

EMERGENCY FUNCTION (EF) 8

PUBLIC HEALTH AND MEDICAL

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EMERGENCY FUNCTION (EF) 8 PUBLIC HEALTH AND MEDICAL

EF Coordinator:	Medical Health Operational Area Coordinator (MHOAC) Position/Program
Primary Agency:	San Mateo County Health System
Supporting Agencies:	San Mateo County Coroner San Mateo County Office of Emergency Services (OES) Hospitals Ambulatory Care providers

I. INTRODUCTION

A. Purpose

The purpose of Emergency Function (EF) 8 is to provide guidance, coordination, and support for operations within the County to protect public health and medical systems from conditions resulting from, or coinciding with, an emergency or disaster event in San Mateo County.

B. Mission Statement

To build a common operational framework that strengthens the ability of the Public Health and Medical System to rapidly and effectively respond to emergencies. A common operational framework supports effective information flow between local, regional, and state partners and supports efficient response when additional resources are needed during emergencies that exceed local response capabilities.

C. Scope

The scope of EF 8 during its activation is to:

1. Assessment of immediate medical needs.
2. Coordinate disaster medical and health resources.
3. Coordinate patient distribution and medical evaluation.
4. Coordinate with inpatient and emergency care providers.
5. Coordinate out-of-hospital medical care providers.
6. Coordinate with fire agency personnel, resources, and emergency fire pre-hospital medical services.
7. Coordinate with providers of non-fire-related, pre-hospital emergency medical services.
8. Coordinate the establishment of temporary field treatment sites.
9. Survey health and analyze epidemiology of community health.

10. Ensure food safety.
11. Manage medical treatment of individuals exposed to hazardous agents, including chemical, biological, and radiological.
12. Provide or coordinate mental health services.
13. Provide health and medical public information and protective action recommendations.
14. Provide or coordinate vector control services.
15. Ensure drinking water safety.
16. Ensure the safe management of liquid, solid, and hazardous wastes.
17. Investigate and control communicable diseases.

II. POLICIES

This annex addresses the San Mateo County Health System's support to county and municipal governments, and volunteer organizations in the execution of the San Mateo County Health System Emergency Operations Plan (EOP). Support agencies (both governmental and non-governmental) perform tasks under their own authorities, and respond to mission tasks received under the authority of this annex. Support agencies provide representation in the emergency operations center (EOC).

The following policies apply to the implementation of this EF:

- A. Upon implementation of this annex, appropriate (plan should stay confined to Operational Area [OA]) county, municipal, volunteer, and private-sector resources will be coordinated and used as available.
- B. This EF will be implemented in a manner consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS), the basic plan of the San Mateo County EOP, applicable agency guidelines and policies, and all applicable regulations and statutes.
- C. The designated primary and support agencies are responsible for and committed to staffing and implementing this EF at the time of its activation.
- D. The priorities for emergency operations implemented by this EF will be consistent with and supportive of the San Mateo County EOC Action Plan (EOC-AP) for the applicable EOC operational period.
- E. When the resources and capabilities available to this EF are limited, resource allocation will be in accordance with the priorities established by the EOC-AP, as well as by the following, in descending order of importance:
 1. Protection of human health and safety;
 2. Protection of critical infrastructure;
 3. Protection of property; and
 4. Protection of environmental quality.

- F. The primary and support agencies participating in this EF operate in conformance with SEMS and NIMS, and will adopt additional components of SEMS and NIMS as they are promulgated. SEMS and NIMS components include incident command system (ICS), preparedness activities, resource management mechanisms, communications and information management requirements, supporting technologies, and ongoing management and maintenance requirements.

