



## **EF 8 – Public Health and Medical**

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Tasked Agencies	
<b>Primary County Agency(s)</b>	Health and Social Services (including Public Health, Environmental Health, and Behavioral Health)
<b>Supporting County Agency(s)</b>	County Office of Emergency Services
<b>Primary City Agency(s)</b>	*County Health and Social Services Agency (HHS) (including Public Health, Environmental Health, and Behavioral Health)
<b>Supporting City Agency(s)</b>	Fire Department
<b>Community Partners</b>	American Red Cross, Sierra Medical Services Alliance, Hospitals, air medical providers
<b>Primary State Agency(s)</b>	California Health and Human Services Agency
<b>Primary Federal Agency(s)</b>	U.S. Department of Health and Human Services

\*City does not maintain capabilities to address health and social services.

## 1 Introduction

### 1.1 Purpose

Emergency Function (EF) 8 describes how the County will work to protect and promote the health of its residents during a time of emergency.

Operational priorities for EF 8 include:

- Facilitate a coordinated response by the medical and mental health systems to public health and other emergencies.
- Protect public health by implementing disease control and prevention measures and responding to environmental health threats.
- Support evacuation and sheltering of medical patients.

Preparedness, response, recovery, and mitigation activities that may be conducted to complete these priorities are listed in Appendix B.

### 1.2 Scope

The following activities are within the scope of the EF 8:

- Support local assessment and identification of public health and medical needs and implement plans to address those needs.
- Coordinate and support stabilization of the public health and medical system.
- Support sheltering of persons with medical needs.
- Monitor and coordinate resources to support care and movement of persons with medical needs in impacted areas.
- Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures, and non-medical interventions.

- Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.
- Develop, disseminate, and coordinate accurate and timely public health and medical information.
- Monitor the need for, and coordinate resources to support, fatality management services.
- Monitor the need for and coordinate resources to support disaster behavioral health services.
- Support responder safety and health needs.
- Provide public health and medical technical assistance and support

*See EF Annex 11 – Food and Agriculture for information regarding incidents/disasters potentially or actually impacting the health of livestock, wildlife, and other animals.*

## 1.3 Policies and Authorities

### 1.3.1 Policies

The following policies are currently in place:

- Section 1158 of the State of California Health and Safety Code was renumbered to 101310 and states: “In the event a health emergency is declared by the Board of Supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080, the local health officer shall have supervision and control over all environmental health and sanitation programs and personnel employed by the county during the state of emergency.”
- The Public Health Officer may declare a local health emergency whenever there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent; the director may declare a health emergency and the local health officer may declare a local health emergency in the jurisdiction or any area thereof affected by the threat to the public health.as per Health & Safety Code Section 101080. In addition, the Public Health Officer may execute an order authorizing first responders to immediately isolate exposed individuals who have been exposed to biological, chemical, toxic or radiological agents that may spread to others.
- California Government Code, Title 2, Division 1, Chapter 7 (California Emergency Services Act).
- Title 2, Division 1, Chapter 7.5 (California Natural Disaster Assistance Act).
- California Code of Regulations, Title 19, Division 2 (Standardized Emergency Management System Regulations).
- California Health and Safety Code 1797.153, allows the establishment of the Medical Health Operational Area Coordinator (MHOAC).
  - Appointed jointly by the Health Officer and Local Emergency Medical Services Agency Administrator in a medical disaster at the Operational Area level.

### 1.3.2 Agreements

The following agreements are currently in place:

- None at this time.

## 2 Situation and Assumptions

### 2.1 Situation

The following considerations should be taken into account when planning for and implementing EF 8 activities:

- Hazards may result in mass casualties or fatalities; disruption of food and/or water distribution and utility services; loss of water supply, wastewater, and solid waste disposal services; and other situations that could create potential health hazards or serious health risks.
- One of the primary concerns of public health officials is disease control. This involves the prevention, detection, and control of disease-causing agents; maintaining safe water and food sources; and continuation of wastewater disposal under disaster conditions.
- Disaster and mass-casualty incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.
- Large-scale morgue and remains disposal is a significant issue for communities of any size.
- Traditional public health measures will likely to be taken in these instances. These measures include epidemiological investigations to determine the source and nature of the disease or agent.

### 2.2 Assumptions

EF 8 is based on the following assumptions:

- Emergencies and disasters may occur without warning at any time of day or night and may cause mass casualties.
- Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and State health and medical system.
- Emergency health and medical services should be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.
- Public and private medical, health, and mortuary services resources located in the County will be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.
- Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and Access and Functional Needs Populations may be damaged or destroyed in major emergency situations.
- If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
- Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.

- Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
- Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment such as dialysis, may have difficulty obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
- In a major catastrophic event (including, but not limited to, epidemics, pandemics, and bioterrorism attacks), medical resources may be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.
- Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
- Damage to chemical plants, sewer lines, and water distribution systems, and secondary hazards such as fires, could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
- The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
- Some types of emergency situations, such as earthquakes, hurricanes, and floods, may affect a large proportion of the County, making it difficult to obtain mutual aid from the usual sources.
- The damage and destruction caused by a natural or technological event may produce urgent needs for mental health crisis counseling for victims and emergency responders.
- Emergency responders, victims, and others affected by emergency situations may experience stress, anxiety, and other physical and psychological symptoms that may adversely affect their daily lives. In some cases, disaster mental health services may be needed during response operations.

### 3 Roles and Responsibilities

*See Appendix B for a checklist of responsibilities by phase of emergency management.*

## 4 Concept of Operations

### 4.1 General

Requests for assistance with public health and medical services resources will be generated one of three ways: they will be forwarded to the Emergency Operations Center (EOC), forwarded to the MHOAC, or issued in accordance with established mutual aid agreements. The EOC will provide guidance for the coordination of public health and medical services resources.

Public health and medical services support requirements that cannot be met at the local level should be forwarded to the State for assistance. If needed, federal assistance may be requested by the Governor.



## 4.2 Access and Functional Needs

Provision of public health and medical related activities will take into account access and functional needs populations. The needs of children and adults who experience access and functional needs shall be identified and planned for as directed by policy makers and according to State and federal regulations and guidance.

## 4.3 Coordination with Other EFs

The following EFs support public health and medical-related activities:

- **EF 1 – Transportation.** Support transportation of medical resources to impacted areas.
- **EF 6 – Mass Care.** Coordinate with EF 8 for health and medical support to shelter operations.
- **EF 9 – Search and Rescue.** Coordinate medical care for disaster victims.
- **EF 10 – Hazardous Materials.** Provide for decontamination and medical of disaster victims contaminated by hazardous materials.
- **EF 11 – Food and Water.** Provide for the safety of the food and water supply.

## 5 EF Annex Development and Maintenance

HHS will be responsible for coordinating regular review and maintenance of this annex. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

## 6 Appendices

- Appendix A – EF 8 Resources
- Appendix B – Roles and Responsibilities

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## Appendix A EF 8 Resources

The following resources provide additional information regarding EF 8–related issues at the local, state, and federal level:

### City

- None at this time

### County

- Mass Fatality Plan
- Medical Counter Measures Plan
- Pandemic Influenza Response Plan
- Crisis and Emergency Risk Communication Plan

### State

- California Emergency Plan: EF 8 – Public Health and Medical
- California Public Health and Medical Emergency Operations Manual (July 2011)

### Federal

- National Response Framework: EF 8 – Public Health and Medical Services
- NIMS Implementation Objectives for Healthcare Facilities
- Hospital Incident Command System
- Homeland Security Presidential Policy Directive No. 21
- The National Health Security Strategy
- Centers for Disease Control and Prevention (CDC)
  - CDC Public Health Capabilities
  - CDC Healthcare Capabilities
- Department of Health and Human Services Assistant Secretary for Preparedness and Response Hospital Preparedness Program: Tier 2 Healthcare Coalition Guide
- National Response Team Biological and Chemical Quick Reference Guides
- Strategic National Stockpile Plan

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## Appendix B EF 8 Responsibilities by Phase of Emergency Management

This appendix describes general roles and responsibilities in support of EF 8. Specific activities will vary depending on the type of event, length of the warning period, resources available, and duration of the incident.

### Preparedness

Preparedness activities take place **before** an emergency occurs and include plans or preparations made to save lives and help response and recovery operations. Preparedness roles and responsibilities for EF 8 include the following:

- ☐ Conduct planning with support agencies in accordance with the California Public Health Emergency Operations Manual and MHOAC program.
- ☐ Ensure that lead agency personnel are trained in their responsibilities and duties as well as SEMS and National Incident Management System (NIMS)/Incident Command System (ICS).
- ☐ Develop and implement emergency response and health and medical strategies.
- ☐ Identify population groups requiring special assistance during an emergency (e.g., senior citizens, special needs, etc.) and ensure that preparations are made to provide assistance for them.
- ☐ Maintain adequate medical supplies.
- ☐ Pre-position response resources when it is apparent that health and medical resources will be necessary.
- ☐ Relocate health and medical resources when it is apparent that they are endangered by the likely impacts of the emergency situation.
- ☐ Appoint a representative to assist in the EOC.
- ☐ Participate in emergency management training and exercises.

