Putting Public Health and Medical Together Into an Integrated System for California

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Session Topics

• Standardized Emergency Management System (SEMS) for Public Health and Medical
• California Public Health and Medical Emergency Operations Manual (EOM)
  – Information Management
  – Resource Management
  – Function Specific Topics
• Emergency Function (EF) 8 – Public Health and Medical
Public Health and Medical System

- Health departments, environmental health, EMS agencies, emergency management
- Healthcare facilities (hospitals, clinics, SNF’s)
- EMS providers
- Tribal health entities
- Medical Health Operational Area Coordinator Program
- Regional Disaster Medical Health Coordinator Program
- Others (private and public)
SEMS and the Public Health and Medical System

Five Organizational Levels

State Level
Duty Officer, (SOC/JEOC)

Region Level RDMHC Program

Operational Area Level
MHOAC Program

Local Govt. Level
LHD, LEMSA, DOC

Field Level
EMS providers, healthcare facilities
Medical and Health Operational Area Coordinator

- Key role within the PH&M Coordination System
- Health & Safety Code 1797.153
  - Authorizes county health officer and local emergency medical services administrator to jointly act as the MHOAC or appoint an individual to fulfill the roles and responsibilities
  - 17 Elements of Medical & Health Operations/Planning
  - MHOAC shall assist the OES operational area coordinator in the coordination of medical and health disaster resources within the operational area
Assessment of Immediate Medical Needs

Coordination of the Establishment of Temporary Field Treatment Sites

Coordination of Providers of Non-Fire Based Pre-Hospital Emergency Medical Services

Assurance of Drinking Water Safety

Management of Exposure to Hazardous Agents

Assurance of the Safe Management of Liquid, Solid, and Hazardous Wastes

Investigation and Control of Communicable Disease

Coordination of patient distribution and medical evaluations

Coordination and Integration with Fire Agencies Personnel, Resources, and Emergency Fire Pre-hospital Medical Services

Coordination of out-of-hospital Medical Care Providers

Coordination with Inpatient and Emergency Care Providers

Provision of Medical and Health Public Information Protective Action Recommendations

Health Surveillance and Epidemiological Analyses of Community Health Status

Provision or Coordination of Vector Control Services

Provision or Coordination of Mental Health Services

Assurance of Food Safety

17 MHOAC Responsibilities
Medical and Health Operational Area Coordinator (cont.)

- Role in response
  - Key to the Mutual Aid function in the Operational Area (OA)
  - OA point of contact for coordination with
    - Local Emergency Medical Services Agencies (LEMSA), Local Health Departments (LHD), Environmental Health Departments (EHD)
    - Regional Disaster Medical Health Coordinator (RDMHC) Program, California Emergency Management Agency (Cal EMA)
    - California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA)
Medical and Health
Operational Area Coordinator (cont.)

• It takes a village . . .
  – More than the Local EMS Agency and Public Health Department
  – Collaboration with primary Emergency Function (EF) leads for the development of plans and programs

• Operational Area wide coordination
• Support of a single voice approach
• Not just an individual but a PROGRAM!
MHOAC Program Value in Preparedness

• Coordinated planning for entire system
  – Identifies:
    • Primary Leads for function/role
    • Supporting agencies, divisions and entities
    • Resource availability/needs
  – Place in the organizational structure
  – Clarifies EF #8 roles and responsibilities for other EFs both primary and support
RDMHC Program

• H&S Code 1797.152 – RDMHC is an appointed position in each of the six Mutual Aid Regions

• Similar to the MHOAC
  – Coordinates disaster information & medical and health mutual aid assistance within the Mutual Aid Region

• Coordinates with MHOAC Programs in the region to ensure that all 17 MHOAC functions are accomplished
• RDMH Specialist
  – A component of the RDMHC Program
  – Represents the RDMHC
  – Directly supports regional preparedness, response, mitigation and recovery activities
  – Communicates directly with the EMSA & CDPH Duty Officers
State Level Public Health and Medical Coordination

- CDPH – Public Health
- EMSA - Medical
- Duty Officer Program 24/7/365
- Joint Emergency Operations Center (JEOC)
- State Operations Center (SOC)
So, what is the EOM, and why should you care?
A roadmap:
reaching up – reaching down
History and Context

• Dec 2008 – EMSA introduced the CDMOM
• EMS Commission approved
• CDPH convened a workgroup to create a CDHOM
• California Emergency Plan, July 2009, California Emergency Function 8 – Public Health And Medical, corresponds to Federal ESF #8 – PH and Medical Services, in the National Response Framework
• 2009 – H1N1
• October 2009 – Interim CDHOM, focusing on Information Sharing and Resource Management
Purpose and Scope of the EOM

• Common operational framework
• Timely, credible, accurate information flow
• Rapidly, effectively, efficiently respond to needs and requests when local resources exceeded
• Coordination among public and private partners
• Collaborative process between CDPH and EMSA
• Builds upon/supports SEMS, SEP EF#8, NRF ESF#8
Public Health & Medical EOM

- Strengthens coordination within the PH&M system during unusual events and emergencies
- Describes basic roles and activities within the Public Health and Medical Coordination System
- Establishes Process Expectations
- Provides common operating environment
- Describes a comprehensive MHOAC/RDMHC Program
Public Health & Medical EOM

Intended Audience includes, but not limited to:

• HCF’s, SNF’s, Community Clinics
• Local EMS Providers
• Local Government Agencies
  – OES/OEM, Law, Fire, LHD & LEMSA
• MHOAC & RDMHC Programs
• State Government Agencies
  – (EMSA, CDPH, Cal EMA)
• NGO’s (Red Cross, Salvation Army)
• Federal Govt Agencies (HHS, CDC, CMS)
Public Health & Medical EOM

• Response Functions
  – Incident Considerations
  – Communication & Information Management
  – Resource Management
  – Multi-Agency Coordination
  – Disaster Finance

• Function Specific Topics
  – 12 Public Health and Medical Functions
The Event Occurs!