III. PLANNING ASSUMPTIONS

The following planning assumptions have been used to develop this EF. If these assumptions are not valid for a specific event or circumstance, it will be necessary to modify the operational concepts and assigned responsibilities defined herein:

- A. Public demand for health information and health and medical services are likely to increase during disasters.
- B. Public health emergencies may necessitate mass dispensation of medications or vaccinations to the public.
- C. Infrastructure (transportation, communication, utilities, etc.) may be damaged and impact the ability of the County's health and medical services to be effective.
- D. A medical disaster may require the triage and treatment of large numbers of individuals (surge), which will have a direct impact on healthcare facilities. Healthcare facilities may be over utilized or inaccessible. Healthcare supplies may be limited or unavailable.
- E. Infrastructure supporting healthcare facilities may be interrupted, causing impacts to available water, power, gas, food, and other services.
- F. EF 8 agencies should not anticipate out-of-county resources or personnel for 24 to 72 hours following a large-scale disaster.
- G. The use of gymnasiums and community centers as temporary alternate care facilities and field treatment sites may be necessary. Staffing and supply of temporary facilities will depend on the ability to mobilize and transport staff and supplies from in-county caches, private medical suppliers, registered volunteer rosters, and other sources.
- H. Hospitals and other healthcare facilities will rely on back-up supplies stored on site (including food, water and basic medical supplies), plus existing mutual aid agreements with medical suppliers and pharmaceutical vendors to the maximum extent possible. These will be necessary in order to maintain operations for a minimum of 96 hours. San Mateo County requests these facilities have up to 72 hours of supplies; the Joint Commission requires these facilities to have plans for up to 96 hours.
- I. Public health emergencies may require implementation of public health measures to contain and control communicable diseases or the spread of environmental hazards.
- J. Public health emergencies may also impact neighboring counties and health departments.
- K. The San Mateo County Health System, hospitals, and emergency medical services (EMS) have the capability to respond to an emergency 24 hours a day, 7 days a week.

- L. Health and medical services will be restored during the recovery period as soon as practical, and within the limitations and capabilities allowed of affected agencies following the emergency.

IV. CONCEPT OF OPERATIONS

This section defines the concept of operations that will be used by the primary and support agencies to implement the EF at the time of a disaster. The concept of operations includes actions to be taken by the agencies responsible for the EF during the pre-event timeframe, as well as during emergency response and disaster recovery periods. The concept of operations for the EF is applicable regardless of the scope, type, or duration of the emergency event.

A. General

1. The Medical Health Operational Area Health Coordinator (MHOAC) position serves as the 24-hour, 7-day-a-week, single point of contact for the disaster medical and health operations. The MHOAC and MHOAC program:
 - a. Assist the OA Coordinator with the coordination of medical and health resources within the OA.
 - b. Evaluate the availability of resources within the OA and identify medical health resource requirements as the status of an incident changes.
 - c. Coordinate the dispatch of requested resources available within the OA.
 - d. Report to the Regional Disaster Medical Health Coordinator (RDMHC) on the situation and resource status of the OA.
 - e. Serve as the point of contact in the OA for coordination with the RDMHC, the Regional Emergency Operations Center (REOC), and the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) at the Medical and Health Coordination Center (MHCC).
 - f. Assess hospital and patient transportation status, resource requests, and resource availability information.
 - g. Coordinate medical and health mutual aid requests within the OA.
 - h. Prioritize available resources within the OA in accordance with the EOC-AP, assist with the prioritization and assignment of incoming resources, and identify shortfalls.
 - i. Request mutual aid resources from the RDMHC to fulfill requests initiated by local jurisdictions in the OA and reinforce depleted resources in the OA.
2. EF 8 will be activated, staffed, and implemented by the primary and support agencies whenever requested to do so by the San Mateo County OES and/or the EOC, if the San Mateo County Health System has not already self-activated. Request for EF 8 activation may also be made by the Health Officer, MHOAC, EMS On Call, Public Health On Call, Health System Duty Officer, or Environmental Health Duty Officer. The primary agency may be requested to activate the EF prior to the onset of an

