- Provides a unifying, coordinated framework for public health emergency response in the county;
- Identifies triggers, activation thresholds, concepts of operation, organizational frameworks, and action steps for relevant public health departments in Stanislaus County;
- Identifies how public health emergency response roles, responsibilities, and information sharing fit within the existing response frameworks and standards of the county, its local partners, the State of California, and national guidelines; and,
- Provides an all-hazards plan for public health that is compliant with the Public Health Accreditation Board and the State of California Public Health and Medical Emergency Operations Manual.

This plan also serves as the county's medical and health disaster plan, as called for under California Health and Safety Code section 1797.153.

Scope

This plan addresses public health emergencies in those areas for which the Stanislaus County Health Services Agency (SCHSA) is the lead entity or plays a supporting role, including:

- Infectious disease outbreaks;
- Foodborne illness outbreaks;
- Bioterrorism incidents, mass dispensing operations, and local delivery of the Strategic National Stockpile of medical countermeasures;
- Pandemic influenza;
- Medical/health surge response;
- Crisis and risk communication for public health;
- Continuity of operations/continuity of government for public health;
- Public health support of alternate care sites; and,
- Public health support of hazardous materials incidents.

Note that MHOAC responsibilities and coordination with SCHSA are described as well in this plan.

The scope of public health emergencies can vary widely, in many dimensions:

- They may be short-term and of projectable, forecastable trajectory, such as following a limited food contamination incident;
- They may be worldwide, without adequate treatment, and capable of overwhelming national government response capacities, as in a severe influenza pandemic;
- They may last months or years in the response phase, as in the pandemic influenza or weaponized anthrax attacks;

- They may involve uncertain or unknown emerging disease agents, in which information to guide response is initially inadequate and rapidly changing; and,
- They may be primarily based on a public health problem (such as communicable disease), or secondary to other hazards (such as cyber-attacks on infrastructure, earthquakes, or drought).

This plan provides a framework for all public health emergencies (PHE) in Stanislaus County.

This plan does not provide guidance for which SCHSA or Public Health are not the organizational lead agency. These areas (and their organizational lead agencies) include:

- Coordination of patient distribution and medical evaluation (Mountain Valley Emergency Medical Services Agency, or MVEMSA);
- Coordination with inpatient and emergency care providers within the purview of the Medical/Health Operational Area Coordinator (MHOAC) program, (MVEMSA);
- Coordination of providers of non-fire based pre-hospital emergency medical services (MVEMSA);
- Coordination of the establishment of temporary field treatment sites (MVEMSA);
- Assurance of food safety, under the MHOAC program, and not including the investigation of foodborne illness outbreak investigation (Department of Environmental Resources and the Agriculture Commissioner);
- Management of hazardous materials incidents (Department of Environmental Resources);
- Provision or coordination of mental health services (Behavioral Health and Recovery Services);
- Provision or coordination of vector control services (Mosquito Abatement Districts);
- Assurance of drinking water safety, (Department of Environmental Resources); and
- Assurance of the safe management of liquid, solid, and hazardous waste, (Department of Environmental Resources).

See the *Organization and Assignment of Responsibilities* section of this document for more information.

Situation Overview

Stanislaus County is a primarily agriculture-based county in California's Central Valley with an estimated population of 532,297 (as of January 2015). The median resident age for Stanislaus County residents is 32.9. Approximately 11.7% of the population is over the age of 65.
For the population five years and older, 59.7% speak English only in the home and 40.3% speak a language other than English. Of those speaking a language other than English, 30.9% speak Spanish, 3.7% speak other Indo-European languages, 3.6% speak Asian and Pacific Islander languages, and 2.1% speak other languages. In Stanislaus County, the disability status of the civilian non-institutionalized population is 13.2%. Of the 13.2%, 4.2% are under 18 years, 11.1% are 18 to 64 years, and 47.6% are 65 years and older.

A summary of the population and demographics appears in the Stanislaus County EOP. For more detail, please see the most recent publication of the Stanislaus County *Community Health Assessment* (released by the county Health Services Agency).

Functional Needs Populations

Most disaster response systems and plans are designed for people who can walk, run, see, drive, read, hear, speak and quickly respond to alerts and instructions. This presents challenges for adults and children with disabilities and others with access and functional needs. These diverse populations may suffer severe and less forgiving consequences without essential support. The margin of resiliency in emergencies is smaller and the impact is higher. Individuals with access and functional needs include, but are not limited to, those who have/are:

- Developmental or intellectual disabilities
- Blind/low vision
- Deaf/hard of hearing
- Mobility impairments
- Injuries
- Chronic conditions
- Older adults or children
- Living in institutionalized settings
- Poor or homeless
- Limited English proficiency or are non-English speaking
- Transportation disadvantaged
- Psychiatric or mental health related conditions or illnesses
- Non-independent persons requiring a caregiver, supervisor or service animal
- Any individual requiring assistance during an emergency or disaster

Incident action planning must address the needs of individuals with disabilities or access and functional needs, and will need to do so within the context of the specific public health emergency. For instance, not all people requiring prophylaxis would be mobile and able to come to a county Point of Dispensing (POD) location. Arrangements may need to be made to bring assistance directly to those in need.

In addition to the primary response to a disaster, there may be additional needs before, during, and after an incident in functional areas, including but not limited to:

- Maintaining Independence
- Communication
- Transportation
- Supervision
- Medical Care

Hazard/Threat Analysis Summary

According to an operational area analysis conducted by the Stanislaus County Office of Emergency Services, the top three Natural and Technological Hazards facing Stanislaus County include, in decreasing order of risk:

- Earthquake
- Flood (including dam failure)
- Wildland Fire

Further analysis of local threats can be found in the *Stanislaus County Emergency Operations Plan, Section 4 – Hazard and Threat Analysis.*

Based on the most recent (2015) Hazard Vulnerability Analysis (HVA) conducted by the Stanislaus County Healthcare Emergency Preparedness Coalition (SCHEPC), the top 10 public health hazards facing Stanislaus County are, in decreasing order of risk:

- Emergent disease,
- Drought,
- Pandemic influenza,
- Cyber-attack,
- Information systems failure,
- Water supply disruption,
- Water supply contamination,
- Intentional food contamination,
- Mass casualty trauma, and
- Mass casualty hazardous materials incident.

A separate hazards vulnerability assessment (HVA) conducted by the five receiving hospitals in the county found that:

- The top natural hazards seen in the county are temperature extremes and drought;
- The top technological hazards are heating/ventilation/air conditioning failure and communications systems failure;
- The top human hazards are mass casualty incidents (MCIs) of a medical/infectious disease nature, and MCIs based on trauma; and
- The top hazardous materials risks are small (<5 victims) and large (>5 victims) hazmat incidents at the respondent's medical centers.

Planning Assumptions

The same general planning assumptions that apply to the Stanislaus County Emergency Operations Plan (EOP) pertain to this public health plan:

- All incidents begin and end locally.
- Emergencies may occur at any time with little or no warning and may exceed capabilities of local, state, federal, tribal governments and the private sector in the affected areas.
- Emergencies may result in casualties, fatalities and displace people from their homes.
- An emergency can result in property loss, interruption of essential public services, damage to basic infrastructure, and significant harm to the environment.
- The greater the complexity, impact and geographic scope of an emergency, the more multiagency coordination will be required.
- Mutual aid and other forms of assistance will be rendered when impacted jurisdictions exhaust or anticipate exhausting their resources.

In addition, the following assumptions are unique to public health emergencies:

- A communicable disease outbreak such as an influenza pandemic will result in the rapid spread of infection with outbreaks across the globe. Communities around the state and country may be impacted simultaneously and Stanislaus County will not be able to rely

on timely or effective mutual aid resources due to similar impacts on neighboring jurisdictions.

- The duration of a public health emergency could last months or years for the active response phase (e.g., weaponized anthrax or pandemic influenza).
- The widespread nature of some PHE may eliminate mutual aid.
- Non-medical responses to PHE, such as isolation and quarantine, are outside the norm and routine expectations of modern society. Citizens may be required to stay in their homes for a significant period during an influenza pandemic; thus, residents will need public information, education and tools so they are prepared to take responsibility for basic needs (food, water, prescription medications, over-the-counter medications, etc.). Decisions about non-pharmaceutical community containment measures will be made in an atmosphere of considerable scientific uncertainty. Containment measures must be adapted to the epidemiologic context of each phase of the emergency. It is likely that strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events will likely be implemented during a public health emergency.
- Distribution of medical countermeasures to the entire population, either early in an incident (e.g., anthrax) or late (e.g., after a new vaccine is developed for pandemic influenza) will require significant mobilization of scarce and overextended resources.
- Unlike fires, floods, heat emergencies, and other natural disasters, infectious disease emergencies may involve changing response patterns, as case definitions, treatment options, and care protocols evolve. This can tax the patience and trust of the public, public officials, public information officers, and mutual aid partners.
- Public health emergencies may lack adequate situational awareness early in an outbreak.
- There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications; thus, planning for continuity of operations is essential. Similarly, disruption or exhaustion of supply chains is likely.
- Risk communication will be critically important during all phases of planning and implementation of a pandemic influenza or other communicable disease response.
- In a severe PHE such as pandemic influenza, the number of ill people requiring outpatient medical care and hospitalization may overwhelm the local health care system. It can in no way be expected that a normal level of hospital care will be available.
    - Hospitals and clinics will need to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
    - The health care system will need to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness or caring for ill family members.
    - Demand for inpatient beds and assisted ventilators could increase by tenfold or more and patients will need to be prioritized for services.
    - There will be tremendous demand for urgent care services.
    - Hospital infection control measures specific to management of large numbers of patients may need to be developed and implemented.
    - The health system will need to develop and establish alternative care sites to relieve demand at hospitals.
    - Emergency Medical Service responders will face extremely high call volumes, and may face 25-35% reduction in available staff.
    - The number of fatalities will overwhelm the resources of the Medical Examiner's Office, morgues, and funeral homes.

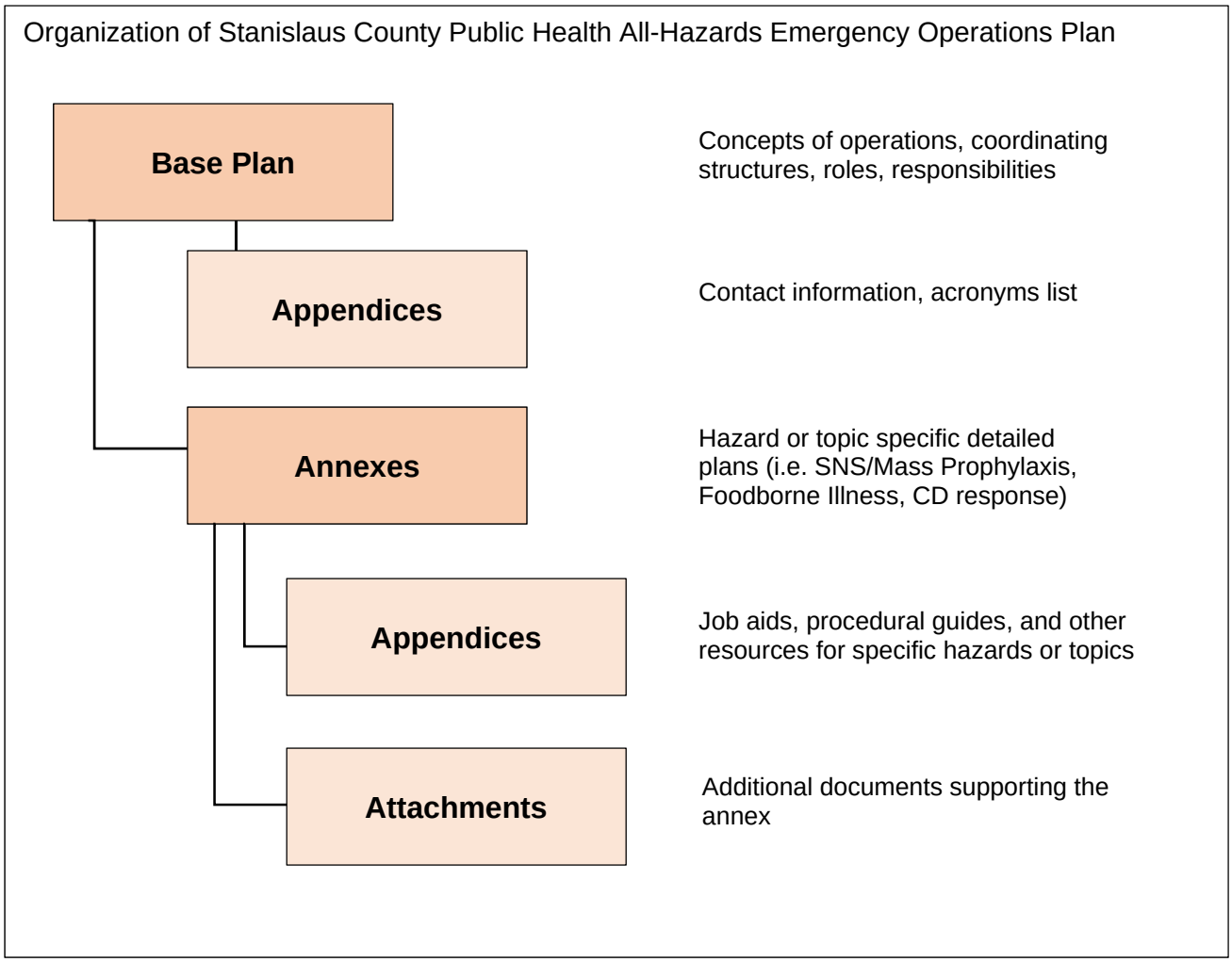
- The demand for home care and social services will increase dramatically.