The MHOAC:

- Coordinates through OA Medical and Health Branch
  - OA Medical and Health Branch supports the MHOAC functions
- Physical location may vary
- Oversees medical and health information management and coordination
- Administers resource coordination and support
INCIDENT CONSIDERATION

Unusual Events *(EOM Page 19)*

- Defined as an incident that significantly impacts or threatens emergency medical services, public health and/or environmental health
  - May not rise to the level of emergency/disaster
  - Increased situational awareness and notification of partners is warranted
    - Significant or anticipated public health impact
    - Disruption of essential services
    - Needs exist or anticipated beyond the OA
    - Produces political or media attention
    - Any time increased information flow for the OA to the State may assist in the management or mitigation
      - (405 Construction Closure)
Emergency System Activation (ESA) (EOM Page 20)

- Defined as being any portion of the OA Medical & Health Disaster Plan is activated and/or DOC/EOCs are activated within the Operational Area
- SITREP required within 2 hours of ESA
- Incident Levels within the ESA

<table>
<thead>
<tr>
<th>Levels</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Requires resources or distribution of patients <strong>within</strong> the affected OA or other OA through existing agreements</td>
</tr>
<tr>
<td>Level II</td>
<td>Requires resources or distribution of Patients from OA <strong>within</strong> the Mutual Aid Region <strong>beyond</strong> existing agreements</td>
</tr>
<tr>
<td>Level III</td>
<td>Requires resources or distribution of Patients <strong>beyond</strong> the Mutual Aid Region</td>
</tr>
</tbody>
</table>
INCIDENT CONSIDERATION

- Regardless of Unusual Event or ESA, prompt notification of response partners is CRITICAL.

- Establish an incident-specific communication plan with involved entities.

- Verify any unusual situational information with involved entities.
Information Management & Coordination

• Gathering information
  – Field and local partners to Medical and Health

• Distributing information
  – *Action* required vs. *Advisory* only
  – Back to field and local partners
  – On to the Region/State

• Formal Situation Reporting Tool
  – Electronic SITREP to Region/State
    • EOM Page 24
Medical & Health Situation Reporting

Sources of Data / Information

1. Gather Data/Information

- LEMSA
  - Hospitals
  - EMS Providers
- Field Responders
- OA OEM
  - OA Status Information
    - Coroner
    - Other OA Partners
  - Public Health Programs
    - Lab, DC, ENV HLTH, etc.
    - Other PH Partners
- Other Medical Partners
**SECTION 1 ITEMS B - J ARE MINIMALLY REQUIRED ON ALL REPORTS**

<table>
<thead>
<tr>
<th>A. Report ID #</th>
<th>B. Report Type</th>
<th>C. Report Creation Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9/29/2011 14:50</td>
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</table>

<table>
<thead>
<tr>
<th>D. Incident / Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mutual Aid Region</td>
</tr>
<tr>
<td>2. Jurisdiction (OA)</td>
</tr>
<tr>
<td>3. Abbrv</td>
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<tr>
<td>4. Incident / Event Name</td>
</tr>
<tr>
<td>5. Incident Date 6. Incident Time</td>
</tr>
<tr>
<td>7. Incident Location / Address</td>
</tr>
<tr>
<td>8. Incident City</td>
</tr>
<tr>
<td>9. Incident Type</td>
</tr>
<tr>
<td>10. Estimated Population Affected</td>
</tr>
<tr>
<td>11. Incident Level</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E. User Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report Creator</td>
</tr>
<tr>
<td>2. Position</td>
</tr>
<tr>
<td>3. Phone</td>
</tr>
<tr>
<td>4. Cell, Pager, Alt Phone:</td>
</tr>
<tr>
<td>5. Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Current Operational Area Medical and Health System Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN - Normal Operations: Situation Resolved</td>
</tr>
<tr>
<td>ORANGE - Modified Services: Assistance from within OA</td>
</tr>
<tr>
<td>BLACK - Impaired Services: MAJOR Assistance Required</td>
</tr>
<tr>
<td>YELLOW - Under Control: NO Assistance Required</td>
</tr>
<tr>
<td>RED - Limited Services: SOME Assistance Required</td>
</tr>
<tr>
<td>GREY - Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. PROGNOSIS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO CHANGE</td>
</tr>
<tr>
<td>IMPROVING</td>
</tr>
<tr>
<td>WORSENING</td>
</tr>
</tbody>
</table>
Medical & Health Situation Reporting

System Condition/Status

**GREEN**
Local system is operational and in usual day-to-day status; no assistance required

**YELLOW**
Most healthcare assets within the facility / local jurisdiction are experiencing a surge and are able to manage the situation within their organizational frameworks; no assistance required

**ORANGE**
The healthcare assets in the facility / local jurisdiction require the participation of additional healthcare assets within the health jurisdiction to contain the situation

**RED**
Local health jurisdiction is not capable of meeting the demand for care, and assistance from outside the facility / local jurisdiction is required

Local health jurisdiction is not capable of meeting the demand for care, and significant assistance from outside the facility / local jurisdiction is required
Medical & Health Situation Reporting

• **Data** - raw elements with no framing
  – Example: number hospital beds; available ambulances
  – Burn rates of supplies, masks, etc.