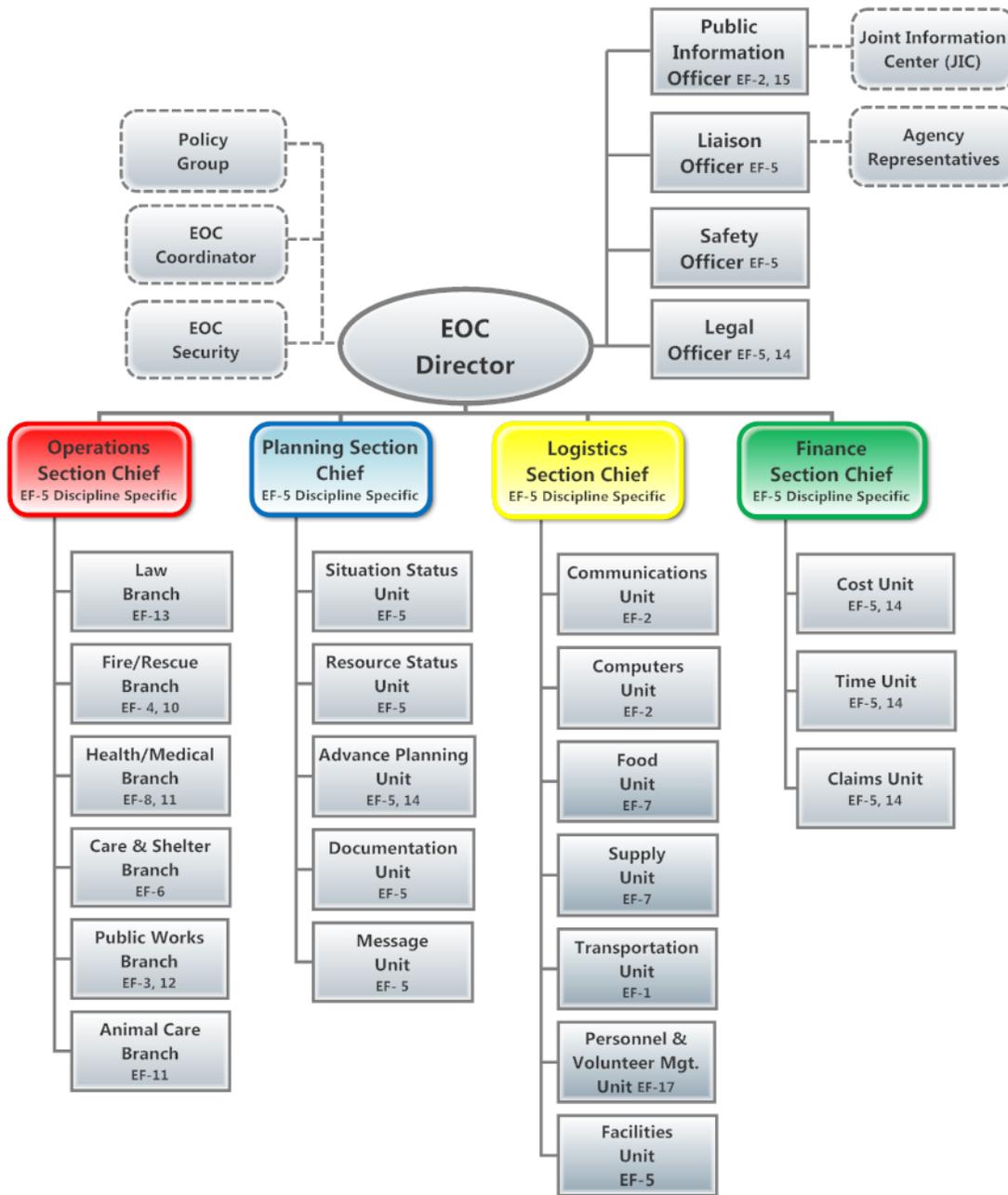
emergency situation, immediately after its impact on the County, or at any time during the activation of the EOC. Once requested to activate the Department Operations Center (DOC), the primary agency is responsible for notification and mobilization of its personnel and resources as they are needed.

3. Once activated, designated personnel from the primary agency will coordinate operations of the EF from its position in the DOC, and will send a representative to the County EOC to staff the medical health branch under the Operations Section. Operational coordination by the primary agency will continue from the DOC until the time the EF is authorized to deactivate and terminate operations.