Plan Organization

This plan is subordinate to the Stanislaus County Emergency Operations Plan, which governs all emergency operations within the county. In addition, this plan reflects the planning guidance and direction of the State of California Public Health and Medical Emergency Operations Manual and the California Office of Emergency Services State Emergency Plan.

This plan consists of two major parts, as indicated in the graphic below: The base plan is an overview of county health response organization and policies. It cites the legal authority for emergency operations, explains the general concepts of operations, and assigns the roles and responsibilities for SCHSA staff in emergency response and operations.

Annexes provide additional detailed information organized around the response to specific hazards. Each annex focuses on the emergency functions and priority services that SCHSA will perform in response to an emergency.



Concept of Operations

The overarching public health concept of operations in Stanislaus County is to use the SCHSA Department Operations Center (DOC) and the County Emergency Operations Center structures to execute the traditional practices of public health (mitigation, surveillance, public information, etc.), while using processes set forth in the county emergency operations plan and the State of California Public Health and Medical Emergency Operations Manual to coordinate information sharing, situational awareness, resource requesting, and mutual aid.

Agency Concept of Operations

1. The Stanislaus County Office of Emergency Services (OES) will activate the Emergency Operations Center (EOC) to coordinate the county-wide public health and medical response during a public health emergency.
2. SCHSA will respond under the auspices of this plan as well as the Stanislaus County Emergency Operations Plan, the Stanislaus County Multi-Jurisdictional Hazard Mitigation Plan, and the SCHSA Crisis and Risk Communication Plan.
3. SCHSA and all response partners will operate under the NIMS/SEMS structure.
4. SCHSA will collaborate with MVEMSA in coordinating the local health and medical response to a public health emergency with state, federal, and local agencies and officials. (See also the MHOAC section below.) SCHSA will work through the local health care entities and other partners to monitor and, if necessary, direct the use of health care system resources and restructuring of health care system operations.
5. SCHSA will coordinate response actions with the California Department of Public Health (CDPH) and neighboring jurisdictions within the region, as guided by the California Public Health and Medical Emergency Operations Manual (EOM).
6. SCHSA will authorize the acquisition of state or federal medical resources in support of health care system partners (i.e. state medical stockpiles, Strategic National Stockpile).
7. SCHSA response actions will emphasize disease surveillance and investigation, non-pharmaceutical intervention, which includes social distancing measures, frequent communication and education to the public about the public health emergency, the public health response and steps that can be taken by stakeholders to reduce the risks of illness.
8. External guidance and conceptual frameworks such as the World Health Organization's Pandemic Phases will guide planning in Stanislaus County, but may be deemed inadequate or irrelevant in the face of an emerging public health emergency. SCHSA will evaluate guidance from CDPH, the Centers for Disease Control (CDC), and the World Health Organization, (WHO), for relevance to the county.
9. SCHSA serves as the lead agency in Stanislaus County for risk communications messaging and public education regarding a public health emergency. As a PHE begins to unfold, a Joint Information Center (JIC) will be established within which all Stanislaus County jurisdictions will coordinate with SCHSA to ensure consistency of communications and education messaging regarding the emergency.
10. Communications with the public and health care providers will be a critical component of emergency response, including managing the utilization of health care services.
11. The SCHSA Public Health Division will educate providers, public officials, businesses and emergency responders about the PHE and preparedness and response steps they should take.

12. The Public Information Officer will convene appropriate internal departments and other stakeholders to develop a communications strategy for vulnerable populations including identifying appropriate community partners for reaching and educating diverse communities.

Mitigation Activities

Mitigation activities are taken in advance of a disease outbreak or public health emergency to prevent or temper its impact. SCHSA uses the following approaches to mitigate public health emergencies during the preparation phase, before an incident:

1. Planning, exercising, evaluating and revising the plans, field operations guides, and protocols for pandemic influenza, foodborne outbreaks, communicable disease outbreaks, strategic national stockpile use, and other hazard- or incident-specific areas.
2. Training and equipping SCHSA staff to assure competencies and capacities needed to respond to a PHE.
3. Developing strategic partnerships and facilitating capacity building with local hospitals, non-hospital based health care providers and agencies (e.g. clinics, long-term care), other health care system stakeholders, and local, state and federal response agencies and their staff.
4. Educating response partners, the media, and public about the consequences of PHEs and recommended preparedness measures.
5. Informing and updating local elected officials about the potential impacts of public health emergencies on essential services and infrastructure in Stanislaus County.
6. Stockpiling necessary medications and equipment that will be needed to respond to a public health emergency.
7. Ongoing continuity of operations planning and risk communication planning.
8. Conducting routine surveillance and monitoring of hospital and health care facility patient statistics including key syndromic trends (BioSense/ESSENCE), hospital bed availability (EMSystems), and EMS dispatch and response data (First Watch).
9. Current local and remote trends including air quality data and communicable disease monitoring/reporting requirements under CCR Title 17 (§2500, §2593, §2641.5-2643.20, and §2800-2812).

Surveillance Activities

Public health relies on routine disease surveillance activities. In a public health emergency, surveillance activities will be modified from the routine, as identified below:

1. SCHSA will augment or modify routine surveillance and disease reporting criteria during a public health emergency. The Public Health Officer may declare the specific disease strain or causative agent (i.e., emergency pandemic influenza strain, bacteria, chemical, prion, or other agent) a Disease of Public Health Significance, requiring health care providers and/or laboratories to report cases.
2. As communicable disease outbreak progresses, the SCHSA Communicable Disease Department will enhance existing surveillance efforts, including gather relevant available clinical data from the SCHSA clinics as well as other clinics, hospitals and hospital emergency rooms in the county.
3. In a prolonged infectious disease outbreak:

a. The SCHSA Communicable Disease department will conduct regular tracking activities such as reports regarding school absenteeism and monitoring of related illnesses (e.g., pneumonia), based on sources such as deaths submitted by Vital Statistics, skilled nursing reports, homeless shelter reports, and sentinel providers.
b. The SCHSA Communicable Disease department, County Animal Services, and County Agricultural Commission will collaborate in sharing relevant data and information regarding sentinel and zoonotic disease indicators within the county
c. The SCHSA Epidemiology Department will collect and analyze syndromic surveillance data (i.e. chief complaint data from hospitals and clinics, hospital admission and discharge data, emergency medical services (EMS) dispatch data, daily reports from Vital Statistics).
d. SCHSA will work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC or CDPH screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria or case definition.
e. SCHSA will partnership with key employers to track absenteeism during a flu pandemic (i.e. city and county government, large employers).
f. SCHSA Laboratory supports the CDPH in conducting specific disease testing as requested.

Medical Countermeasures

Depending on the public health emergency, there may be medical countermeasures to combat the spread or extent of illness. These countermeasures may be existing, such as antibiotics, or rapidly developed, such as a new influenza vaccine. Countermeasures may be widely available or in short supply, requiring prioritized distribution. Countermeasures may be targeted to specific exposed individuals or distributed to the entire population. The SCHSA Communicable Disease department, in consultation with partners, CDPH, and CDC guidelines, will develop and refine recommendations for use of medical countermeasures (including vaccines), based on availability of the countermeasure, supply chain/logistics considerations, clinical need and at-risk populations, and related factors.

Isolation, Quarantine, and Social Distancing

Isolation, quarantine, and social distancing are non-pharmaceutical measures capable of reducing the spread of disease from person to person.

1. SCHSA Public Health will coordinate planning efforts for isolation, quarantine, and social distancing with CDPH, neighboring local health jurisdictions, local healthcare providers, hospitals, community based organizations, social service agencies, and local law enforcement.
2. SCHSA will follow CDC guidelines in developing and implementing isolation, quarantine, and social distancing procedures for individuals traveling from areas in which a novel disease virus is present.
3. The SCHSA Communicable Disease department will coordinate with healthcare providers and hospitals to ensure that isolated or quarantined patients are in appropriate facilities based on their medical conditions (home, hospital, alternate care site).
4. The SCHSA Communicable Disease department will develop protocols for quarantine of close contacts of persons infected with a potential emergent disease.

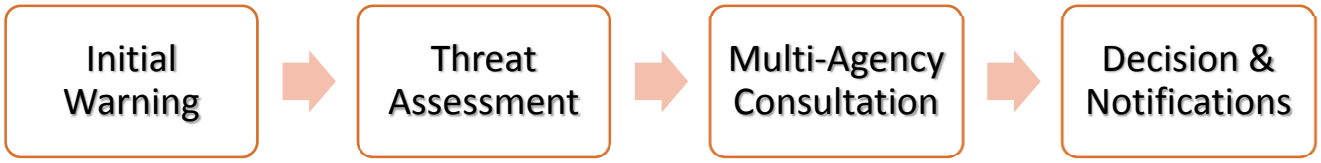
5. The SCHSA Communicable Disease department will provide technical assistance to healthcare providers and hospitals regarding options for management of healthcare workers who come in contact with an emergent disease.
6. The Public Health Officer will implement necessary isolation and quarantine measures as needed to ensure availability of isolation and quarantine facilities and support systems for patients.
7. Because the implementation of social distancing strategies in Stanislaus County may create social disruption and significant, long-term economic impacts, and because it is assumed that social distancing strategies must be applied on a county-wide or state-wide basis in order to maximize effectiveness, social distancing decisions must balance costs and perceived benefits. This means the Public Health Officer must evaluate state and federal guidance, epidemiology and other science, and the input of all relevant stakeholders throughout all phases of a public health emergency.
8. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the Public Health Officer, the Stanislaus County Office of the Chief Executive Officer and the executive leaders in all municipalities in Stanislaus County.
9. Decisions regarding the closing of all public and private schools, and closing or minimizing social interaction at colleges, universities and libraries in Stanislaus County will be made by the Public Health Officer after consultation with local school superintendents, school presidents and other relevant officials.
10. Decisions regarding social distancing strategies will be made in consultation with the County Counsel.
11. The Public Health Officer will coordinate in advance the timing and implementation of social distancing decisions in Stanislaus County based on guidance supplied by the CDC or CDPH.
12. Additional specific, county-wide strategies that may be identified by the Public Health Officer may include:
    a. Encouraging government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.
    b. Recommending that the public use public transit only for essential travel.
    c. Recommending stringent cleaning/sanitization processes/policies for public transportation providers.
    d. Advising Stanislaus County residents to defer non-essential travel to other areas of the county and the world affected by a disease outbreak.
    e. Suspending public events where large numbers of people congregate including sporting events, concerts, and parades.
    f. Closing public and private schools, and large child care centers.
    g. Implement measures to close or limit social interaction at libraries, colleges, and universities.
    h. Closing all churches, theaters, community centers, and other places where large groups gather.
    i. Suspending government function not involved in the public health emergency response or maintenance of critical continuity functions.
13. The Public Health Officer will participate in conference calls with neighboring counties, CDPH and the United States Department of Health and Human Services to coordinate the timing, public announcement, and impacts of social distancing measures in the Stanislaus County area.