### Response

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency situation. Response roles and responsibilities for EF 8 include the following:

- ☐ SEMS is the system required by California Government Code § 8607(a) for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS incorporates the use of the ICS, the Master Mutual Aid Agreement, existing mutual aid systems, the Operational Area concept, and multi-agency or inter-agency coordination. It creates a measure of performance in which responses to emergencies can be evaluated and improved.
- ☐ Activate emergency plans and mobilize emergency health personnel.
- ☐ Conduct rapid assessments for immediate response objectives.
- ☐ Determine the number and type of casualties, request additional assistance, establish staging areas, and initiate triage procedures.

- ☐ Identify hospital and nursing home bed vacancies.
- ☐ Determine which normal activities and facility accommodations can be curtailed or shifted to allow for increased emergency capacity.
- ☐ Arrange for the provision of medical personnel, equipment, and supplies to health and medical facilities, as needed.
- ☐ Coordinate morgue operations as required and appropriate.
- ☐ Provide staff and services for monitoring public health conditions.
- ☐ Determine needs for health surveillance programs.
- ☐ Implement disease control and prevention measures.
- ☐ Coordinate lab testing and evaluations of community environmental health conditions and provide health advisories as required or appropriate.
- ☐ Coordinate prescription drug access for healthcare facilities and individuals needing medication refills.
- ☐ Partially or fully activate the EOC, if necessary.
- ☐ Assist with patient evacuation and post-event relocation.
- ☐ Provide nursing staff for special needs shelters.
- ☐ Initiate on-site public education programs on the health problems associated with the emergency or disaster.
- ☐ Provide emergency public information on the health aspects of the situation in conjunction with EOC/Joint Information Center.
- ☐ Coordinate the release of public health information with County and State Public Information Officers.
- ☐ Monitor food and drug safety, as well as radiological, chemical, and biological hazards.
- ☐ Coordinate and monitor the potability of water, wastewater disposal, solid waste disposal, and vector control monitoring.
- ☐ Coordinate victim identification and mortuary services with the coroner.
- ☐ Coordinate mental health services as appropriate for victims and/or emergency responders.

## Recovery

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or an even safer situation following an emergency. Recovery roles and responsibilities for EF 8 include the following:

- ☐ Health authorities determine if a continuing health problem exists that requires an ongoing commitment of resources or if there is a potential for new problems to develop.
- ☐ Restore essential health and medical components of delivery systems and permanent medical facilities to operational status.
- ☐ Monitor environmental and epidemiological systems.
- ☐ Assist the California Environmental Protection Agency Department of Toxic Substances Control in determining suitable sites and acceptable procedures for the disposal of hazardous materials.
- ☐ Monitor public and private food supplies, water, sewage, and solid waste disposal systems.
- ☐ Continue to provide public information on sewage and waste control, food and water supplies, and control of insects, rodents, and diseases.

- ☐ Continue to utilize multiple means of communicating public information and education.
- ☐ Support emergency services staff and operations until the local system is self-sustaining; maintain provision of long-term emergency environmental activities.
- ☐ Ensure the availability of mental and behavioral health professionals
- ☐ Continue EOC operations until it is determined that EOC coordination is no longer necessary.
- ☐ Restore pharmacy services to operational status.
- ☐ Inform the public of any follow-up recovery programs that may be available.
- ☐ Form a long-term recovery assistance team to help ensure that individuals and families affected by the disaster continue to receive assistance for serious needs and necessary expenses.
- ☐ Identify populations requiring event-driven health, medical, or social services after the event.
- ☐ Return staff, clients, and equipment to regularly assigned locations.
- ☐ Provide critical payroll and other financial information for cost recovery through appropriate channels.
- ☐ Participate in after-action critiques and reports.
- ☐ Update plans and procedures based on critiques and lessons learned during an actual event.
- ☐ Initiate financial reimbursement process for support services.

## Mitigation

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for EF 8 include the following:

- ☐ Report post-disaster analysis of the performance of essential health and medical facilities that can be used in future mitigation measures to strengthen these facilities.
- ☐ Provide personnel with the appropriate expertise to participate in activities designed to reduce or minimize the impact of future disasters.
- ☐ Survey and map all emergency medical services within the Mutual Aid Region III.
- ☐ Increase the use of geographical information systems to identify the location of all vulnerable sites or populations.
- ☐ Gather and evaluate intelligence regarding epidemics and assist in detection of communicable diseases.
- ☐ Administer immunizations.
- ☐ Conduct continuous health inspections.
- ☐ Promote and encourage the use of the blood donation program.
- ☐ Conduct normal public health awareness programs.
- ☐ Conduct training and education.
- ☐ Conduct practice drills.
- ☐ Convey public information in multiple formats and languages.

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