B. Organization

1. The position of this EF in the County EOC organizational structure is shown in the organization chart below. EF 8 is positioned under the Operations Section.
2. The San Mateo County MHOAC serves as the coordinator and facilitator of operations implemented by the EF and, in this capacity, is assisted by the designated support agencies. The primary agency will commit its own personnel, facilities, and resources to EF operations, requesting assistance from the designated support agencies whenever necessary.
3. The organization of the EF is expected to remain the same for both emergency-response and disaster-recovery operations.

San Mateo County EOC Organizational Chart



Emergency Functions (EF)			
EF #1	Transportation	EF #10	Hazardous Materials
EF #2	Communications	EF #11	Food and Agriculture
EF #3	Construction and Engineering	EF #12	Utilities
EF #4	Fire and Rescue	EF #13	Law Enforcement
EF #5	Emergency Management	EF #14	Long-Term Recovery
EF #6	Care and Shelter	EF #15	Public Information
EF #7	Resources	EF #17	Volunteer and Donations Management
EF #8	Public Health and Medical		

C. Notifications

1. The San Mateo County OES is responsible for notifying the EF coordinator (or EF alternate coordinator) in the primary agency to activate the EF, or (if indicated) to stand by in the event that EF activation is required. In turn, the EF coordinator (or alternate coordinator) is responsible for notifying the designated support agencies to activate the EF, or to stand by for possible activation. The EF coordinator may also choose to self-activate the EF 8 function and notify the San Mateo County OES of the notification as outlined in the San Mateo County Health System Emergency Operations Plan (SMCHS EOP). The EF coordinator (or alternate coordinator) is responsible for determining whether personnel from some or all of the support agencies should be notified and mobilized.
2. The primary agency maintains an up-to-date, 24-hour notification roster of its personnel assigned to this EF, as well as representatives of the support agencies. This roster could be an attachment to the EF or maintained as a separate document, since it will have home phone numbers, and other private information.

D. Emergency Operations

This section describes the emergency operations that may be required by the primary and support agencies to be prepared for EF activation, as well as the operations to be implemented during the response and recovery phase. Actions to be taken for demobilization of the EF are also defined.

1. Pre-Event Preparedness

The EF coordinator has management oversight for EF 8. To ensure readiness for EF activation, the primary and support agencies will check that the following actions are taken prior to the onset of an emergency event:

- a. Detailed standard operating procedures (SOP), action checklists, activation checklists, and job action sheets needed by EF personnel will be developed and available for use.
- b. Equipment inventories and personnel rosters necessary for EF implementation will be up-to-date and immediately available. Categorizing and classifying response and recovery resources must be provided by or available to the primary agency in accordance with resource typing guidelines issued by the NIMS Integration Center.
- c. As indicated, agencies will ensure that primary and support agency personnel designated for EF implementation have received all necessary and required training and are appropriately credentialed and certified in accordance with guidelines issued by the NIMS Integration Center.
- d. Agencies will assist the designated alternate EF coordinator(s) and the assigned personnel from the EF primary and support agencies in understanding their duties for the EF maintenance and activation. Agencies will also assist these personnel in efforts to continually improve their capabilities for effective EF implementation.
- e. Agencies will coordinate pre-incident efforts with private-sector organizations as they relate to the EF.

- f. Agencies will coordinate EF preparedness activities relating to all levels of planning for response and recovery operations, from county agency response and recovery activities to local, regional and statewide catastrophic planning, as appropriate.
- g. Facilities, systems, equipment, and supplies that are necessary for EF implementation will be protected from the effects of the event to the greatest extent feasible.
- h. Agencies will identify new equipment or capabilities required to prevent or respond to new or emerging threats and hazards, or to improve the ability to address existing threats.
- i. Agencies will designate representatives for the County EOC.