14. The Public Health Officer will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

Plan Activation

Plan activation involves the following steps:

- Initial warning, representing a data collection and intake process based on department-specific standard operating guidelines;
- An initial *threat-assessment*;
- Appropriate *multi-agency consultations* about transitioning from routine, day-to-day operations to an incident management structure and response framework, as detailed in this plan and the SC EOP; and,
- Specific *decisions* and *notifications* based on the decision-making process.



Initial warning

The SCHSA, public health department, or MVEMSA duty officer may receive information that suggests or indicates a potential public health threat from a variety of sources. The first indication may appear as a threat, or as an unusual circumstance. It may result from staff observations, the media, surveillance systems or sample analysis, external notification from state or federal public health authorities, or other sources.

SCHSA staff that receive threat warnings or indications of a public health emergency must assess and report their findings according to the standard operating guidelines for their program or unit. Staff operating in areas that do not have standard operating guidelines should immediately communicate the information up the chain-of-command to their director or supervisor. Outside of normal business hours, and in the absence of other standard operating guidelines, SCHSA staff will communicate emerging threats to the Department Operations Center Director, the Public Health Director, and the Public Health Officer.

Threat assessment and multi-agency consultation

The relevant department director, Department Operations Center Director, the Public Health Director, or Public Health Officer will conduct a threat assessment and then seek consultation with others as indicated. Threat assessment should involve consideration of the following elements:

- Source of the information;
- Quality and quantity of the information;
- Severity, magnitude, and timelines regarding the potential or actual health threat or threat of business interruption;

- Level and competency of prior testing done to generate the information for public health threats;
- Other intelligence/information to corroborate or support the information;
- Anticipated need to provide information to county staff, State of California emergency staff, the public, media, or other response partners;
- Number of cases of a rare or novel illness, or illnesses with an unknown cause;
- Number of incidences occurring in multiple jurisdictions;
- Severity of the incident in terms of actual or probable morbidity or mortality; and
- Association with a large event.

The director, manager, or other up-line individual who receives the warning information will evaluate these elements, determine the scope of impact, and the need for additional resources.

The crucial question for the threat assessment is: does this incident fall within the normal day-to-day capabilities of the overall Medical and Health System? If the answer is no, and if additional resources will be required for any reason, this plan should be activated. The decision to activate this plan is a decision to change to an incident management structure capable of supporting expanded operations. This decision may be made unilaterally (as detailed below), or may be made in consultation with appropriate colleagues and partners (such as Mountain Valley EMS, the CD Surveillance Group, or others depending on the public health emergency).

Decision and notification

Certain circumstances will trigger this plan unilaterally, without further threat assessment or consultation. This plan may be activated based on the following triggers:

- Following, and as part of, activation of the Stanislaus County Emergency Operations Plan by the Director of Emergency Services or designated alternates under any of the following circumstances:
    - On the order of the Director of Emergency Services as designated by Title 2, Chapter 2.52 – Civil Defense and Disaster Council of the Stanislaus County Government Code.
    - Upon proclamation by the Governor that a STATE OF EMERGENCY exists in an area of the state.
    - Automatically on the proclamation of a STATE OF EMERGENCY as defined in the California Emergency Services Act (Chapter 7, Division 1, Title 2, California Government Code.)
    - Upon declaration by the President, of the existence of a National Emergency.
    - Automatically, on receipt of an attack warning or actual attack on the United States, or upon occurrence of a catastrophic disaster that requires immediate government response.
- Determination by the Communicable Disease Surveillance Lead that immediate action and resources are needed to support public health response and management of any of the circumstances listed in ***Table A*** below. “Immediate action and resources” include laboratory, case investigation, contact tracing, public information, or any other aspect of public health response.
- Determination by the MHOAC that:
    - Routine staffing and/or procedures are inadequate to manage any public health response.
    - Public health and medical system status, as described by the California Public Health and Medical Emergency Operations Manual is orange, red, or black.

- Any incident that constitutes Emergency System Activation as defined in the California Public Health and Medical Emergency Operations Manual, at level 1 – 3.

These circumstances, or the result of threat assessment and consultation, will result in one of the following decisions:

- Do not activate this plan at the present time. This may or may not include a decision to "stand by and monitor" using routine business processes.
- Activate this plan, and stand up the SCHSA Department Operations Center.
- Activate this plan, and request activation and staffing of the county Emergency Operations Center.

This plan may be activated at any level, and can be implemented in varying degrees as indicated by the public health emergency. The county's response and supporting structure will scale up or down based on recognized and projected needs.

Table A: Communicable Disease Triggers

I. Immediate or One-Day Reportable Outbreak or Investigation of:

- Anthrax
- Botulism (Infant, Foodborne, Wound)
- Cholera
- Hantavirus
- Meningococcal Infections
- Plague (Animal, Human)
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularemia
- Viral Hemorrhagic Fevers
- Yellow Fever
- Outbreaks (any disease)
- Potential Bioterrorism Agents

II. Unusual clusters, outbreaks, or syndromic presentation as determined by the Communicable Disease Surveillance Lead
III. Media announcement of communicable disease in Stanislaus County
IV. Unusual death or first death of season
V. At the discretion of the county Chief Executive's Office

Organization and Assignment of Responsibilities

Emergency Management Organization

The Stanislaus County Health Services Agency and Public Health Department operate under the direction of the Stanislaus County Chief Executive Officer, who directs emergency management organization and is designated as the Director of Emergency Services in the

county. SC HSA utilizes the Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS) to manage emergencies.

Emergency Operations Center Roles

As identified in the Stanislaus County Emergency Operations Plan, Stanislaus County Health Services Agency and Public Health Department is the county department with primary responsibility for staffing the Medical/Health Branch of the County Emergency Operations Center. SCHSA/PH supports the following EOC components:

- StanMAC/Emergency Management,
- Public Information,
- Care & Shelter Branch,
- Environmental Resources Branch,
- Agriculture Branch,
- The Technical Specialist in Planning, and
- The Recovery Unit in Finance/Administration.

Health Services Agency - Public Health Division

The Stanislaus County Health Services Agency (SCHSA) Public Health Division is the lead agency involved in planning, preparing for, and responding to public health emergencies. The SCHSA is also part of the Medical/Health Operational Area Coordinator program (see below). All public health emergency response is coordinated either through the Office of Emergency Services Emergency Operations Center or through the SCHSA Department Operations Center (see below). The following is a list of responsibilities that the Public Health Division should be focused on:

1. Facilitating countywide public health emergencies planning and preparedness efforts.
2. Coordinate the community's emergency public health response in conjunction with the Stanislaus County Office of Emergency Services.
3. Educate the public, health care system partners, response partners, business, community based organizations and elected leaders about public health emergencies, expected impacts and consequences, and preventive measures.
4. Conduct county-wide surveillance to track the spread of human and vector-borne diseases and their impacts on the community. Through liaison with the Stanislaus County Agricultural Commissioner, mosquito abatement districts, and local wildlife agencies, facilitate communicable disease surveillance in agriculture and wildlife populations in Stanislaus County.
5. Identify and declare diseases of public health significance, and communicate such declarations to health system partners.
6. Coordinate planning for and implementation of disease containment strategies and authorities.
7. Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
8. Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.

9. Support the development and management of local medical countermeasure stockpiles, including vaccines and antiviral medication.
10. Develop and implement protocols for the use of limited supplies of specific drugs, (e.g., influenza vaccine, antiviral medicines), consistent with national guidelines and in conjunction with the CDPH.
11. Direct distribution and administration of vaccines and other medical countermeasures, including mass vaccination efforts.
12. Provide effective communications to the public, the media, elected officials, health care providers, business and community leaders throughout an emergency.
13. Ensure public health staff competency is demonstrated by regularly training on and drilling/exercising public health response functions and responsibilities provided within this document.

Health Service Agency Department Operations Center (DOC)

All public health emergency response is coordinated through the SCHSA Department Operations Center. The public health department staff position responsible for coordinating a response within the department is the DOC's director. See Appendix C. In the event that there is no available space for the DOC to operate at the SCHSA facility, an alternate DOC may be activated within the Stanislaus County Office of Emergency Services EOC.

DOC Activation Criteria and Process

Any of the criteria identified above (see Plan Activation) for activation of this plan will serve as activation criteria for the DOC. If this plan is activated, the DOC will be activated, and the DOC Director will determine appropriate staffing levels for the incident.

Procedures for around-the-clock (24/7/365) access to the public health department appear in Appendix B. These procedures cover support of all public health emergencies, including infectious disease and laboratory.

Medical Health Operational Area Coordinator (MHOAC) Program

Public health emergencies fall within the MHOAC program. The Stanislaus County Health Services Agency, in coordination and conjunction with the Mountain Valley Emergency Medical Services Agency (MVEMSA), functions as the Medical Health Operational Area Coordinator for the Stanislaus County Operational Area (OA). The designated MHOAC is the county Public Health Officer.

The role of the MHOAC is to:

1. Ensure a system (plan) for staffing and operations of the Medical and Health Branch at the OA EOC, including coordinating the activation of the Medical and Health Branch of the OA EOC.
2. Identify resources and coordinate the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas.
3. Request and respond to situation reporting and resource requests generated by OA hospitals and medical care entities and providers.

4. Communicate the medical and health status and needs to local, regional, and state governmental agencies and officials inside and outside of the OA
5. Coordinate with the Regional Disaster Medical/Health Coordinator/Specialist (RDMHC/S) program for medical and/or health mutual aid support from outside the OA as needed.
6. Coordinate notification activities within their respective agency, with Supporting Agency, other OA agencies, and with regional and state entities.
7. Ensure the completion and submission of a situation report inclusive of all medical health awareness information within the OA.
8. Coordinate and support the specific MHOAC Program function activities with the operational lead and/or support agencies.

There are 17 MHOAC program responsibilities identified by state law. The table below identifies lead and supporting entity for each of the 17 areas. The Operational Lead and/or Support Agency are responsible for:

1. Coordination of notification activities within their respective agency, with the MHOAC, other OA agencies and with Regional and State entities.
2. Ensuring situational awareness information is shared with the MHOAC for inclusion in any notifications and/or situation reports.
3. Coordination and support of the specific MHOAC Program function activities in which they are participating.

MHOAC Program Response Function		Operational Lead Agency	Operational Support Agency
1	Assessment of immediate medical needs	MVEMSA/SCHSA	SCHSA/MVEMSA
2	Coordination of disaster medical and health resources a. Medical b. Health c. Mental Health	MHOAC	MVEMSA, SCHSA, BHRS
3	Coordination of patient distribution and medical evaluation	MVEMSA	SCHSA
4	Coordination with inpatient and emergency care providers	MVEMSA	SCHSA
5	Coordination of out-of-hospital medical care providers	SCHSA	Outpatient clinics, skilled nursing, long-term care, dialysis centers
6	Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services	MVEMSA	OES/Fire Warden
7	Coordination of providers of non-fire based pre-hospital emergency medical services	MVEMSA	SCHSA
8	Coordination of the establishment of temporary field treatment sites	MVEMSA	SCHSA
9	Health surveillance and epidemiological analyses of community health status	SCHSA	DER
10	Assurance of food safety	DER/AG	SCHSA
11	Management of exposure to hazardous	DER/Regional	AG

MHOAC Program Response Function		Operational Lead Agency	Operational Support Agency
	agents	HazMat Team	
12	Provision or coordination of mental health services	BHRS	SCHSA
13	Provision of medical and health public information protective action recommendations	SCHSA	OES
14	Provision or coordination of vector control services	DER	SCHSA/Mosquito Abatement Districts
15	Assurance of drinking water safety	DER	SCHSA
16	Assurance of the safe management of liquid, solid and hazardous wastes	DER	
17	Investigation and control of communicable disease	SCHSA	

Key:
AG - Agriculture Commissioner
BHRS - Behavioral Health and Recovery Services
DER - Department of Environmental Resources
MVEMSA - Mountain Valley Emergency Medical Services Agency
MHOAC - Medical Health Operational Area Coordinator
OES - Office of Emergency Services
SCHSA - Stanislaus County Health Services Agency
Abatement districts – East Side Mosquito Abatement District & Turlock Mosquito Abatement District

MHOAC Activation Criteria and Process

As identified in Mountain Valley Emergency Medical Services Agency (MVEMSA) policy number 951.00 "MHOAC Notification/Activation for Stanislaus County", effective 9/1/2015, any of the following conditions may trigger notification of the MHOAC:

1. An incident that significantly impacts or is anticipated to impact public health, environmental health, or emergency medical services;
2. An incident that disrupts or is anticipated to disrupt the operational area (OA) public health and medical system;
3. An incident where resources are needed or are anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements;
4. An incident that produces media attention and/or is politically sensitive;
5. An incident that leads to a regional or state request for information or mutual aid; and/or
6. An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact.

