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EF 8 – Public Health and Medical

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EF 8 Tasked Agencies	
Primary Agencies	Shasta County Health and Human Services Agency
Supporting Agencies	Sierra-Sacramento Valley Emergency Management Services Agency Shasta County Resource Management – Environmental Health Shasta County Healthcare Coalition Area Hospitals Ambulance Services (American Medical Response, Mercy, Burney Fire Department, Mayers Memorial) Sheriff’s Office - Coroner
Primary State Agency	California Health and Human Services Agency

1 Purpose and Scope

Emergency Function (EF) 8 ensures that the following services are provided to disaster victims and emergency response workers to supplement disrupted or overburdened local medical personnel and facilities:

- Public health and sanitation
- Emergency medical, dental, and hospital services
- Crisis counseling and mental health services
- Mass Fatality (Sherriff’s Office Coroner responsibility)

EF 8 also refers to the services, equipment, and personnel needed to protect the health of the public from communicable disease, contamination, and epidemics, including health and symptomatic monitoring, food and water inspections, immunization and mass prophylaxis delivery, laboratory testing, and animal health/disease management (as it pertains to potential or actual impacts on public health). Other essential tasks associated with this support function include providing professional personnel, services, and facilities to relieve victims and their families, first responders, and/or Access and Functional Needs populations of trauma and mental health conditions caused or aggravated by an emergency/disaster or its aftermath. Depending on the nature and severity of an incident, services and resources may be needed for prolonged periods of time.

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

2 Policies and Agreements

2.1 Policies

The following policies are currently in place:

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- Shasta County Code, Chapter 2.72.
 - Shasta County Code 2.72.030 F regarding emergency management states, “The county public health officer ... shall be responsible for all medical and public health operations.”
- Shasta County Code, Chapter 8.02
 - Shasta County Code 8.02.050 regarding Health officer – Authority states “A. The health officer shall delegate to the director of environmental health those powers, functions, duties and responsibilities regarding environmentally based public health programs. B. Nothing in this chapter shall be deemed or construed to diminish in any way the jurisdiction over health emergencies retained by the health officer, pursuant to Section 1158 of the Health and Safety Code.”
- 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 that have been exposed to biological, chemical, toxic or radiological agents that may spread to others.
- Shasta County Resolution Number 95-175 establishing the Shasta Operational Area (September 26, 1995).
- 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).

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- 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 (LEMSA) Administrator in a medical disaster at the Operational Area level.
 - Signed memo establishing the joint appointment of the Shasta County Medical and Health Operational Area Coordinator Program (2012)

2.2 Agreements

The following agreements are currently in place:

- Statement of Understanding between Shasta County through its Departments of Social Services, Public Health and Mental Health and the American Red Cross, Shasta Area Chapter (2005)

3 Situation and Assumptions**3.1 Situation**

- Local hazards could 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.
- Shasta County (County) does not have large-scale morgue storage capabilities.

3.2 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

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treatment that could overwhelm the local and State of California (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.

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- 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.

4 Roles and Responsibilities

4.1 Emergency Function 8 Actions by Phase of Emergency Management

4.1.1 Preparedness

- 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 Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS)/Incident Command System (ICS).
- Develop and implement emergency response and health and medical strategies.

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- 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 County Emergency Operations Center (EOC).
- Participate in emergency management training and exercises.

4.1.2 Response

- SEMS is the system required by 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.

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- 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 (JIC).
- Coordinate the release of public health information with County and State Public Information Officers (PIOs).
- 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.

4.1.3 Recovery

- 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.

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- 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.

4.1.4 Mitigation

- 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.

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- 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.

5 Concept of Operations**5.1 General**

- In accordance with the Basic Plan and this EF Annex, the Shasta County Department of Health and Human Services (HHSA) is the primary agency responsible for coordinating public health and medical services activities. Plans and procedures developed by the primary and supporting agencies provide the framework for carrying out those activities.
- Requests for assistance with public health and medical services resources will be generated one of three ways: they will be forwarded to the County EOC, the MHOAC, or they will be issued in accordance with established mutual aid agreements.
- The County 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.

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- The Director of Emergency Services will notify HHSa and supporting agencies of EOC activations and request that representatives report to the EOC to coordinate public health and medical services.
- The California Health Alert Network (CAHAN), a secure, web-based communication and information system available 24 hours per day, 365 days per year for distribution of health alerts, dissemination of guidance documents, coordination of disease investigation efforts, preparedness planning, and other activities that strengthen State and local emergency preparedness and response.
- As additional EOC staffing needs become apparent, other support and partnering agency personnel may be asked to report to the EOC to assist with public health and medical services.

5.3 Access and Functional Needs Populations

Provision of public health and medical services in the County will take into account populations with access and functional needs.

6 Emergency Function Annex Development and Maintenance

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

7 Supporting Plans and Procedures

The following plans and procedures are currently in place:

Shasta County

- Adult Services Extreme Temperature Response Plan: Heat Reduction Rapid Response (H3R)
- Child Welfare Services Disaster Response Plan
- Shasta County Public Health Emergency Response Plan

State of California

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

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Federal

- National Response Framework: ESF 8 – Public Health and Medical Services

8 Appendices

None at this time.

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