• **Information** - organized data
  – Provides ability to assess system condition on a scale
    • “28% of hospitals are inoperable following the incident”

• **Intelligence** - organized information with a purpose
  – Can be used to make decisions and take actions
    • “3 hospitals are not able to admit patients due to lack of public supplied electricity and water”
Medical & Health Situation Reporting

• Look at Pen & Paper Version
  – Appendix C (page 199)

• SitRep Module Training Available
  – Hands-on
  – Exercise and Evaluation
  – On-Line Access to SITREP Video Training
    www.rdmhs.com/medhealthsitrep/SitRepHowTo.html
Resource Management (EOM page 37)

• Public Health and Medical Resources
  – Services, equipment, supplies, staff
• California Disaster and Civil Defense Master Mutual Aid Agreement
• Emergency Assistance Agreements
• Mutual Aid Regions
• Medical and Health Resource Requests and Assistance
Resource Coordination And Support

• Field Entity Identifies Need for Resource
  – EMS, PH, HCF, LTCs, Clinics, etc
  – Resource is NOT available Internally
  – NOT available through supply chain
  – NOT available through non-traditional suppliers
  – NOT available through agreements/contacts

• May choose to submit request for assistance too MHOAC Program through LEMSA/LHD

✓ HCF – OA Resource Request Form
Operational Area – LEMSA/LHD

• Coordination and Support point for Medical and Public Health resources

  – Health/Medical supplies
  – Health/Medical staff
  – Movement of patients
    • Bed Availability
  – Transportation
  – Pharmaceuticals
  – PPE
  – Surge capacity supplies
  – Decontamination trailer
  – ChemPack, DTPA, Cyanokit
  – Mental Health
  – Communications
    • HAM Radio, etc
Operational Area – City/County

• Coordination and Support point for NON-Medical and Public Health resources

• During an emergency, entities involved in the medical/health system request needed resources from local agencies consistent with local protocol
  - Security/Law enforcement
  - Street closures/barricades
  - Water/power/gas/phone issues
  - Food & potable water
  - Non medical supplies
  - Family Assistance Centers
  - Generators – Gray area
Operational Area
EOC

Medical Health Branch
MHOAC Program

Affected Local
Jurisdictions

Unaffected local
governments, State Agencies,
Tribal Entities, Non-
Governmental, and private
sector entities within the OA
Unable to Meet Needs from Within the OA – Operational Area

- Resource Requesting Process
- Medical Health Resource Request Form
- Minimum Data
  - (EOM Page 42)
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?

All resource requests should include the following information (minimum data elements):

<table>
<thead>
<tr>
<th>Minimum Data Elements Resource Request: Medical and Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe current situation. Submit Medical and Health Situation Report as soon as possible.</td>
</tr>
<tr>
<td>Describe the requested mission (e.g., ability to transport 20 critically injured pediatric patients).</td>
</tr>
<tr>
<td>Describe needed equipment, supplies, personnel, etc. and acceptable alternatives.</td>
</tr>
<tr>
<td>Provide contact information and specific delivery location with a common map reference.</td>
</tr>
<tr>
<td>Indicate if logistical support is required (e.g., food and shelter for personnel, fuel for equipment).</td>
</tr>
<tr>
<td>Indicate urgency of need.</td>
</tr>
</tbody>
</table>

The Resource Request: Medical and Health (Appendix D) contains the minimum data elements and should be used to request medical and health resources from outside the Operational Area. This form will be updated and revised over time. Please download the latest version of the Resource Request: Medical and Health from the California Health Alert Network (CAHAN) in the document library section (CAHAN → Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM). Please remember that the Medical and Health Situation Report should precede or accompany the Resource Request: Medical and Health unless extraordinary conditions prevail.

Resource Management Process: Requesting Resources

If additional resources are needed to mitigate the effects of an emergency, the following activities should occur:

Field-Level Entities

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around..."
Resource Requesting Process

• MHOAC Program Activities
  – Need identified and sources evaluated
    • Daily automatic assistance agreements
    • OA to OA mutual assistance from within the Mutual Aid Region
    • Outside of Mutual Aid Region yet within Administrative Region
      – Cooperative Assistance Agreement {Mutual Aid Regions I & VI}
  – Confirms attempt made to answer the six key questions (EOM Page 42)
Mutual Aid Regions

- 6 Mutual Aid
- 3 Administrative
  - Inland
  - Coastal
  - Southern
EMSA/CDPH MED/HLTH COORDINATION PROGRAM (JEOC)

RDMHC PROGRAM (REOC M&H BRANCH)

RDMHC PROGRAM (REOC M&H BRANCH)

OA 1

OA 2

OA 3

OA 10

OA 12

OA 1

OA 2

OA 3

OA 10

OA 12

STATE

MUTUAL AIDS REGION

OAs
RDMHC Program

• Regional Disaster Medical Health Coordinator/Specialist
• Responsible for coordinating medical and health mutual aid and assistance within the mutual aid region and State
• Coordinates information provided to CDPH and EMSA through the Duty Officer Programs and the JEOC when activated
Resource Requesting Process (cont.)

- RDMHC Program
  - RDMHC begins search process following refinement conversation
  - Attempts to fill request within mutual aid/administrative region
  - Coordinates with REOC / State agencies
  - Elevates request to state if unable to be filled at regional level
Affected Local Jurisdictions

Operational Area EOC

Medical Health Branch
MHOAC Program

REOC

Medical Health Branch
RDMHC/S Program

State Agencies

JEOC

Other Mutual Aid Region(s) within Administrative Region

Other CalEMA Administrative Regions

Operational Areas, State Agencies, and Tribal, Non-Governmental, and Private Sector Entities within Mutual Aid Region

Operational Areas, State Agencies, and Tribal, Non-Governmental, and Private Sector Entities

Unaffected local governments, State Agencies, Tribal Entities, Non-Governmental, and private sector entities within the OA
Resource Requesting Process (cont.)