Any agency that is impacted by a trigger event or situation shall contact the EMS Duty Officer at 1-800-945-2273.

If an authorized dispatch center becomes aware of, or identifies an event or situation that meets the notification/activation triggers they shall notify the EMS Duty Officer.

If the situation/event meets the notification/activation triggers the EMS Duty Officer shall contact the SCHSA at 209-664-6032 and will also notify other agencies as appropriate.

Triggers to sustain the MHOAC program in a long-term event include:

- Event lasting longer than 48 hours; or Operational Area EOC activation; or
- Public Health Officer directive; or
- Activation of Public Health DOC; or
- Activation of MVEMSA DOC

If any of these criteria are triggered, the MHOAC Program will be sustained through a collaborative effort between the Stanislaus County Health Services Agency and MVEMSA for the duration of the event through the recovery process. The SCHSA and the MVEMSA will ensure that they can adequately supply qualified staff to perform as the MHOAC designee. The SCHSA and MVEMSA Executive Director will create a MHOAC staffing Schedule to be utilized during a long-term event, to include the activation of the DOC or the Operation EOC in order to fill the Medical/Health Branch.

Roles and Responsibilities of Partners

Effective public health preparedness and response requires the active participation of numerous parties whose responsibilities are summarized below. Although specific responsibilities for key response partners will vary by type of public health emergency, and although organizations remain free to adopt higher standards, the following universal responsibilities for all partners apply to all organizations:

- Knowing and adhering to relevant, emerging disease-related guidance from the Centers for Disease Control or other relevant federal, state or professional authorities;
- Knowing and adhering to this Stanislaus County All-Hazards Emergency Operations Plan, particularly in inter-agency coordination protocols;
- Developing, training on and enforcing safe work protocols to protect the public and staff, including “no work while sick” and infection control practices such as hand washing and covering cough; and
- Obtaining, maintaining and training staff on appropriate Personal Protective Equipment (PPE).
- Participation in emergency incident training and exercise opportunities, including but not limited to, all staff responsible for emergency preparedness and response activities within each organization.

It is expected that health care providers, essential service providers, schools, local government officials and business leaders will work with Public Health staff to develop and incorporate procedures and protocols addressing public health emergencies and response activities into their emergency response plans. The responsibilities of partners for effective preparedness and response related to public health emergencies are described and presented below in alphabetical order.

Behavioral Health and Recovery Services

Mental health professionals have a key role in planning for psychosocial services for responders and the community at-large. During a public health emergency, mental health professionals will likely experience high levels of service demand, coupled with high employee absenteeism. The

Stanislaus County Behavioral Health and Recovery Services (BHRS) department will develop and implement a plan to address the psychosocial needs of health care workers, disaster service workers, Stanislaus County Employees, and the community at large. This will require planning for maintaining essential workers and increasing staffing capacity as necessary.

Businesses

Local businesses, in order to protect their viability as well as their employees, clients and customers during a public health emergency, should plan for continuity of operations in the event that infrastructure and other services are disrupted. Disruption of services and supplies may be due to high absenteeism among their own employees and customers and/or absenteeism in outside partners, services or other organizations. Business plans should address how to continue to function due to lack of utilities, supplies, deliveries and staff. Two important aspects, where applicable, will be to address providing essential products to the public (e.g. food, water and pharmacy merchandise) and planning for the potential suspension of business services that involve public assembly (e.g. entertainment venues, hotels, restaurants, etc.). Local businesses may also be asked to provide resources for the emergency response (i.e. vacant space for alternative care sites, critical supply provision, etc.).

California Department of Public Health

Through the California Department of Public Health (CDPH) the State of California coordinates planning and preparedness efforts, surveillance activities, and disease containment strategies at the state level and across multiple counties and regions within the state. Additionally, the state is responsible for operating a biosafety level 3 laboratory, coordinating the receipt and distribution of disease information, distributing medical countermeasures and vaccines from the Strategic National Stockpile (SNS) to local health departments, and informing the public on the course of the public health and prevention measures.

Centers for Disease Control and Prevention (CDC)

The CDC is responsible for national and international disease surveillance, and for communicating direction and information from the federal government to state and local public health agencies. The CDC is also responsible for investigating disease outbreaks, and overall monitoring the impact of outbreaks. The CDC acts as the national liaison to the WHO. The CDC will also:

1. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
2. Develop, evaluate and modify disease control and prevention strategies.
3. Support vaccination programs; monitor vaccine safety.
4. Coordinate the stockpiling of medical countermeasures, antiviral drugs, and other essential materials within the Strategic National Stockpile.
5. Coordinate the implementation of international and U.S. travel restrictions.
6. Under federal authority, implement isolation, quarantine and social distancing measures on tribal lands, as needed.

City Government

City governments should have continuity of operations plans that consider the likelihood of a significant public health emergency; take steps to limit the spread of any disease outbreak within their jurisdictions, and cooperate with SCHSA to provide resources for the public health response (e.g. vacant space for alternate care sites, critical services provision, etc.). City government has a direct role in coordinating emergency services, providing law enforcement and providing Disaster Service Workers in response to an emergency. Cities may also support mass dispensing operations of the Strategic National Stockpile.

Colleges and Universities

Colleges and universities will need to incorporate some of the responsibilities of businesses, schools, and city government. Depending on their size, they may need to secure space for alternate care sites and/or mass dispensing sites, address how to provide services to students isolated in dormitories, and make academic plans should the university/college need to be closed for several months. Colleges and universities should have continuity of business plans that consider the likelihood of a public health emergency; take steps to limit the spread of disease within their institution, (i.e. “no work while sick” and “no school while sick” policies and personal hygiene practices); and cooperate with SCHSA to provide resources for the public health response, (e.g. vacant space for alternate care sites, critical supply provision, etc.).

Community-based and Faith-based Organizations

Community-based and faith-based organizations will be responsible for their own continuity of operations planning during a public health emergency. Additionally, these organizations play a key role in providing support services to individuals, neighborhoods and their customer/client base during an emergency. They may be called upon for assistance within their communities as appropriate. This may increase in a high-mortality incident such as pandemic influenza or bioterrorism.

Coroner/Medical Examiner

The County Coroner will be responsible for planning for the disposition of an increased number of deceased persons, consistent with mass fatality planning.

County Government

The Stanislaus County government will have various important roles. As an employer and provider of services, county government will need to develop continuity of operations plans to protect the health and safety of its employees and customers and to minimize disruption for its delivery of essential services. County government also plays a leadership role in the public health emergency response as part of its Office of Emergency Services, which will provide and coordinate logistical support (in coordination with cities). In addition, County government will be involved in monitoring the state of the emergency and supporting the Public Health Officer in establishing necessary control and containment measures. The County government will need to develop a plan that addresses roads, air travel, and provision of critical County services, such as social services, health services and jail services. The County will need to take steps to limit

the spread of disease within its workplace, and cooperate with SCHSA to provide resources for the public health response (e.g. vacant space for alternate care sites, critical services provision, staffing, equipment, etc.). Finally, all County employees may be called upon to serve as disaster service workers during the public health emergency.

County Legal/Court System

Stanislaus County Counsel is responsible, in coordination with the Public Health Officer, for developing and refining Public Health orders for a Proclamation of Emergency, Public Health Officer Orders, and other related disease control and containment orders. The court system ensures that citizens are afforded their due process as they are asked to comply with such orders. County Counsel and the courts may assist in reviewing and resolving any legal issues that arise related to workplace, occupational health, labor relations, and overall medical response activities.

Department of Environmental Resources

The Stanislaus County Department of Environmental Resources (DER) will support the delivery of messages regarding infection control, especially in food establishments. DER will assist in the planning for disposal of infectious and/or hazardous waste. DER is the organizational lead agency for hazardous materials management, vector control services coordination (including with mosquito abatement districts), and assurance of drinking water safety under the MHOAC program.

Emergency Medical Services (EMS)/Pre-Hospital Responders

The Mountain Valley EMS Agency is responsible for prioritizing and providing patient transport, planning for surge capacity needs due to increased demand for service combined with increased employee absenteeism, and preparing responders for effective infection control. MVEMSA will also develop or augment policies and procedures administered under their purview to support emerging and identified healthcare system needs. EMS will need to plan for and train personnel in personal protective equipment and other disease and infection control measures. MVEMSA shares the organizational lead responsibility for the MHOAC program with the health department; see the MHOAC Program Response Function table above.

Fire Services

As critical first responders, City and County Fire Departments will need to plan for increases in employee absenteeism due to the public health emergency and an increase in demand for services. Fire Services will need to plan for and train personnel in personal protective equipment and other disease and infection control measures. Fire Services should have continuity of business plans that consider the likelihood of a widespread public health emergency; take steps to limit the spread of disease within their jurisdictions, (i.e. “no work while sick”, and personal hygiene practices); and cooperate with SCHSA to provide resources for the response.

Law Enforcement

The main responsibilities of law enforcement will be to provide security and assist in the enforcement of Public Health Officer Orders as necessary, and support public health response activities including Points of Dispensing (PODs) for medical countermeasures. Security issues will be likely at hospitals, alternate care sites, venue closures, etc. Law enforcement will need to plan for and train personnel in personal protective equipment and other disease and infection control measures. Law enforcement should have continuity of business plans that consider the likelihood of a public health emergency; take steps to limit the spread of disease within their workplace (i.e. "no work while sick" and personal hygiene practices); and cooperate with OES to provide resources for the emergency response.

Local Healthcare System Partners (Hospitals, Clinics, Providers)

Healthcare partners will be instrumental in detecting emergent diseases, limiting the spread of disease, and providing treatment to affected individuals. To this end, local healthcare system partners should:

1. Develop public health emergency plans that detail surge capacity addressing staffing, bed capacity, and stockpiling of food, water, fuel, and patient care equipment and supplies.
2. During an infectious disease emergency, conduct enhanced surveillance among patients, staff and visitors.
3. Comply with public health orders for detecting, preventing and reporting cases of a reportable disease.
4. Implement appropriate infection control measures.
5. Develop and provide education and training to healthcare staff on recommended aspects of the public health emergency.
6. Comply with admission and triage guidelines provided by the CDC or SCHSA.
7. Comply with Occupational Health Guidelines provided by SCHSA for healthcare staff.
8. Cooperate with SCHSA by providing estimates of quantities of vaccine and other medical countermeasures for healthcare staff and patients and develop a vaccination or distribution plan for own facility ("closed POD").
9. Plan for additional site security for own facility.
10. Develop plan for care of the deceased and cooperate in fatality management with guidance from the County Coroner and SCHSA Vital Records program.
11. Develop plans for robust supply chain management, give predictable shortages of key items (e.g., N95 respirators, gloves, normal saline).

News Media

The news media have a primary role in providing public education during the alert period, as well as timely and accurate public information throughout the emergency. News media organizations will need to consider planning for their continued operations during a public health emergency, addressing the issue of high absenteeism at all levels of their organization. With guidance from SCHSA, news media organizations may want to provide personal protective equipment to reporters, camera operators, and any other personnel expected to work in a public and potentially contagious setting.

Modesto City-County Airport

The Modest City-County Airport will collaborate with the SCHSA to prepare for evaluating and managing ill travelers at ports of entry; establishing quarantine for those exposed to ill travelers; distributing health information for travelers; establishing enhanced surveillance at ports of entry during the early stages of the public health emergency; and implementing the cancellation or limitation of nonessential travel as directed by CDC.

Mosquito Abatement Districts

Mosquito abatement districts (MAD) are responsible for surveillance and integrated vector management strategies to reduce mosquito sources and mosquito-borne diseases such as West Nile Virus. Coordination of the MADs for public health emergencies is accomplished through DER.

County Residents

Individual citizens and families, in order to protect themselves and limit the spread of a disease, will need to take responsibility for being informed about the risk for widespread disease and take appropriate, common-sense actions such as practicing good hygiene, and preparing their own home emergency kits. Individuals and families should also become familiar with isolation and social distancing measures that they may be required to take during an infectious disease outbreak. Households will need to make contingency plans for scenarios such as closure of daycare and school facilities.