2. Response Operations

Response operations are conducted during an event, and are necessary to protect people, provide services to people harmed by the event, and mitigate further property or environmental damage, if feasible. Response operations for the EF are considered in two phases: (1) initial actions for the period when the EF is first activated; and (2) continuing actions that are to be implemented, as needed, during each DOC/EOC operational period for the response phase until the EF is able to transition to recovery operations. In all cases, the response operations are general guidelines for action and may be modified, as needed, to adjust to the particular circumstances of the situation. The phases of the response operations are described below:

a. Initial Actions

The following initial actions, as indicated, are to be completed during the first DOC/EOC operational period of EF activation. When the DOC is activated, the EF coordinator (or designee) will:

- i. Staff the DOC, identify which support agencies and/or personnel are needed, and take steps to ensure that support agencies and/or personnel are activated or on alert as appropriate.
- ii. Ensure the functionality of telecommunications and data management systems to be used by the EF, and take corrective actions as needed.
- iii. Access needed procedures, checklists, rosters, and inventories.
- iv. Complete notifications of primary and support agency personnel.
- v. Establish communications with County EOC and determine the current status of emergency operations relevant to the EF's operations.
- vi. As indicated, respond to any initial requests for assistance from the EF.
- vii. Establish communications with the corresponding EF at the County EOC, if activated.
- viii. If indicated, notify mutual aid partners, as well as necessary vendors and contractors, of the activation of the EF, and determine the availability of services and resources through these organizations. Coordinate with appropriate private-sector organizations to maximize use of all resources.

- ix. The EF coordinator will assist with the collaboration and development of operational priorities based on the objectives set forth in the initial briefing.
- x. Implement necessary initial actions specific to the EF based on direction and objectives set forth by the EF 5 (Emergency Management) coordinator.

b. Continuing Actions

The following continuing actions would be repeated, when indicated, during each operational period for the duration of the response period, and until the transition to recovery operations by the EF:

- i. Monitor EF staffing and resource availability and adequacy, and take corrective actions when necessary.
- ii. Review the EOC-AP for the operational period, and prioritize EF operations and resource allocation in accordance with its directives.
- iii. Monitor EF emergency actions initiated and/or continuing from the previous operational period until completed.
- iv. Respond to requests from EF personnel at incident scenes or other emergency locations, if applicable, for additional services and assistance.
- v. Maintain complete and accurate documentation regarding emergency operations and expenditures.
- vi. Maintain communication with County EOC.
- vii. Provide information regarding EF operations, problem areas, and resource needs to EF 5 for development of the EOC situation report (SITREP) and EOC-AP. Per the State of California Public Health and Medical Emergency Operations Manual (EOM), the EF 8 must submit a separate Public Health and Medical SITREP to the OA Planning Section Chief; DOC Operations Section Chief and Planning Section Chief; the RDMHC, and the State CDPH and EMSA.
- viii. Participate in EOC briefings when held.
- ix. Anticipate and plan for transitioning the EF to recovery-phase operations as EF response actions near completion and provide EF recovery plans to EF 5 (Emergency Management).

3. Recovery Operations

- a. Ensure the completion of all response-phase emergency operations and the resolution of all requests for assistance.
- b. Advise all activated EF support agencies of the initiation of recovery-phase operations, and provide coordination and guidance regarding needed support agency actions.
- c. Advise, as applicable, County EOC regarding the transition to recovery-phase operations; determine the status of current municipal operations and the need for continuing assistance from the EF.

- d. Review the EOC-AP for recovery and, if indicated, adjust EF recovery actions for consistency.
 - e. Provide updated information regarding completion of EF response-phase operations to EF 5.
4. Demobilization Operations
- As EF recovery-phase operations near completion, implement actions necessary to support EF demobilization when authorized by the EF 5 coordinator, including (but not limited to) the following:
- a. Advise activated primary agency personnel, support agencies, and County EOC of the intent to demobilize the EF; and if indicated, define methods for providing continuing assistance following EF deactivation.
 - b. Review all EF operational and financial documentation to ensure its completeness and accuracy.
 - c. Account for all deployed EF personnel, equipment, and supplies.
 - d. Identify EF systems, equipment, or supplies damaged or depleted during EF operations, and assign responsibility for repair or restoration.
 - e. Upon receipt of authorization from the EOC, obtain the approved copy of the demobilization plan prepared by the San Mateo County Planning Section to demobilize the EF, and provide completed EF documentation to OES. Notify the County EOC and all support agencies of the demobilization of the EF.