• State response
  – Outside of Administrative Region
  – State Departments (EMSA, CDPH, etc.)
  – Private providers
  – Not-for-profit providers

• Federal response
  – Federal agencies (HHS/ASPR, CDC, etc.)
    • Catastrophic Plan
  – EMAC
    • (state to state assistance)
Emergency Management Assistance Compact

State Agencies

State Agencies

Federal Agencies

ESF #8

SOC

Medical Health Branch

REOC

Medical Health Branch

RDMHC/S Program

Operational Area

EOC

Medical Health Branch

MHOAC Program

Affected Local Jurisdictions

Unaffected local governments, State Agencies, Tribal Entities, Non-Governmental, and private sector entities within the OA

Other Mutual Aid Region(s) within Administrative Region

Other CalEMA Administrative Regions

Operational Areas, State Agencies, and Tribal, Non-Governmental, and Private Sector Entities within Mutual Aid Region

Operational Areas, State Agencies, and Tribal, Non-Governmental, and Private Sector Entities

Unaffected local governments, State Agencies, Tribal Entities, Non-Governmental, and private sector entities within the OA
INCIDENT

IC recognizes need for more or different resource

Assessment of available resources conducted

Entity contacts MHOAC to refine request & fulfill

All sources exhausted or exhaustion imminent

If UTF, MHOAC works with RDMHC/S to create request

Submit to OA OEM for entry into RIMS & approval

Reoc works with M&H branch & RDMHC/S to fill mobilization of resource

Mobilization of resource
Resource Requesting Considerations

- **Resource Tracking**
  - Critical in maintaining resource in operating condition
  - Responsibility of both the Providing and Receiving entities
  - Communicate key changes in the resource
    - Arrival
    - Demobilization
    - Regular status with anticipated return dates/times
    - Utilization within the mission vs. Reassignment
  - Agency Representative
    - Ensure that the resources provided are used for the appropriate assignments and to help facilitate support, resolve problems, and assist with demobilization
Resource Requesting Considerations

- **Resource Demobilization**
  - Receiving entities should establish a process
  - Ensures documentation is complete

- Reassignment to another mission requires a formal resource request for the reassignment

- Upon return of the resource, the providing agency and/or organization should contact their MHOAC Program when the resource has returned to their point of origin.
When Support and Coordination is Needed

• HCFs, Clinics, Transport agencies work with Local Medical and Public Health Department to coordinate response and obtain support

• Knowing how to connect pre-event is crucial
  – Web-based, telephone, satellite, etc
  – Radio: Government & HAM
  – Create Contact Resource Directory
Resource Management (EOM page 37)

I. Public Health and Medical Resources
II. California Disaster and Civil Defense Master Mutual Aid Agreement
III. Emergency Assistance Agreements
IV. Mutual Aid Regions
V. Medical and Health Resource Requests and Assistance
EOM FUNCTION SPECIFIC TOPICS

- Greater detail
- Major Response Roles of PH & M
- Find yourself… Field to State (beyond)

Each function-specific topic is organized according to the following sections:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>• Provides an overview of the functional topic.</td>
</tr>
<tr>
<td>Response Actions</td>
<td>• Describes the progression of response actions and identifies the</td>
</tr>
<tr>
<td></td>
<td>responsibilities of primary medical and health response agencies/</td>
</tr>
<tr>
<td></td>
<td>entities.</td>
</tr>
<tr>
<td>Resource Management</td>
<td>• Briefly describes specialized resources currently maintained by CDPH</td>
</tr>
<tr>
<td></td>
<td>or EMSA.</td>
</tr>
<tr>
<td>Other Response Agencies/</td>
<td>• Briefly describes the role of other response agencies/entities.</td>
</tr>
<tr>
<td>Entities</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>• Provides additional information as needed.</td>
</tr>
</tbody>
</table>
Function Specific Topics

- Communicable Disease
- Drinking Water
- Food Emergencies
- Hazardous Materials
- Health Care Facilities
- Health Care Surge in the Continuum of Care
• Mass Fatality
• Nuclear Power Plant Emergencies
• Nuclear Weapon Detonation
• Patient Transportation, Distribution, and Management
• Public Health Laboratories
• Risk Communication
COMMUNICABLE DISEASE

INTRODUCTION

Communicable diseases spread through contact with an infected host (people, animals or vectors), from contaminated food or drinking water, or from environmental sources where the organisms live. Unusual events and emergencies involving communicable diseases include atypical or unusually large outbreaks, periodic epidemics, pandemics or terrorism using bioterrorism agents/diseases, and depending on the severity of the illness and the number of people affected, may result in a health care surge and require the appropriate application of control measures to contain the spread of disease.

In accordance with Title 17 of the California Code of Regulations, health care providers, schools and laboratories report cases of communicable disease to their local health department (LHD) and LHDs report this information to the California Department of Public Health (CDPH) Division of Communicable Disease Control (DCDC). LHDs and CDPH DCDC continuously analyze communicable disease trends to identify increases in the occurrence of communicable diseases that may indicate an unusual event or emergency.

An unusual event involving a communicable disease requires increased levels of coordination and communication between local, State, and possibly federal public health agencies, and may involve but is not limited to:

- A local, regional or statewide increase in a communicable disease above normal background levels (e.g., an outbreak or epidemic) that requires increased communication with the public or the redirection of LHD or State-level resources;
- An infectious agent that is unknown or cannot be identified with testing methodologies;
- A cluster of cases exhibiting symptoms of communicable disease, especially with sudden onset, that requires increased communication with the public or the redirection of LHD or State-level resources; or
- A communicable disease that has the potential to cause unusual morbidity or elevated mortality and requires increased monitoring to determine public health impact.