Schools (Including Preschools, Child Care Centers, Family Day Care Providers)

All school districts will need to take steps to limit the spread of an infectious disease within the school, (i.e. “no work while sick” for employees, “no school while sick” for students, and personal hygiene practices for students and teachers). Schools should have contingency options if schools are closed as part of a social distancing strategy (e.g. home schooling lesson plans for parents; catch-up school calendars, etc.). Schools will need to plan for the possibility of being closed for several months at a time.

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

The responsibility of HHS is to provide overall guidance on large-scale public health emergency planning within the United States and coordinating the national response to an influenza pandemic, with the Centers for Disease Control (CDC) as a supporting entity to HHS.

World Health Organization (WHO)

WHO is responsible for monitoring global disease conditions and providing information updates. WHO facilitates enhanced global disease preparedness, surveillance, vaccine development and health response. WHO is the organization responsible for declaring a global pandemic phase and adjusting phases based on current, global outbreak conditions.

Direction, Control, and Coordination

Public health emergency operations vertically integrate under the framework of the county's Emergency Operations Plan (section 7), including within the mechanisms the Standardized Emergency Management System (SEMS), and the National Incident Management System (NIMS). If the Stanislaus County Emergency Operations Center is activated for a public health incident, public health emergency response is coordinated through the EOC. If the EOC is not activated, public health emergency operations are coordinated through the SCHSA Departmental Operations Center (DOC).

Public health emergency operations add the following elements to the EOP:

- Public health functions within the framework of the State of California Public Health and Medical Emergency Operations Manual, which specifies med/health resource requesting and mutual aid pathways (see below, Logistics: Resource Requests) and med/health situation reporting processes (see below, Information Collection, Analysis, and Dissemination, below).
- Public health and the SCHSA share responsibilities for the operational area's MHOAC program, described under Organization and Assignment of Responsibilities in this plan. Coordination of field medical/health emergency response and coordination of healthcare partners may occur via the shared MHOAC program duties of the SCHSA and the Mountain Valley EMS Agency.

Information Collection, Analysis, and Dissemination

In addition to providing the County EOC with information and analysis, Public Health and the HSA collect, analyze, and disseminate information to local healthcare partners and to the regional and state health and EMS authorities.

Public Health Information Collection and Analysis

The primary collection points for public health information are Environmental Health, the Communicable Disease Program, and the Public Health Lab Services, all three of which play roles in food-borne illness investigations, communicable disease outbreaks, and suspected bioterrorism incidents.

See the Foodborne Illness Annex and the Outbreak Prevention and Response Plan for descriptions of surveillance systems and mandated reporting.

Medical/Health Situation Reporting

In addition to the Foodborne Illness Annex and the Outbreak Prevention and Response Plan, both of which address state- and federally-mandated information collection and analysis for reportable disease outbreaks, the HSA also shares situation reporting obligations with MVEMSA for reporting under the State of California's Public Health and Medical Emergency Operations Manual, as part of the MHOAC program.

Under the EOM, information flow moves differently depending on whether the public health and medical system is functioning normally ("day-to-day activities"), under the criteria for "unusual

events", or under "emergency system activation". (See graphic, Information Flow During Emergency System Activation, below.)

Note that this typology comes from the EOM, and applies to information reporting, and does not represent triggers for activation of the DOC or this plan. The threshold triggers for these tiers are as follows:

Unusual Events

Beyond ordinary day-to-day activities, unusual events may occur that do not rise to the level of an emergency but warrant enhanced situational awareness and notification of partners. An unusual event may be self-limiting or a precursor to emergency system activation. As described in the previous chapter, an unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or medical services. It is important to note that the determination of "significant impact or threat" is applied within the context of a reference baseline for the affected jurisdiction. An incident may significantly disrupt essential Public Health and Medical System services in one county while a similar occurrence in another county may have minimal impact on Public Health and Medical System services. The triggers that prompt transition from routine, day-to-day information flow to enhanced information sharing associated with unusual events include:

- The incident significantly impacts or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

Emergency System Activation

For the purpose of information reporting under the EOM, emergency system activation occurs when an incident leads to activation of SCHSA DOC and/or the county EOC. Emergency system activation should trigger an enhanced level of information sharing to support the needs of the incident. Particularly during a large-scale disaster that triggers the activation of multiple DOCs and EOCs, the need for accurate and reliable information grows significantly. Situational reporting provides the foundation for support and coordination and facilitates resource acquisition. A Medical and Health Situation Report should be completed and submitted in accordance with the guidance provided in this manual when an unusual event or emergency system activation occurs.

Notification

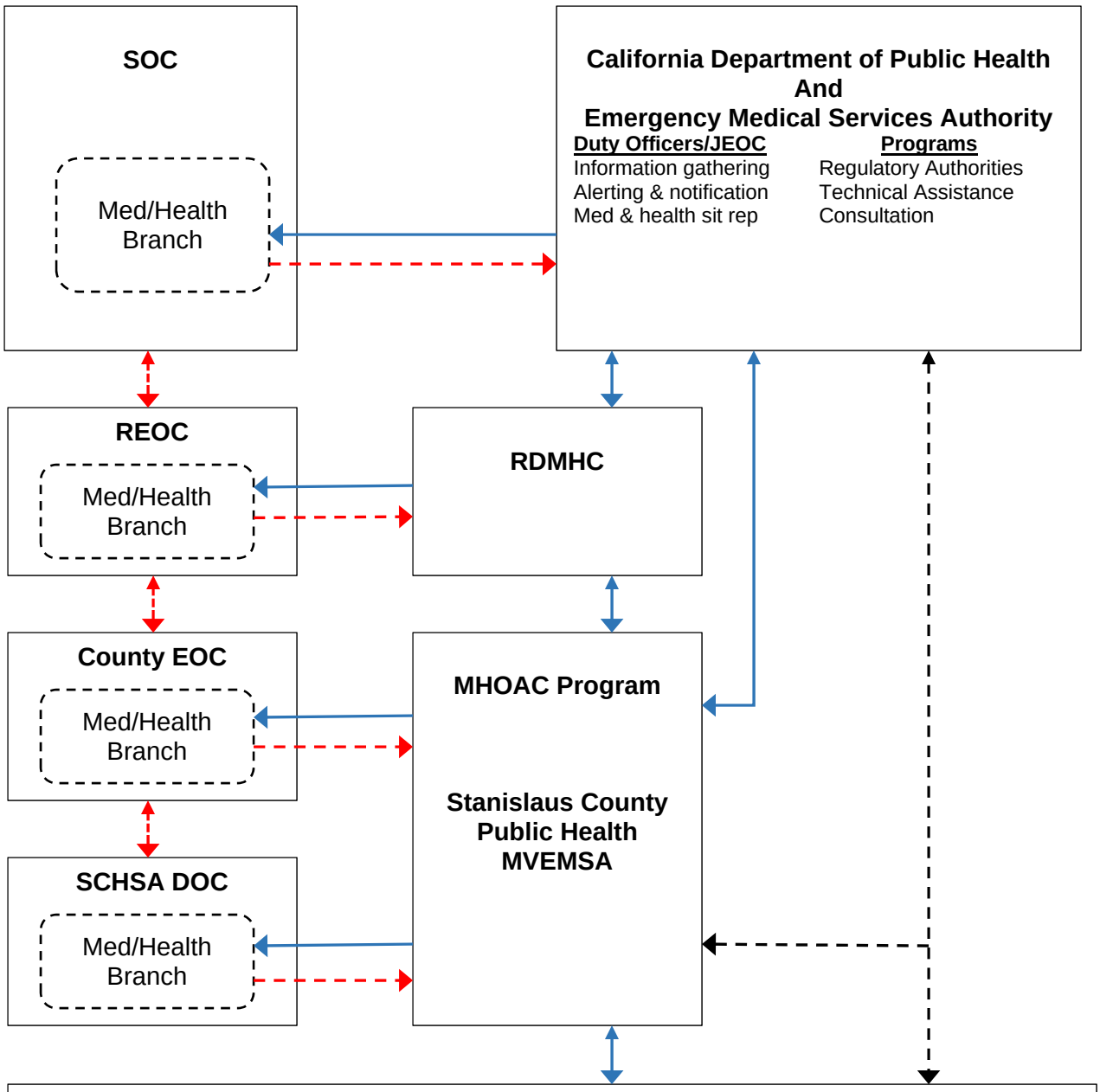
When an unusual event or emergency system activation occurs, providing incident information to response partners is critical. Prompt notification of response partners is likely to reduce incoming requests for information from multiple sources and allow response partners to anticipate the need for additional resources to support the affected jurisdiction.

Notification methods may include email, telephone, pager or a combination of these through the California Health Alert Network (CAHAN). The method utilized typically reflects the urgency associated with the specific incident. Additional notifications may be sent to inform partners of new information or changes in situation status. Other relevant activities should be undertaken as soon as possible, e.g., establishing communication with affected entities and response agencies, verifying reported information, etc.

When an unusual event or emergency system activation occurs, Public Health will notify:

- Local and State agencies in accordance with statutory and regulatory requirements and
- local policies and procedures;
- MHOAC Program; and
- The CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

Information Flow During Emergency System Activation
Following the California Public Health and Medical Emergency Operations Manual



PARTICIPANTS IN THE PUBLIC HEALTH AND MEDICAL SYSTEM
The Stanislaus County Healthcare Emergency Preparedness Coalition (SCHEPC) which includes hospitals, EMS providers, clinics, skilled nursing, long-term care, etc.

Information flow in compliance with regulatory, statutory, and program requirements

Notification and health & medical situation reporting

Emergency management incident reporting, inclusive of med/health situation reporting

Medical Health Situation Report

As mandated by the EOM, “sharing appropriate situational information as soon as possible and throughout an incident will assist with all aspects of emergency management. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including those at DOCs and EOCs, to share common information about the incident. It also supports decision-making and reduces the frequency of information-seeking inquiries from outside the affected area.”

The MHOAC Program is the principal point-of-contact within the Operational Area for information related to the public health and medical impact of an unusual event or emergency. Public Health and the HSA, as part of the MHOAC program, are expected to prepare the Medical and Health Situation Report for the Operational Area and share this information with relevant partners representing the Public Health and Medical System, including the RDMHC Program, CDPH and/or the Emergency Medical Services Authority (EMSA) Duty Officer Programs (or JEOC if activated), and local, regional and State emergency management agencies at all SEMS levels so that relevant medical and health information can be incorporated into more comprehensive situation reports.

Situation reporting should occur initially within two hours of incident recognition. Status reports from jurisdictional hospitals and health care system partners are aggregated into a single Situation Report that is submitted to the RDMHC, CDPH and EMSA duty officers, and Stanislaus County OES (or county EOC, if activated). Updated situation reports should occur once during each operational period; in response to significant changes in status, prognosis, or actions taken; or in response to regional or state requests from the RDMHC program.

Situation reporting can be performed electronically, with the proper forms available via the California Public Health and Medical Emergency Operations Manual (EOM). The table below, from the State EOM, defines the minimum data elements.

MINIMUM DATA ELEMENTS MEDICAL AND HEALTH SITUATION REPORT	
Report Type	• Initial / Update / Final
Report Status	• Advisory: No Action Required • Alert: Action Required
Report Creation	• Date Time
Incident Information	• Operational Area, Mutual Aid Region • Incident Name • Incident Location • Estimate Population Affected • Public Health and Medical Incident Level
Report Creator Information	• Name • Agency • Position • Telephone / Cell / Pager / email, etc.
Current Condition of the Public Health and Medical System	Green: The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required. Yellow: The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required. Orange: The Public Health and Medical System requires assistance from within the local jurisdiction/ Operational Area. Red: The Public Health and Medical System requires assistance from outside the local jurisdiction/ Operational Area. Black: The Public Health and Medical System requires significant assistance from outside the local jurisdiction/ Operational Area. Grey: Unknown.
Prognosis	• No Change • Improving • Worsening

Communications

This plan's communication goals are to:

1. Provide accurate, consistent, and comprehensive information about public health emergencies including case definitions, treatment options, infection control measures, and reporting requirements.
2. Instill and maintain public confidence in the county's public health and healthcare systems and their ability to respond to and manage an emergency.
3. Ensure an efficient mechanism for managing information between SCHSA, healthcare partners and response agencies.
4. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
5. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
6. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
7. Intensify public education efforts about disease outbreaks, animal impacts or zoonosis, and steps that can be taken to reduce exposure to infection.
8. Information may be disseminated via web site postings, newspaper editorials, flyers and billboard, television and radio broadcasts, and social media.
9. Coordinate with CDC, CDPH, and health departments in adjacent jurisdictions to develop common health messages and education materials. (See Information Flow diagram above.)