V. RESPONSIBILITIES

A. Coordinating Agency

Per state regulations (California Health & Safety Code Section 1797.153), the County Health Officer and the EMS Administrator may act jointly as the MHOAC or assign a delegate to fill the post. The MHOAC will be responsible for ensuring the development of a medical and health disaster plan that includes the minimum 17 functions that comprise the MHOAC program. Those 17 functions are listed below under the primary agency and include the agency/agencies responsible for the stated function.

B. Primary Agency

This section lists each of the 17 MHOAC functions with the primary County agencies responsible for those functions.

1. Assessment of immediate medical needs.
 - a. Health System Chief or, if Health DOC is activated, DOC Director
2. Coordination of disaster medical and health resources.
 - a. MHOAC or DOC Director
3. Coordination of patient distribution and medical evaluations.
 - a. EMS Agency

4. Coordination with inpatient and emergency care providers.
 - a. EMS Agency
5. Coordination of out-of-hospital medical care providers.
 - a. EMS Agency
6. Coordination and integration with fire agencies personnel, resources and fire pre-hospital emergency medical services.
 - a. EMS Agency
7. Coordination of providers of non-fire-based pre-hospital emergency medical services.
 - a. EMS Agency
8. Coordination of the establishment of temporary field treatment sites.
 - a. EMS Agency
9. Health surveillance and epidemiological analyses of community health status.
 - a. Public Health Policy and Planning
 - i. Epidemiology Program
 - ii. Communicable Disease Program
 - b. Environmental Health
10. Assurance of food safety.
 - a. Environmental Health
 - b. Public Health Policy and Planning
 - i. Epidemiology Program
 - ii. Communicable Disease Program
11. Management of exposure to hazardous agents.
 - a. Environmental Health
12. Provision or coordination of mental health services.
 - a. Behavioral Health and Recovery Services
13. Provision of medical and health public information protective action recommendations.
 - a. Health Officer
 - b. Health Public Information Officer (PIO)
14. Provision or coordination of vector control services.
 - a. San Mateo County Mosquito and Vector Control District
 - b. Public Health Policy and Planning
 - i. Communicable Disease Program

15. Assurance of drinking water safety.
 - a. Environmental Health
16. Assurance of the safe management of liquid, solid, and hazardous wastes.
 - a. Environmental Health
17. Investigation and control of communicable diseases.
 - a. Public Health Policy and Planning
 - i. Communicable Disease Program

C. Support Agencies

This section lists each support agency and their respective responsibilities.

1. San Mateo County Coroner
 - a. Identify, document, and dispose of human remains.
 - b. Designate temporary morgues if the normally established morgues are overwhelmed, and coordinate with local funeral directors to identify staff to support these temporary morgues.
 - c. Notify local agencies of the locations of morgues and coordinate transportation of the deceased to these sites.
2. San Mateo County OES/EOC
 - a. Per Single Resource Ordering protocols, coordinate medical and non-medical resource requests received from the Health System DOC through the EOC to the region.
3. Hospitals
 - a. Implement response measures, including surge capacity strategies, as capacity and resources allow.
 - b. Coordinate medical care through the Health System DOC to include any incident with potential impact to the health and medical systems in San Mateo County.
4. Ambulatory Care Providers
 - a. Maximize outpatient appointment availability as needed.

VI. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

The primary function of EF 8 will be to monitor public health and medical impacts, determine functionality of medical care, monitor environmental health services, and facilitate actions to ensure the health and safety of food, water, and medicines that may be impacted as a result of a disaster. As a result, EF 8 must work closely with numerous other EFs to establish an effective process of communication and information collection.