A communicable disease emergency may include but is not limited to:

- The resources and/or capabilities of the affected jurisdiction(s) cannot meet the needs of the response (e.g., disease control or health care surge) and additional resources must be requested from other jurisdictions, the State or the federal government;
- A suspected or confirmed bioterrorism incident;
- Detection of a disease that has the potential to spread uncontrolled (e.g., novel agent) and there is uncertainty about the effectiveness of existing control measures; or
- The disease causes widespread, severe morbidity or mortality.
An unusual event or emergency involving a communicable disease initiates an epidemiological and laboratory investigation to provide information necessary to assess the situation, determine treatment protocols and determine response actions. The response to unusual events or emergencies varies depending on the type of infectious agent, its virulence and impact, and the capabilities and measures that exist to control the spread of the disease. LHDs apply appropriate control measures to contain the communicable disease, including distribution of public information/risk communication; vector control (in coordination with the local environmental health department (EHD) or vector control agency); provision of clinics to provide vaccination or medications; and orders to isolate or quarantine patients. During an unusual event or emergency involving a communicable disease, LHDs may redirect resources to support disease control efforts or activate their Department Operations Center (DOC) to coordinate or manage response activities in accordance with local policies and procedures.

CDPH DCDC provides State-level leadership and is responsible for State-level communicable disease surveillance, outbreak detection, and outbreak investigation. CDPH DCDC coordinates with LHDs to investigate and control communicable disease, and directly supports LHDs when requested. To ensure a coordinated State-level response, CDPH activates its emergency response structure and the Directors of CDPH and the Emergency Medical Services Agency (EMSA) activate the Joint Emergency Operations Center (JEOC) if multiple programs are involved in the response; if multiple LHDs activate their DOCs; and/or if the California Emergency Management Agency (Cal EMA) activates the Regional Emergency Operations Center (REOC) and State Operations Center (SOC). While program-specific activities continue between local and State programs, the JEOC functions as a central point of coordination between the involved CDPH and EMSA programs and the Regional Disaster Medical and Health Coordination (RDMHC) Programs, Medical Health Operational Area Coordination (MHOAC) Programs, LHDs and local emergency medical services agencies (LEMSAs). The JEOC provides a conduit of situational information between the State and local agencies, and distributes State-level policy decisions, key information and guidance. The JEOC receives and processes resource requests as described in the Resource Management chapter of this manual.

**Response Actions**

The response actions summarized below identify activities undertaken by agencies/entities involved in unusual events or emergencies involving a communicable disease. Additional organizations may be involved in investigation and response activities, depending on the disease, causative agent and scope of the problem. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

**Affected Field-Level Entities**

Affected field-level entities, (e.g., schools, health care providers, EMS providers) should:
Field Entities

Local Health Department

- Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- Cooperate with the investigation, implement control measures and mitigation activities, and follow guidance, protocols and orders released by the LHD, LEMSMA and other regulatory agencies.
- Provide laboratory samples as directed by the LHD.
- Provide situation, case or other requested information to local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSMA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD

The LHD has jurisdiction over local response activities involving communicable diseases. During normal day-to-day activities, the LHD may contact CDPH DCDC for guidance or assistance if an outbreak occurs or there is an increase in disease prevalence or incidence. During an unusual event or emergency involving a communicable disease, the LHD should:
- Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
  - MHOAC Program.
  - The CDPH Duty Officer Program or the DCDC program responsible for monitoring the disease of concern during business hours or the CDPH Duty Officer Program (either directly or via the MHOAC Program) during non-business hours.
  - If bioterrorism is suspected, the LHD must notify:
    - California State Warning Center;
    - Local FBI office, and
    - Local law enforcement.
Lab Response Network

The Laboratory Response Network (LRN) is a network of local, State and federal laboratories that provide the infrastructure and capacity to respond to biological and chemical terrorism and other public health emergencies. The LRN provides a mechanism for laboratories to access additional resources when their capabilities or capacity have been exceeded. Within the LRN, there are LRN-Biological (LRN-B) and LRN-Chemical (LRN-C) laboratories. LRN-C laboratories are addressed in the chapter on Public Health Laboratories.

LRN-Biological (LRN-B) laboratories include Sentinel, Reference and National Laboratories (see the chapter on Public Health Laboratories for more information). LRN-B laboratories may be contacted through a LHD communicable disease control officer or the CDPH Duty Officer. CDPH coordinates all access to National Laboratories and LHDs must contact CDPH to facilitate access to the National Laboratories and other federal resources.
LRN Sentinel Laboratories

LRN Sentinel Laboratories includes hospital, clinical, and private microbiological laboratories that are members of the LRN and those local public health laboratories that do not have LRN Reference Laboratory capabilities. Activities include:

- Perform identification, rule-out and reference testing on clinical/medical specimens. (Note: Environmental samples must go directly to the LRN Reference Laboratory assigned to the geographical catchment area.)
- If the agent cannot be identified or confirmatory testing is needed:
  - For private laboratories, coordinate with the LHD to arrange for submission of samples to the LRN Reference Laboratory in accordance with local policies and procedures.
  - Consult with the LRN Reference Laboratory regarding preparing, packaging and transporting the specimen(s).
  - Forward the specimen(s) to the LRN Reference Laboratory assigned to the designated geographic catchment area.