SCHSA will accomplish these goals in conjunction with the county's EOP and by staffing a Public Information Team and Public Information Officer (PIO) position at the SCHSA. Please see the SCHSA Crisis and Risk Communication Plan for All Public Health Hazards for policies, procedures, job aids, contact lists, and other details.

Administration, Finance, and Logistics

Finance/Administration

Finance and administration functions for the Stanislaus County Public Health and the HSA DOC operations fall under the county's Emergency Operations Plan. The DOC Finance/ Administration Section Chief will work with SCHSA Finance and Payroll personnel to set up incident specific accounts for personnel tracking and SEMS/NIMS record keeping requirements in support of post-incident reporting and reimbursement.

Logistics

Public health emergency operations present unique logistics concerns and processes which supplement those outlined in the county EOP. Mutual aid processes moving up from the operational area to the region to the state are governed by the State of California's Public Health and Medical Emergency Operations Manual, which is based upon, and consistent with, California's State Emergency Plan. Medical/health responses supplement, but does not supplant, non-medical/health response processes outlined in the County EOP and other guidance documents.

Resource Priorities

Public health resource priorities will be established by the Stanislaus County EOC, with input from the Public Health Officer, MHOAC, and HSA DOC staff. Public health resource priorities may emerge in several different circumstances, described in greater detail in the relevant annexes to this plan:

- Medical surge, a condition when demand for medical care greatly surpasses routine capacity;
- Emerging infectious disease outbreak, when there is a demand for greater laboratory capacity than can be met within the county;
- Pandemic influenza; and,
- Bioterrorism response.

Resource priorities may include the need to obtain and prioritize pharmaceuticals and materiel in scarce supply, mobilize county staff and volunteers to support mass dispensing operations, transport patients out of area, or operate temporary facilities not normally used by public health.

Resource Requests

Prior to placing a public health resource request, the HSA DOC or EOC should confirm the following:

- Is the resource need immediate and significant (or anticipated to be so)?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative available from:
    - The internal, corporate supply chain?
    - Other commercial vendors?
    - Through existing agreements?

- Have any relevant payment/reimbursement issues been addressed?

Medical/health resources requests should utilize current electronic filing systems, and contain the following minimum elements:

- Describe current situation. Submit Medical and Health Situation Report as soon as possible.
- Describe the requested mission (e.g., ability to transport 20 critically injured pediatric patients).
- Describe needed equipment, supplies, personnel, etc. and acceptable alternatives.
- Provide contact information and specific delivery location with a common map reference.
- Indicate if logistical support is required (e.g., food and shelter for personnel, fuel for equipment).
- Indicate urgency of need.

Medical/health resources requests should utilize the Resource Request: Medical and Health provided in the State of California's Public Health and Medical Emergency Operations Manual, and should follow the process described in that manual.

Demobilization and Recovery

The decision to roll back activation of this plan is made when the remaining needs of the incident can be met by normal SCHSA business functions or after other alternatives have been established. The decision to deactivate the plan will be made as part of the incident action planning cycle at the relevant operating center. A demobilization plan will be created within the planning section and then approved by the incident manager. The planning section should provide an executable plan for transitioning back to normal operational status. The plan should coordinate and preplan options for department demobilization regardless of the level of disruption that originally prompted activation of this plan. The incident manager will assign appropriate individuals to ensure the following are completed in a demobilization effort:

- Informing all staff, the media, and the public, that the actual emergency or the threat of an emergency no longer exists, and instructing county staff on how to resume normal operations.
- Supervising the orderly return to normal operations and informing SCHSA partners of the demobilization plan.
- Verifying that all systems, communications, and other required capabilities and resources are available and operational and that the department is fully capable of accomplishing all priority services and operations.
- Ensuring basic human needs (e.g. toilet services and food services), if provided for in the response, are last to demobilize so they can meet the needs of county, the affected population, and the responders.
- Conducting follow-up with local response agencies, hospitals, and human services agencies, for post-incident planning.
- Ensuring the planning section of the response will receive all records, situation reports, ICS forms, and other data collected during the response to share with appropriate response agencies for review and improvement planning.
- Ensuring calls received from the public, who are inquiring for help or information after the incident, are referred to the appropriate resource or health and human service agency.

- Ensuring that Finance/Administration Section responsibilities related to post-incident recordkeeping are completed in a timely manner to support reimbursement (Stafford Act) and any local, State or Federal reporting requirements.

Depending on the nature of the public health emergency, demobilization and recovery may include continuation of recovery actions begun during the response phase. These may include actions focusing on community restoration, and may continue for a number of months or years depending on the severity and extent of the damage sustained. These activities include those necessary to restore a community to a state of normalcy, given the inevitable changes that result from a major disaster. Long-term recovery activities require significant planning to maximize opportunities and mitigate risks after a major incident.

Plan Testing and Maintenance

Components of this plan will be tested annually within the framework of regular local and statewide exercises, and as made possible by grant funds.

This plan will be reviewed and revised by the Stanislaus County Health Services Agency at least annually after its initial adoption. Additionally, the plan should be reviewed and revised after any exercises and real incidents, in light of the relevant after action reports/improvement plans.

The contact lists that appear in the Appendices will be reviewed and revised annually or as changes occur.

After Action Report and Improvement Plan

Following any plan activation of the DOC, the Stanislaus County Health Services Agency and Public Health Department will prepare an After Action Report and Improvement Plan (AAR/IP). The AAR is designed to identify best practices, resource gaps, lessons learned, and opportunities for improvement when responding to real-world incidents. If warranted, an Improvement Plan will be developed to identify concrete, actionable steps that are intended to resolve capability gaps and shortcomings identified in the AAR.

The After Action Report should be used to determine:

- What went right?
- What can be improved?
- What lessons were learned?
- Can operations be improved in future incidents?
- Should the plan be changed?

Based on the outcome of the After Action Report, the Improvement Plan (IP) should be developed to include the following items:

- Corrections to plans and/or procedures
- A timeline for completing the corrective action (date when item will be corrected)
- The person/agency responsible for that particular corrective action

Appendices

Appendix A: Acronyms and Abbreviations

AAR – After Action Report
AG – Agriculture Commissioner
AHEOP – All-Hazards Emergency Operations Plan
BHRS - Behavioral Health and Recovery Services
CAHAN – California Health Alert Network
CAP – Corrective Action Plan
CASPER – Community Assessment for Public Health Emergency Response
CDC – Centers for Disease Control
CEO – Chief Executive Office
CDPH - California Department of Public Health
DER – Department of Environmental Resources
DOC – Department Operations Center
EMS – Emergency Medical Services
EOC – Emergency Operations Center
EOM – State of California Public Health and Medical Emergency Operations Manual
EOP – Emergency Operations Plan
HVA – Hazards Vulnerability Assessment
IP – Improvement Plan
JEOC – Joint Emergency Operations Center
JIC – Joint Information Center
MAD – Mosquito Abatement Districts
MCI – Mass Casualty Incident
MHOAC – Medical Health Operational Area Coordinator
MVEMSA – Mountain Valley Emergency Medical Services
NIMS – National Incident Management System
OA – Operational Area
OES – Office of Emergency Services
PH – Public Health
PHE – Public Health Emergency
PIO – Public Information Officer
PODs – Points of Dispensing
PPE – Personal Protective Equipment
RDMHC – Regional Disaster Medical Health Coordinator
SARS – Severe Acute Respiratory Syndrome
SC – Stanislaus County
SCHEPC – Stanislaus County Healthcare Emergency Preparedness Coalition
SC HSA – Stanislaus County Health Services Agency
SEMS – Standardized Emergency Management System
SNS – Strategic National Stockpile
US – United States
WHO – World Health Organization

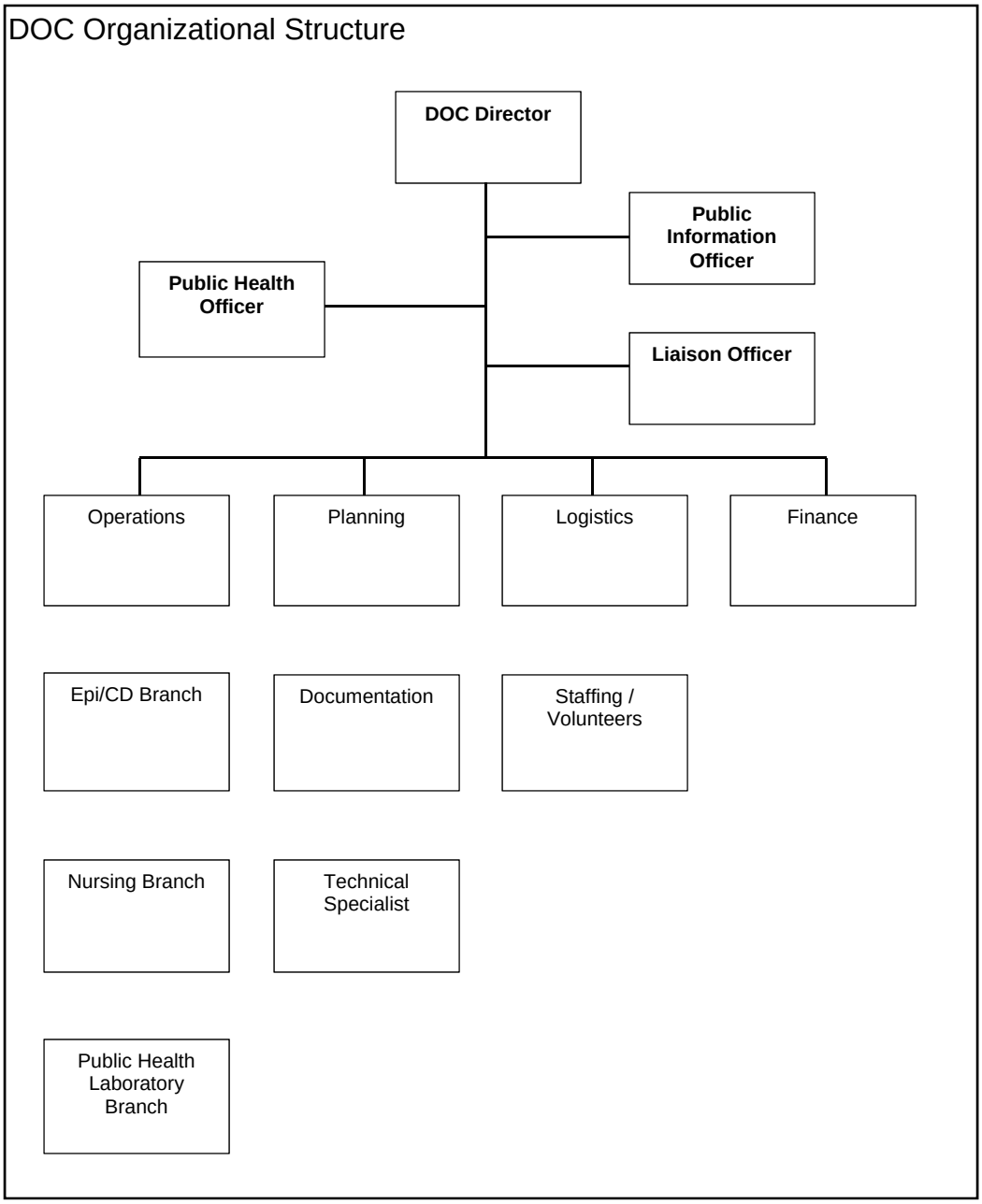
Appendix B: Stakeholder Contact Information

This section contains contact information for key SCHEPC members and other stakeholders. A more detailed comprehensive listing is available in the CAHAN database.