Critical Coordination Points for EF 8

EF 1 – Transportation	Coordinates transportation system capability for the distribution of needed medical supplies.
EF 2 – Communications	Coordinates communications.
EF 3 – Construction and Engineering	Obtains damage assessments.
EF 5 – Emergency Management	Coordinates needs of the population.
EF 6 – Care and Shelter	Coordinates food preparation safety inspections, and coordinates medical services needs for shelter populations. When possible, coordinates and co-locates medical shelters and/or personnel with general population shelters.
All EFs	Communicates and determines support needs for access and functional needs with all EFs, as necessary.

VII. ADMINISTRATION, FINANCE, LOGISTICS

A. Resource Procurement

This section describes the ways the EF will procure or obtain resources that may be required for implementation. Resources, as a general term, refers to the personnel, equipment, systems, and supplies, as well as highly specialized services that may be needed for EF implementation.

1. In all cases, the primary agency, with continuing representation in the EOC, will serve as the point of coordination to identify resources needed for EF implementation. The primary agency will also be responsible for requesting and directing mobilization of resources.
2. When resources are needed, the primary agency representative will use one or more of the following for securing and deploying the needed resources in the most timely and cost-effective manner:
 - a. Resources under the direct control of the primary agency;
 - b. EF support agencies;
 - c. Other activated EFs through that EF representative in the County EOC;
 - d. Mutual aid agreements; and
 - e. Private-sector vendors or contractors that have the resources available.
3. The EF coordinator will be responsible for determining the procurement authorization process established by the EF 5 coordinator and EF 7 (Resources).
4. In all cases, the primary agency EF representative will have information readily available regarding the categories or types of resources relevant to EF operations in order to facilitate requesting additional resources.

B. Financial Management

1. EF 8 is responsible for managing financial matters related to resources that are procured and used during an incident. During a response, each agency/department is responsible for recording and tracking its own expenditures and seeking reimbursement from the appropriate resource after the event.
2. For reporting purposes, support entities will document their expenditures and submit them directly to the Finance and Administration Section or a designated finance service officer as soon as possible.

C. EF Development and Maintenance

1. The EF coordinator is responsible for EF development and maintenance, which is to be completed with assistance and cooperation from the designated support agencies.
2. The EF will review the EF, as well as associated SOPs, checklists, and other documentation, and modify them (if indicated) in response to any of the following events:
 - a. Upon request of the EF 5 coordinator;
 - b. Following any activation of the EF for response to an actual incident or an exercise;
 - c. Following any change or development in any municipal government, or any non-governmental organization assigned responsibility for EF implementation; and
 - d. Upon the opening or closing of any major facility of the primary or support agencies that is considered vital to implementation of the EF.

VIII. AUTHORITIES AND REFERENCES

The authorities and references documented in the San Mateo County EOP basic plan are considered applicable to this EF. In addition, the following references are specific to this EF:

1. California Public Health and Medical Emergency Operations Manual, 2011;
2. Regional Emergency Coordination Plan – Medical and Health Subsidiary Plan, 2008;
3. San Mateo County Health System Emergency Operations Plan (SMCHS EOP), 2011; and
4. San Mateo County Multi-Casualty Incident (MCI) Plan, 2011.

IX. ACRONYMS

CDPH	California Department of Public Health
DOC	Department Operations Center
EF	Emergency Function
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOC-AP	Emergency Operations Center Action Plan
EOM	Emergency Operations Manual
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
ICS	Incident Command System
MCI	Mass Causality Incident
MHCC	Medical and Health Coordination Center
NIMS	National Incident Management System
MHOAC	Medical Health Operational Area Health Coordinator
OA	Operational Area
OES	Office of Emergency Services
PIO	Public Information Officer
RDMHC	Regional Disaster Medical Health Coordinator
REOC	Regional Emergency Operations Center
SEMS	Standardized Emergency Management System
SITREP	Situation Report
SMCHS EOP	San Mateo County Health System Emergency Operations Plan
SOP	Standard Operating Procedures

X. ATTACHMENTS

Insert agency specific attachments here

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