LRN Reference Laboratories

LRN Reference Laboratories include 15 LRN-B Reference Laboratories (14 local public health laboratories and the CDPH laboratory) that can conduct a wide variety of tests including techniques to isolate, grow and identify bacterial, viral, fungal and other types of microscopic organisms. The Reference Laboratories may be contacted through the LHD communicable disease control officer or the CDPH Duty Officer. Activities include:

- Test samples and report results to the LHD and the LRN Sentinel Laboratory.
- Serve as single points of contact for LRN Sentinel Laboratories within the designated geographic catchment areas.
- Provide assistance on issues such as sample preparation, documentation, chain of custody and transport.
- Provide guidance and assist in training LRN Sentinel Laboratory staff to conduct rule-out testing prior to submission to the Reference Laboratory.
- Support and coordinate surge testing when the capacities of other laboratories have been exceeded.
- Contact CDPH if the agent cannot be identified or when definitive characterization is needed. CDPH will analyze or refer the cultured isolates or specimen(s) to the LRN National Laboratory. CDPH will contact the submitting LHD and LRN Sentinel Laboratory when the sample has been submitted to the National LRN Laboratory.
- CDPH reports LRN National Laboratory results to the LHD and the LRN Sentinel Laboratory.

LRN National Laboratories

LRN National Laboratories include the U.S. Centers for Disease Control and Prevention, U.S. Army Medical Research Institute of Infectious Diseases and the Naval Medical
Research Center. The LRN National Laboratories conduct specialized strain characterizations, bioforensics, select agent activity, and handling of highly infectious biological agents that can cause severe morbidity or mortality in humans and for which vaccines or other treatments may not be available. Activities include:

- Test samples and report results to CDPH.
- Provide assistance on issues such as sample preparation, documentation, chain of custody and transport.
- Provide guidance and assist in training LRN Reference Laboratories.
- Support and coordinate surge testing when the capacities of other laboratories or the LRN are exceeded.

**LEMSA**

- Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
  - MHOAC Program.

- Provide protocols and guidance to EMS providers on personal protective equipment.

- Report potentially exposed EMS personnel to the LHD; screening and/or necessary treatment after exposure should be the responsibility of the worker’s compensation occupational health service provider.

- Provide situational information to the MHOAC Program in accordance with local policies and procedures.

- If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support (“wrap around services”) such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

- Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.
MHOAC Program

- Notify:
  - RDMHC Program;
  - CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program);
  - Emergency management agency for the Operational Area and other agencies in accordance with local policies and procedures;

- Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

- Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:
  - RDMHC Program;
  - CDPH and EMSA Duty Officer Programs (or JEOC if activated);
  - Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

- Provide updated Medical and Health Situation Reports as follows:
  - Once during each operational period at agreed upon times;
  - When significant changes in status, prognosis or actions are taken; and
  - In response to State/Regional agency request as communicated by the RDMHC Program.

- Coordinate with the affected field-level entities, LHD, EHD, LEMS, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

- Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

- Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

- If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:
  - RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

**RDMHC Program**

☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).

☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.

☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.

☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.

☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
CDPH Division of Communicable Disease Control

The CDPH DCDC implements State-level activities to control the spread of disease and respond to communicable disease emergencies. During an unusual event or emergency involving communicable diseases, CDPH DCDC works with affected LHDs and other local response agencies when requested. CDPH DCDC supports State-level response activities in coordination with the JEOC. CDPH DCDC will also:

- Notify:
  - Partner agencies and appropriate CDPH DCDC programs;
  - CDPH Duty Officer Program if the report came directly to CDPH DCDC.
- Identify laboratory capacity through the LRN-B (reference) or other networks that may be available to provide specific expertise for immediate support.
- Ensure the integrity of the laboratory, epidemiology and surveillance processes стратегий in support of response efforts.
- Support and coordinate statewide investigation and response activities, particularly for emergencies involving multiple LHDs.
- Collaborate with local partners and subject matter experts to develop guidance (e.g., community mitigation activities and infection control) for LHDs and health care providers to adopt as appropriate and coordinate distribution through the JEOC.
- Provide direct support to LHDs when requested.
- Coordinate with other states and federal agencies and programs to provide access to subject matter expertise.
- Through the CDPH Microbial Diseases Laboratory Branch:
  - Analyze samples for bacterial, fungal (coccidiomycosis only), and parasitic agents as well as toxins (e.g., ricin, botulism, staphylococcal enterotoxin B and other microbial toxins). Refer specimens for other testing to appropriate laboratories.
  - Provide diagnostic testing for enteric diseases and special pathogen identification; mycobacteriological and mycological testing; and environmental microbiological testing for various media such as water, shellfish and food.
COMMUNICABLE DISEASE

- Test or refer environmental samples to other appropriate laboratories to test for bioterrorism agents.
- Provide consultative and laboratory services to LHDs.
- Function as the State-level laboratory for the LRN-B for microbial, parasitic and mycotic diseases and facilitate access to LRN National Laboratories.

Through the CDPH Viral and Rickettsial Diseases Laboratory Branch:
- Analyze samples for influenza and other viral and rickettsial agents; screen samples for rule out of smallpox and viral hemorrhagic fever agents; and refer specimens if necessary for further laboratory testing.
- Test samples to rule out bioterrorism agents.
- Work closely with local and federal partners in viral and rickettsial disease outbreaks.
- Provide consultative and laboratory services to LHDs.
- Coordinate the Respiratory Laboratory Network.
- Provide surge support for local and federal laboratories, and conduct screening and definitive testing for disease control programs.
- Function as the State-level laboratory for the LRN-B for viral and rickettsial diseases and facilitate access to LRN National Laboratories.

**CDPH Duty Officer**

- Notify and share information with local and State agencies, including LHD/EHDs, DCDC and other CDPH Programs, MOHAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

**EMSA Duty Officer**

- Notify and share information with local and State agencies, including the LEHMSA, RDMHC Programs, MOHAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

**Joint Emergency Operations Center (if activated)**

The Joint Emergency Operations Center (JEOC) activates during a communicable disease emergency to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MOHAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the
JEOC

Additional Agencies

Resource Management

CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.