Hospitals	House Supervisor or On Site Administrator
Doctor's Medical Center (Level II Trauma Center)	(209)576-3776
Emanuel Medical Center	(209)664-2792
Kaiser Modesto	(209)735-5000
Memorial Medical Center (Level II Trauma Center)	(209)526-4500
Oak Valley Hospital District	(209)847-5062
Healthcare/Other Facility	**House Supervisor or On Site Administrator**
Doctors Behavioral Health Center	(209)557-6303
Central Valley Specialty Hospital	(209)248-7700
Stanislaus Surgical Hospital	(209)572-2700
Health South Rehabilitation Hospital	(209)857-3400
Long Term Care Facility	**House Supervisor or On Site Administrator**
Acacia Park Nursing & Rehabilitation Center	(209)523-5667
Alexander Cohen Hospice House	(209)578-6300
Avalon Healthcare	(209)529-0516
Bel-Air Lodge and Convalescent Hospital	(209)632-1075
Brandel Manor	(209)667-5600
Casa de Modesto	(209)529-4950
Country Villa	(209)526-2811
Covenant Village Care Center	(209)632-9976
Crestwood Manor	(209)526-8050
Elness Convalescent Hospital	(209)667-2828
English Oaks Convalescent and Rehabilitation Center	(209)577-1001
Evergreen Rehabilitation & Care Center	(209)577-1055
Garden City Health Care Center	(209)524-4817
Ha-Le Aloha Convalescent Hospital	(209)537-4581
Hy-Lond Convalescent Hospital	(209)526-1775
Oak Valley Hospital Care Center	(209)847-3011
Riverbank Nursing Center	(209)869-2568
San Luis Convalescent Hospital	(209)862-2862
Turlock Nursing and Rehabilitation Center	(209)632-7577
Vintage Faire Nursing and Rehabilitation Center	(209)521-2094
Other	
MVEMSA Duty Officer	(800)945-2273
Stanislaus MHOAC	(209)664-6032

Appendix C: Department Operations Center Organizational Structure

The following diagram and information indicate the HSA Department Operations Center (DOC) organizational structure under the Public Health All-Hazards Emergency Operations Plan.



Management Section: Responsible for overall emergency management policy and coordination of resources. Management will either activate appropriate sections or perform their functions as needed.

Operations Section: Responsible for coordinating all tactical response of all field operations in accordance with the Incident Action Plan.

Planning Section: Responsible for collecting, evaluating, documenting and disseminating information related to the incident; developing the DOCs action plan in coordination with other sections; initiating and preparing the agency's After-Action Report, and for maintaining documentation.

Logistics Section: Responsible for providing communications, facilities, services, equipment, supplies, and materials in support of the incident.

Finance Section: Responsible for personnel, financial and cost analyses, and other administrative aspects not handled by the other functions.

Note that specific public health emergencies, such as activation of the Strategic National Stockpile, conduct of mass prophylaxis efforts, coordination of countywide medical surge response during a major disaster, and similar large-scale incidents will be coordinated through the County EOC, not the public health DOC.

DOC Management Section

Purpose

In an emergency, the DOC Management Section is responsible for:

- Managing overall emergency management policy and coordination through the joint efforts of governmental agencies and private organizations.
- Activating appropriate sections (Operations, Planning, Logistics, and Finance) to perform their functions as needed.
- Assuring the DOC Director, or designee, has the authority and responsibility to direct all DOC activity.
- Assuring the DOC Director is supported by the sections (Operations, Planning, Logistics, and Finance) called the Management Staff who are delegated responsibility to perform functions to implement DOC Director incident objectives. The team is led by the DOC Director.

Positions will be assigned by the DOC Director according to this appendix. Positions may be activated depending upon the incident requirements, the work to be accomplished, and the numbers of personnel needed.

DOC Staff Overview

DOC Director

The DOC Director assumes overall responsibility and authority for the operations of the DOC in the event of an emergency or disaster occurring in Stanislaus County, assures the DOC is staffed and operated at an appropriate level for the emergency, reports to the Emergency Operations Center (EOC) Director (if the EOC has been activated) and delegates authority, as appropriate and necessary, to members of the Management Section Staff and to the general staff. Duties include:

- Establishing the appropriate staffing level for the DOC and continuously monitoring organizational effectiveness ensuring that appropriate modifications occur as required.
- Exercising overall management responsibility for the coordination of emergency response by HSA staff.
- Setting priorities for response efforts. Ensuring that all department actions are accomplished within the priorities established at the DOC.
- Coordinating inter-departmental and inter-agency collaboration.
- Coordinating with the PIO for the arrangement of regular press conferences regarding health information for the media and the public.
- Directing all plans for the emergency response and recovery, staff call-up, assignment and reassignment.
- Communicating with the Public Health Officer at the EOC during an event.
- Planning for mutual aid and/or the Strategic National Stockpile needs.
- Supervising the implementation of the emergency response.

Public Health Officer

The Public Health Officer duties include:

Preparedness:

- Reviewing internal Public Health Department's medical/health disaster response plans.
- Coordinating with local medical/health facilities to assess their preparedness.
- Promoting public health preparedness through scheduled training and exercises to test emergency response.
- In coordination with OES and other emergency preparedness partners, promoting public awareness of the importance of disaster preparedness.

Response:

- Assessing and determining the medical and health impact of an event on the affected population and medical and health infrastructure, and ensuring information is provided to the Operations Section Chief at the County EOC and/or the DOC Director.
- Proclaiming a local public health emergency, if necessary.
- Coordinating and managing the allocation of available medical and health resources including human resources to support disaster medical and health operations in affected areas.
- Ensuring medical/health representation at the County EOC (if activated).
- Acting as an advisor to the Management Section of the County EOC.

- Maintaining contact with the DOC Director.
- Communicating medical, public, and environmental health assessments to county and state medical/health officials.
- Evaluating and prioritizing medical and health resource requests from local responders.
- Determining appropriate response recommendations.
- Evaluating and prioritizing medical and health mutual aid requests from outside of the Operational Area (OA) in coordination with the RDMHC/S.
- Obtaining necessary non-Public Health Department medical and health personnel, supplies and equipment through established mutual aid procedures.
- Coordinating the provision of laboratory services required in support of emergency health and medical services.
- Coordinating immunization campaigns or quarantines, if required.
- Coordinating inspection of food, water, drugs, and other consumables that were exposed to the hazard and being used in emergency facilities.
- Coordinating the implementation of measures to prevent or control disease vectors such as flies, mosquitoes and rodents.
- Coordinating with animal control agencies to dispose of dead animals.
- Coordinating with the County Public Information Officer and Public Health Information Officer and arranging for regular press conferences regarding health information for the media and the public.
- Exercising the statutory authority of the Public Health Officer in collaboration with the EOC and County Counsel.

Recovery:

- Determining the impacts of an incident on local medical/health facilities, public and environmental health systems to resume routine operation during disaster recovery stage.
- Assist with determining short and long term recovery medical and health needs of impacted populations and areas as indicated through the Community Assessment for Public Health Emergency Response (CASPER) process or other post-incident needs assessment processes.

Public Information Officer (PIO)

In the event of a Public Health Emergency, the PIO serves as the primary contact between the DOC, the EOC, relevant Joint Information Center (JICs), as well as the Public Health Department's primary contact with the media, the public, and social media. The PIO will prepare information releases, brief media representatives and provide for press conferences. PIO usually oversees the rumor control activity. Duties include:

- Activating the PIO Crisis Communication Response Team as needed.
- Developing Crisis-Specific Risk Communication Plans as indicated by the emergency and the Crisis and Risk Communication Plan.
- Serving as liaison to the County EOC, and if activated, relevant JIC(s).
- Serving as the central coordination point for HSA for all media releases.
- Coordinating field PIO functions as needed, including the possible establishment of a field incident information center, media control and interviews at the scene of the event, and so on.

- Ensuring that the public within the affected area receives complete, accurate and consistent information about life safety procedures, public health advisories, relief and assistance programs, and other vital information.
- Coordinating media releases with the County JIC and other Public Information Officers at incidents as required.
- Developing the format for press conferences, in conjunction with the EOC or County JIC.
- Maintaining a positive relationship with the media representatives.
- Preparing templates for fact sheets, press releases, etc. Items to include but not limited to: fact sheets, informed consent forms, patient education sheets, and medical care locations.
- Posting relevant materials on the SCHSA website and/or social media (Facebook, Twitter, etc.) and establishing an incident specific informational website or online "disaster assistance center".
- Establishing a "Disaster Hotline" with an up-to-date recorded message.
- Ensuring that all rumors are responded to in a timely manner and with factual information.
- Coordinating public health information and risk communication via social media.
- Ensuring that the Crisis and Risk Communication Plan is implemented appropriately.

Liaison Officer

The liaison officer reports to the DOC Director, helping to effectively manage concerns and issues raised by stakeholders, cooperating agencies, and assisting agencies. The role of the Liaison Officer is to "know the customer", including internal customers (command team) and external customers (stakeholders, community partners, elected officials, and everyone else).

The officer's primary focus is to contribute to the efficiency of the response effort by assuring that the best use is made of available agency resources. Specific responsibilities include working closely with assisting or cooperating agencies, as well as keeping the EOC Director (at the Office of Emergency Services) or unified command informed on issues dealing with assisting and cooperating agencies.

Operations Section Chief

See Operations Section

Planning Section Chief

See Planning/Intelligence Section

Logistics Section Chief

See Logistics Section

Finance Section Chief

See Finance/Administration Section

Operations Section

Purpose

The DOC Operations Section is responsible for:

- Coordinating all department operations in support of the emergency response, once the DOC is activated.
- In coordination with the MHOAC, assist in the provision of medical care activities through resources available within the county, or by obtaining such services as required through agreements and/or established mutual aid programs.
- Acting as the direct link between the DOC and the EOC/field operations.
- Enabling Operations Section staff to receive incoming situation reports, department status reports, resource requests, field intelligence, and routing of incoming information to the appropriate DOC section.

Staff Overview

Operations Section Chief

The section chief manages and coordinates all DOC-related operational functions, and ensures that these functions have been activated and are appropriately staffed based on the emergency. Duties include:

- Ensuring that the Operations function is carried out, including coordination of activities for all operational functions assigned to the DOC.
- Ensuring that operational objectives and assignments identified in the DOC Incident Action Plan are carried out effectively.
- Coordinating prophylaxis for public health staff, first responders, and to the public during an emergency.
- Establishing the appropriate level of unit organizations within the Operations Section, continuously monitoring the effectiveness and modifying accordingly.
- Ensuring that the Planning Section is provided with Status Reports and Major Incident Reports.
- Conducting periodic Operation Briefings for the DOC Director as required or requested.

Public Health Nursing Branch Team Leader

This unit should be activated if the emergency response requires mass shelter and/or care (i.e., an evacuation, medical surge, alternate care site, etc.). It provides support to the Community Services Agency and the EOC for care and shelter and alternate care site activities. The team PH nursing leader performs, or ensures through delegation, the following duties:

- Providing consultation to the American Red Cross shelter manager and the Community Services Agency Care and Shelter Branch Director in support of care and shelter activities.
- Participating in a field task force to help prepare and open a shelter or alternate care site.

- Providing skilled nursing services at a shelter or alternate care site.
- Providing epidemiological services at a shelter or alternate care site, including evaluating communicable diseases risks.
- Identifying and assessing residents with special needs and transferring to a more appropriate facility if necessary.
- Assessing criteria and other duties as delineated in the *Disaster Manual for Public Health Nursing in California*.
- Calling up and supervising a Public Health Shelter Nursing Team if needed.
- Conducting appropriate, just-in-time training for nursing response personnel as required by the incident.

Epidemiology/Communicable Disease (Epi/CD) Branch

The Epi/CD directs and supervises communicable disease investigations when the DOC is activated (i.e., when routine epi/CD capacity is exceeded). The lead coordinates disease and bioterrorism-related surveillance and preparedness activities with existing communicable disease investigation and response, and develops and implements a plan for responding to suspected or confirmed emergency, when the DOC is activated. The lead also coordinates the inspection of the environment, laboratory specimen testing, epidemiologic surveillance, post-incident impact and needs assessments (CASPER), and the field investigation performed by public health nurses. Specific duties include:

- Staffing up and expanding resources in response to a public health emergency involving a communicable disease.
- Integrating the routine functions of the Communicable Disease Surveillance Group into the DOC during a public health emergency.
- Supervising the environmental assessment and surveillance in the community.
- Manage oversight of, and communication with the Surveillance Team.
- Overseeing any investigation teams deployed during the emergency.
- Designing, implementing, and coordinating a public health epidemiological surveillance system.
- Designing, implementing, and coordinating a post-incident impact and needs assessment (CASPER)
- Analyzing and interpreting epidemiologic data.
- Writing policies, procedures, proposals, technical papers, publications, and reports as needed during a PHE.
- Supporting the PIO and Public Health Officer in preparing and delivering presentations to public health, community, professional groups, and the news media during an outbreak.

Public Health Laboratory Branch

The PH Laboratory lead is responsible for maintaining the function of the public health lab during a public health emergency, including meeting routine laboratory needs while scaling up to meet the demands of a specific emergency. This may include working with Logistics to procure additional resources from inside the county, through mutual aid, or from other sources. Specific duties include:

- Tailoring diagnostic strategies appropriate for Sentinel (Level A) Laboratories as quickly and efficiently as possible for the emergency response, at a scale appropriate for the county and the outbreak.

- Supervising all laboratory procedures (including logging, preparing and sending out specimens).
- Orienting and training field staff regarding specimen collection.
- Maintaining accurate records of all specimens processed by the laboratory and all supplies used during the emergency and recovery phase.
- Monitoring guidance from the CDPH and CDC for new or changing guidance on specific collection and handling.
- Ensuring laboratory surge capacity through regular practice of emergency preparedness and response activities including requests for mutual aid or regional/state laboratory support.

Planning Section

Purpose

The DOC Planning Section is responsible for:

- Collecting, evaluating, and disseminating information.
- Developing and preparing the DOC's Incident Action Plan (IAP) in coordination with other functions.
- Coordinating, processing and maintaining internal documentation.
- The Planning Section is a primary function for any DOC and has an important function in overseeing the Planning Meetings and preparing advance planning information as necessary.

Staff Overview

Planning Section Chief

The Planning Section Chief gathers information from a variety of sources, analyzes and verifies information, prepares and updates internal DOC information and map displays, oversees planning meetings, and prepares the Incident Action Plan (IAP). Duties include:

- Ensuring that all the following responsibilities of the Planning Section are addressed as required, including:
    - Collecting, analyzing, and displaying situation information.
    - Preparing periodic Situation Reports.
    - Preparing and distributing the IAP and facilitating the Action Planning Meeting.
    - Conducting advance planning activities and reports.
- Providing technical support services to the various DOC sections and branches, including documenting and maintaining files on all DOC activities.
- Establishing the appropriate level of organization and staffing for the Planning Section based on the specific public health emergency.
- Exercising overall responsibility for the coordination of unit activities within the section.
- Keeping the DOC Director informed of significant issues affecting the Planning Section.
- Working with other section chiefs to ensure the Situation Reports are completed and utilized as a basis for situation analysis reports and the IAP.
- Supervising the Planning Section.

Documentation Unit Lead

The Documentation Unit Lead collects and processes internal DOC documentation. Duties include:

- Collecting, organizing and filing all completed emergency related forms.
- Providing document reproduction services to DOC staff.
- Distributing the DOC situation analysis reports, IAP and other documents as required.
- Maintaining a permanent electronic archive of all situation reports and Action Plans associated with the emergency.
- Assisting the DOC Director in the preparation and distribution of the After Action Report.
- Supervising the Documentation Unit.

Technical Specialist

The Tech Spec provides special skills necessary to support the DOC Planning Section Chief in areas such as information technology (IT), geographic information systems (GIS), map development, data gathering and analysis, recovery planning, and other duties as required.

Logistics Section

Purpose

The DOC Logistics Section is responsible for:

- Providing facilities, services, equipment, and materials both to the Health Department and to meet internal DOC operating requirements.
- Channeling requests from the incident and County EOC for support from the DOC through the DOC Operations Section.
- Staffing and volunteer management during a public health emergency.
- Coordinating the provision of medical/health and laboratory mutual aid (in conjunction with the EOC, if activated) for those areas addressed in the Public Health All-Hazards EOP.

Staff Overview

Logistics Section Chief

The Logistics Section Chief manages the section and ensures the Logistics Section is adequately staffed to meet its obligations during a public health emergency. These obligations include providing communication services, resource tracking, equipment and supplies acquisition, personnel/staffing, facilities procurement, and transportation services. The lead arranges for food, lodging, and other support services, as required, and manages resources efficiently. Duties include:

- Ensuring the logistics function is carried out in support of the DOC.
- Coordinating and planning with the Operations Section for all supplies needed for the disaster response.
- Coordinating with the EOC Logistics Section as needed.
- Establishing the appropriate level of unit staffing within the Logistics Section, continuously monitoring the effectiveness of the organization and modifying as required.

- Ensuring section objectives as stated in the Incident Action Plan are accomplished within the operational period or within the estimated time frame.
- Coordinating closely with the Operations Section Chief to establish priorities for resource allocation to activated Incident Commands within the affected areas.
- Keeping the DOC Director informed of all significant issues relating to the Logistics Section.
- Assisting in the evaluation for the need for mutual aid and informing the DOC Director of these needs.
- Managing mutual aid requests as directed.
- Keeping accurate forms and logs of supplies received, expended, and remaining.
- Supporting the Public Information Officer.
- Supervising the Logistics Section.

Staffing/Volunteer (Personnel) Unit Leader

The Staffing/Volunteer Unit Lead manages personnel resources as requested in support of the DOC and field operations. Duties include:

- Tracking, recording, and reporting all on-duty time for personnel working during the emergency.
- Ensuring that all personnel time records, travel expense claims and other related forms are prepared by staff, approved by the appropriate Section Chief and/or DOC Director, and submitted to the appropriate Finance office.
- Identifying and assigning personnel support according to need and qualifications.
- Overseeing the Personnel Unit.
- Managing the Medical Reserve Corps and other volunteers as needed.
- Ensuring post-incident documentation is completed by all staff to support tracking and reimbursement processes.

Finance Section

Purpose

The DOC Finance Section is responsible for financial, administrative and cost analysis aspects of a public health emergency.

Finance Section Chief

Manages all financial, administrative, and cost analysis aspects of the emergency. Duties include:

- Ensuring that all financial records are maintained throughout the emergency.
- Ensuring that all on-duty time is recorded for all emergency response personnel.
- Ensuring that all on-duty time rolls and supporting logs are collected from DOC assigned personnel and that Section Chiefs are collecting this information from their staff.
- Supporting a continuum of the payroll process for all employees responding to the emergency by submitting time rolls to the County Finance Department.
- Ensuring County Purchase Order limits for procurement functions in Logistics.
- Ensuring that worker's compensation claims resulting from the response are processed within a reasonable time, given the nature of the situation.

- Ensuring that all travel and expense claims are processed within a reasonable time, given the nature of the situation.
- Providing the administrative support to all DOC Sections as required, in coordination with the Personnel Unit.
- Expanding staffing within the Finance Section as required; monitoring activities continuously and modifying the organization as needed.
- Coordinating with Personnel Unit Leads to ensure that all recovery documentation is completed in a timely and accurate manner, is maintained for the duration of the response, and is submitted on the appropriate forms to the City, Federal Emergency Management Agency (FEMA), and/or Governor's Office of Emergency Services.
- Supervising the Finance Section.

Appendix D: Department Operations Center Staffing Matrix

Role/Position	Designated Lead	Assigned Staff	Phone(s)	Email
DOC Director	Primary	Lori Williams	558-4083	LWilliams@schsa.org
	Secondary	Becky Nanyonjo	558-6010	RNanyonjo@schsa.org
	Back-up	Anuj Bhatia	558-4803	ABhatia@schsa.org
Public Health Officer	Primary	Dr. John Walker	558-8804	JWalker@schsa.org
	Secondary	Asst Health Officer (TBD)		
	Back-up	Dr. Del Morris	558-7115	DMorris@scsha.org
PIO	Primary	Anuj Bhatia	558-4803	ABhatia@schsa.org
	Secondary	Heather Duvall	525-4804	HDuvall@schsa.org
	Back-up	Maria Blanco	558-4802	MBlanco@schsa.org
Operations Section Chief	Primary	Barbara Vassell	558-4800	BVassell@schsa.org
	Secondary	Chief Epi (TBD)		
	Back-up	Julie Falkenstein	558-4436	JFalkenstein@schsa.org
Epi/CD Lead	Primary	Chief Epi (TBD)		
	Secondary	Epidemiologist (TBD)		
	Back-up	Jessica Montoya (PSC)	558-4800	JMontoya@schsa.org
Nursing Team Lead	Primary	Beverly Eldridge	558-4474	BEldridge@schsa.org
	Secondary	Jonnie York	558-5607	JYork@schsa.org
	Back-up	Lynda Perino	558-4815	LPerino@schsa.org
PH Lab Lead	Primary	Larry Sampson	558-7356	LSampson@schsa.org
	Secondary	Jeffrey Bulawit	558-7356	JBulawit@schsa.org
	Back-up	Stephen Willis	558-8740	SWillis@schsa.org
Planning Section Chief	Primary	Jim Ferrera	558-4941	JFerrera@schsa.org
	Secondary	Aaron Wilson	558-8332	AWilson@schsa.org
	Back-up	Julissa Matute	558-7549	JMatute@schsa.org
Documentation Lead	Primary	Deanna Read	558-7035	DRead@schsa.org
	Secondary	Darla Sapwell	558-8942	DSapwell@schsa.org
	Back-up	Twila Paul	558-6045	TPaul@schsa.org
Tech Spec	Primary	Lisa Boddy	525-4856	LBoddy@schsa.org
	Secondary	Randy Martin	525-4860	RMartin@schsa.org
	Back-up	Ev Plascencia	525-4864	EPlascencia@schsa.org
Logistics Section Lead	Primary	Lorrie Markum	558-7518	LMarkum@schsa.org
	Secondary	Gene Gobel	558-7086	GGobel@schsa.org
	Back-up	Aaron Wilson	558-8332	AWilson@schsa.org
Staffing/Volunteer (Personnel) Lead	Primary	Aaron Wilson	558-8332	AWilson@schsa.org
	Secondary	Kyle Fliflet	525-4834	KFliflet@schsa.org
	Back-up	Diana Guerra	525-4810	DGuerra@schsa.org
Finance Section Chief	Primary	Vijay Chand	558-7199	VChand@schsa.org
	Secondary	Carol Dunbar	558-7190	CDunbar@schsa.org
	Back-up	Rick Merzoian	558-7269	RMerzoian@schsa.org

Functional and Support Annexes

Contracts, MOUs, MOAs

For more details, see the latest version of the *Stanislaus County Healthcare Emergency Preparedness Coalition (SCHEPC) Mutual Aid Memorandum of Understanding for Healthcare Facilities.*

Continuity of Operations

As defined in the SCHSA Continuity of Operations Plan (COOP), SCHSA must continue providing time-critical public health and health care services. In a major disaster or catastrophe, there will be a need to decrease or suspend certain department programs and non-essential services to redirect SCHSA staff to other areas in need of staff support and services. In coordination with the Chief Executive Office of the county, The Managing Director of SCHSA will refer to the Mission Essential Functions section of the COOP and make the decision as to which programs and activities it may be necessary to suspend in cases of major disasters or catastrophes.

The SCHSA Continuity of Operations Plan establishes policy and guidance to ensure the execution of the mission-essential functions for the SCHSA in the event that an emergency threatens or incapacitates operations; and the relocation of selected personnel and functions of any essential facilities of the SCHSA are required. Specifically, this COOP is designed to:

- Ensure that the SCHSA is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the SCHSA is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to the SCHSA leadership and other critical customers before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the SCHSA COOP is viable and operational, and is compliant with all guidance documents.
- Ensure that the SCHSA COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

For more details, see the latest version of the *Continuity of Operations Plan, Stanislaus County Health Services Agency – Public Health*.

Crisis and Risk Communications Plan

For more details, see the latest version of the *Stanislaus County Health Services Agency Crisis & Risk Communication Plan, All Public Health Hazards*.

Public Health Officer Practice Guide for Communicable Disease Control in California

See the latest version of the *Health Officer Practice Guide for Communicable Disease Control in California*.

Hazard, Threat and Incident-Specific Annexes

Infectious Disease Outbreak

For more details, see the latest version of the *Stanislaus County Outbreak Prevention and Response Plan,* and the *CD Surveillance Group Internal Communication Algorithm.*

Foodborne Illness

For more details, see the latest version of the *Stanislaus County Foodborne Illness Protocol.*

Pandemic Influenza

For more details, see the latest version of the *Stanislaus County Health Services Agency Pandemic Influenza Preparedness and Response Plan*.

Medical Surge

For more details, see the latest version of the, *Stanislaus County Medical-Health Surge Plan* and the *Stanislaus County Medical-Health Winter Contingency Plan.*

Hazardous Materials

For more details, see the latest version of the *Area Plan for Emergency Response to Hazardous Materials Incidents in Stanislaus County.*

Strategic National Stockpile & Mass Prophylaxis

For more details, see the latest version of the *Stanislaus County Health Services Agency Strategic National Stockpile (SNS) & Mass Prophylaxis Plan*.