- Activate the Richmond Campus Coordination Center (RCCC) as a satellite to the JEOC to connect CDPH programs located at the Richmond Campus, including CDPH DCDC and its laboratories, with the JEOC’s emergency response operations.
- Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDS and LEMSAs, and support requests for State-level program information.
- Resolve inconsistencies in received information.
- Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.
- Coordinate statewide distribution of resources, including vaccines, pharmaceuticals and medical assets.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during unusual events and emergencies involving communicable disease in addition to agencies/entities that provide assistance and support.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
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</thead>
<tbody>
<tr>
<td>CDPH Emergency Preparedness Office (EPO)</td>
<td>- Maintains pharmaceuticals and medical caches and coordinates access to additional resources such as the Strategic National Stockpile.</td>
</tr>
<tr>
<td>Federal Bureau of Investigation (FBI)</td>
<td>- Lead agency in event of a known terrorist incident or threat against the food supply.</td>
</tr>
<tr>
<td></td>
<td>- Coordinates with CDPH Food and Drug Branch (FDB) on the investigation of tampering, extortion, and terrorism related to food products.</td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>- Provides national-level communicable disease expertise/resources, including CDC laboratories.</td>
</tr>
</tbody>
</table>

RESOURCE MANAGEMENT

CDPH DCDC maintains specialized resources to support field-level entities, LHDs, and response agencies during emergencies involving communicable diseases, including:
- Epidemiologic and surveillance staff;
Subject matter expertise for State-level communications including hotlines to support healthcare providers and LHDs and to provide public information;
- Staff with communicable disease control expertise;
- Vector control staff;
- Policy and guidance preparation, including guidance on community mitigation activities and infection control;
- Subject matter expertise for analysis and reporting of data;
- Assistance with obtaining and distributing certain vaccines; and
- Laboratory analytical capability for identification and confirmation of infectious and communicable disease agents.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with the Standardized Emergency Management System (SEMS).

**ADDITIONAL INFORMATION**

**California State Warning Center:**
Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911
Email: Warning.Center@ops.calema.ca.gov

**CDPH Division of Communicable Disease Control:**

Telephone: (916) 552-9700 during normal business hours (call the CDPH Duty Officer Program outside of normal business hours).

**CDPH Duty Officer:**

Telephone: (916) 328-3605
Email: CDPHDutyOfficer@cdph.ca.gov
Response Actions

The response actions described in this chapter assume that a HCF anticipates activation or has activated its Disaster Plan in response to an emergency or incident that threatens the welfare, safety or health of patients, visitors or staff. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Health Care Facilities

To ensure continuity of patient care and protect the health and safety of patients and staff, the HCF should activate its Disaster Plan as appropriate. In addition, the HCF should:

- Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - LHD;
  - LEMS;
  - CDPH L&C District Office. If the CDPH L&C District Office cannot be contacted due to an after-hours event or damage to the CDPH L&C district office, contact the CDPH Duty Officer Program.
  - OSHPD;
  - Other agencies/entities such as public safety agency and local emergency management.
- Manage the incident in accordance with its disaster plans, policies, and procedures.
- Coordinate with response partners and integrate into the emergency response structure (e.g., MHOAC Program, field-level Incident Command, or DOCS/EOCs if established) in accordance with local policies and procedures.
- Provide situational information to the appropriate local agency in accordance with local policies and procedures.
- If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMS. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
LHD
- Notified
- If the jurisdiction
  Program will coordinate
  logistical resource
  through the JEOC.
- If requested resources cannot
  agreements, prepare a resource
  request to the:
  - RDMHC Program, which
  - Emergency management
  - Program, which
  - CDPH.
- Emerg activ
- Coordination
- DOC

LEMSA
- Notified
- If the LEMSA Program
  will coordinate
  logistical support for
  the:
  - RDMHC Program, which
  - CDPH.
- Emerg activ
- Coordination
- DOC

MHOAC Program
- Notify:
  - RDMHC Program, which
  - CDPH.
- Emerg activ
- Prepare a resource
  request to the:
  - RDMHC Program, which
  - CDPH.
- Emergency management
  activated.
- Support the Medical and Health
  Service Branch of the REOC.

RDMHC Program
- Notify and coordinate with
  the
- Procedure, including
  the
- In response
  the

Confirm that the MHOAC Program
- the CDPH and/or EMSA Duty
  Officer immediately.
- Confirm that the MHOAC Program
  the Emergency Management
  activated; if not, submit immediate

Confirm that the Cal EMA Regional Duty Officer
- the information contained in the Medical and Health
  Situation Report, if not, submit immediately.
- If resources are requested, immediately begin the process of filling the resource request
  by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper
  tracking and fulfillment of the resource request.
- Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request
  is being processed.
- Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated),
  and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and
  delivery details if the request is filled within the Mutual Aid Region.
- Coordinate with the JEOC to ensure that information, policy-level decisions for response
  activities, and guidance developed by State-level programs are distributed to the MHOAC
  Program(s).
- Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if
  activated.

CDPH Licensing and Certification Program
CDPH L&C coordinates with the affected HCF and local response agencies (e.g., LHD and LEMSA) for
the duration of the emergency. CDPH L&C should:
- Contact the affected HCF and/or send a CDPH L&C District Office representative to the
  HCF upon notification that the HCF has experienced an unusual event or emergency.
  - Determine the status of the HCF.
  - Assess the ability of the HCF to continue to provide care and protect the health and safety of
    patients and staff.
  - Monitor the care provided to patients in affected facilities and/or relocation sites.
  - Track HCF status.
- Notify the CDPH Duty Officer Program or JEOC if activated and provide situational
  information.
- Notify the MHOAC Program of L&C activities within the affected Operational Area and
  coordinate with the MHOAC Program to share situational information.
- Depending on the needs of the emergency and staff availability, CDPH L&C may send an
  Agency Representative, when requested, to the primary medical and health coordination
  office.
**CDPH Duty Officer**
- Notify and share info
- Programs, MHOAC
- If the JEOC activates, JEOC.

**EMSA Duty Officer**
- Notify and share info
- Programs, MHOAC Program
- Contact outside JEOC

**Joint Emergency Operation**
- The Joint Emergency Operations Center (JEOC) is a central point for state-level response of CDI.
- Functions as a central point for programs, MHOAC Programs, and state-level activities.
- Determine the statewide impact of the event.
- Prepare for the event's impact.
- Monitor medical and non-medical resources needed, and fill resource gaps.

**Office of S**
- Base dispensing
- Preparedness
- Resource

**Other Response Agency**
- The table below identifies the agencies/entities that provide support to HCFs.

---

**NAME**

| U.S. Department of Health and Human Services/Centers for Medicare and Medicaid Services (CMS) | CDPH Radiologic and Health Branch |
| County of Los Angeles | Wilcox CD |
| Local Ombudsman | Washington |
| Local Government Agency Responsible for Code Enforcement | Washington |
| Local Public Safety Agencies (e.g., Fire, Law Enforcement) | Washington |

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**RESOURCE MANAGEMENT**

HCFs should attempt to procure their health care system, or through emergency system activation, the medical and non-medical resources needed, and fill resource gaps.

**ADDITIONAL INFORMATION**

**California State Warning Center:**

Note: Hazardous materials spills are listed on the California State Warning Center (CSWC). Other no statutes and regulations.

Telephone: (916) 845-8911

**CDPH Duty Officer:**

Telephone: (916) 328-3605

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakersfield District Office</td>
<td>200 Discovery Plaza, Suite 120 Bakersfield, CA 93309</td>
<td>(661) 336-0534 or (661) 222-1903</td>
<td>(661) 336-0529</td>
</tr>
<tr>
<td>Chico District Office</td>
<td>126 Mission Ranch Boulevard Chico, CA 95926</td>
<td>(530) 895-6711 or (800) 554-0350</td>
<td>(530) 895-6723</td>
</tr>
<tr>
<td>Daly City District Office</td>
<td>350 9th St, 2nd Floor Daly City, CA 94015</td>
<td>(650) 301-9971 or (800) 554-0353</td>
<td>(650) 301-9970</td>
</tr>
<tr>
<td>East Bay District Office</td>
<td>850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403</td>
<td>(510) 620-3900</td>
<td>(510) 620-5820</td>
</tr>
<tr>
<td>Fresno District Office</td>
<td>285 West Bullard, Suite 301 Fresno, CA 93704</td>
<td>(559) 437-1500 or (800) 554-0351</td>
<td>(559) 437-1555</td>
</tr>
<tr>
<td>Los Angeles District Office</td>
<td>12440 E. Imperial Highway, Suite 522 Norwalk, CA 90650</td>
<td>(562) 345-6884</td>
<td>(562) 409-5096</td>
</tr>
<tr>
<td>Orange County District Office</td>
<td>2150 Towne Centre Place, Suite 210 Anaheim, CA 92806</td>
<td>(714) 456-0630 or (800) 228-3234</td>
<td>(714) 456-0643</td>
</tr>
<tr>
<td>Redwood Coast/Santa Rosa</td>
<td>2170 Northpoint Parkway Santa Rosa, CA 95407</td>
<td>(707) 576-6775 or (866) 784-0703</td>
<td>(707) 576-2037</td>
</tr>
<tr>
<td>Riverside District Office</td>
<td>625 E. Carnegie Drive, Ste 280 San Bernardino, CA 92408</td>
<td>(909) 388-7170 or (888) 354-9203</td>
<td>(909) 388-7174</td>
</tr>
</tbody>
</table>
EOM FUNCTION SPECIFIC TOPICS

- Greater detail
- Major Response Roles of PH & M
- Find yourself… Field to State (beyond)

Each function-specific topic is organized according to the following sections:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PURPOSE</th>
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</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>• Provides an overview of the functional topic.</td>
</tr>
<tr>
<td>Response Actions</td>
<td>• Describes the progression of response actions and identifies the responsibilities of primary medical and health response agencies/entities.</td>
</tr>
<tr>
<td>Resource Management</td>
<td>• Briefly describes specialized resources currently maintained by CDPH or EMSA.</td>
</tr>
<tr>
<td>Other Response Agencies/Entities</td>
<td>• Briefly describes the role of other response agencies/entities.</td>
</tr>
<tr>
<td>Additional Information</td>
<td>• Provides additional information as needed.</td>
</tr>
</tbody>
</table>
Emergency Function # 8 – Public Health and Medical

• Emergency Function (EF)
  – EF-8 Public Health, Medical and Mental Health
  – Emergency Support Functions (ESF) Fed Level
Development of Emergency Function 8: Public Health and Medical

Phase 1 (completed)

• Draft EF8 Annex to the State Emergency Plan focused primarily on CDPH and EMSA scope of activities
Phase 2 (current effort)

- EF 8 Advisory Committee expansion
  - MHOAC
  - RDMHC/S
  - ARC
  - CNG
  - EMS
  - Other Departments within CHHS Agency
• Formation EF 8 Technical Committee
  o Role of EF 8 Coordinator (REOC, SOC, JFO)
  o EF 8 Situation Report for use by support and coordination stakeholders
  o Development of a State-level Emergency Resource Directory