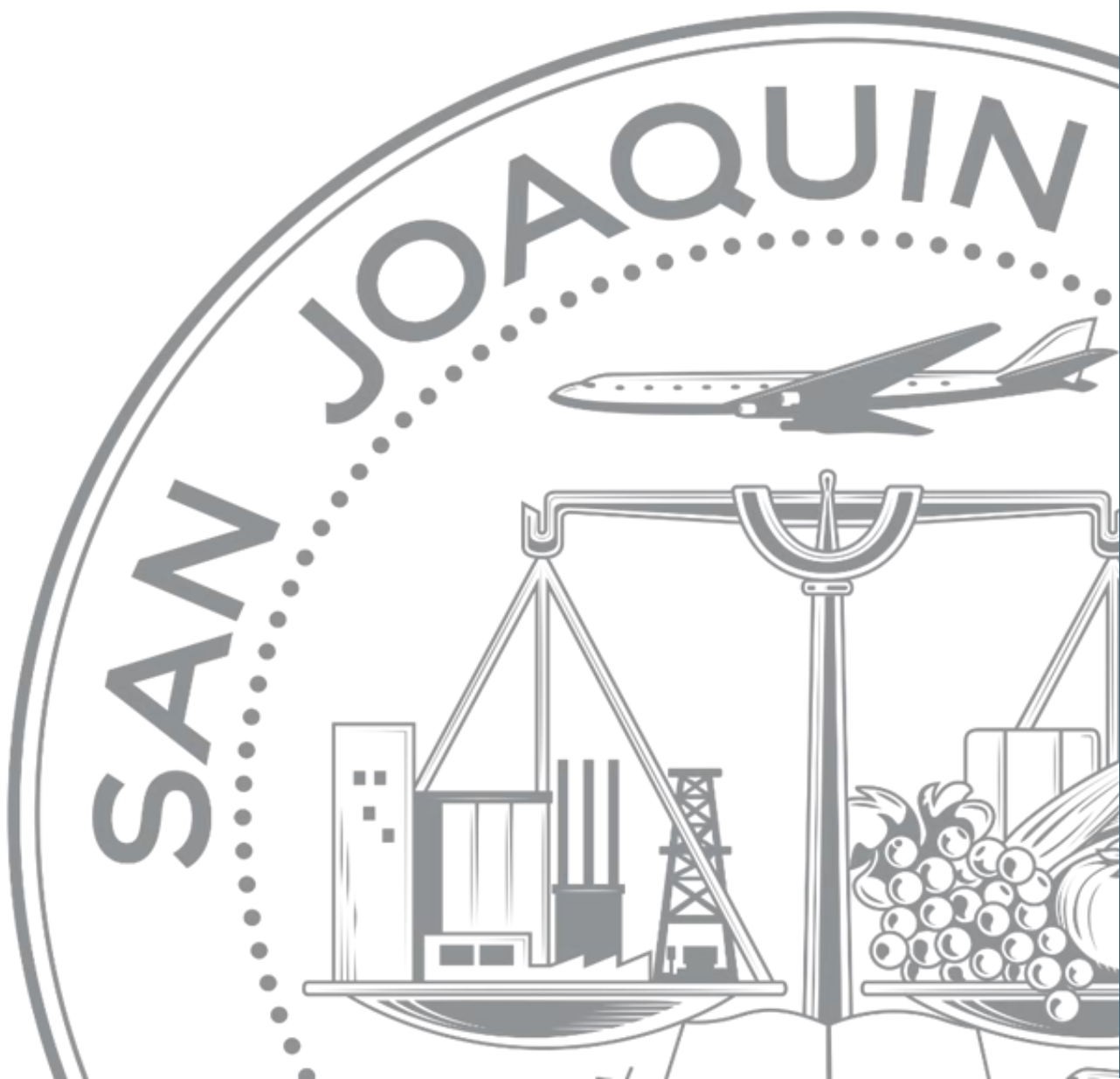


ESF-08 Public Health and Medical Annex

July 23, 2020



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Letter of Promulgation

This Emergency Support Function Annex to the County of San Joaquin Emergency Operations Plan describes how San Joaquin County will manage emergency incident or disaster mitigation, preparedness, response, and restoration related to this Emergency Support Function. All Primary and Support agencies identified as having assigned responsibilities in this Emergency Support Function shall perform the emergency tasks as described to include preparing and maintaining Standard Operating Guidelines and Procedures, and by carrying out the training, exercises and plan maintenance needed to support the plan.

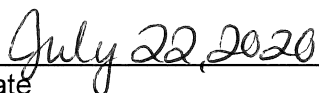
This Emergency Support Function plan was developed using the Comprehensive Planning Guide 101 version 2 from the Federal Emergency Management Agency and California's emergency planning guidance documents. Adoption will occur following the established maintenance schedule; however, the plan may be modified in the interim without prior approval and formal adoption under the direction of the Director of Emergency Operations. The modified plan will be relayed digitally to all Primary and Support agencies identified as having assigned responsibilities in this Emergency Support Function. In addition, the plan will be available on the San Joaquin County Office of Emergency Services webpage and within the Advanced File Library of WebEOC. The Primary assigned agency will coordinate the review and update of the plan with the Support agencies as needed at least every two years. This Emergency Support Function plan supersedes any previous versions.

This Emergency Support Function Annex applies to Primary and Support agencies within San Joaquin County who are assigned responsibilities in *Section 4.3.1 Responsibilities by Emergency Support Function* of the All-Hazard Emergency Operations Plan and/or identified within the Emergency Support Function Annex.

This plan replaces previous annexes of the same title.

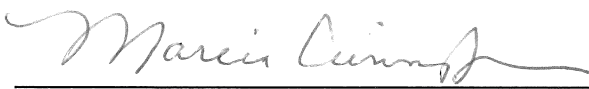


Shellie Lima
Director Emergency Operations

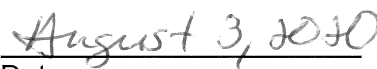


Date

This plan/annex will be formally promulgated by the chairperson of the Disaster Council of San Joaquin County at the next regularly scheduled meeting. The Disaster Council is empowered by County Ordinance to review and approve emergency and mutual aid plans.



Marcia Cunningham
Chair, San Joaquin County Disaster Council
Director of Emergency Services



Date

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Plan Administration

San Joaquin County Office of Emergency Services Director of Emergency Operations will coordinate review, revise, and re-promulgate this annex at least once every two years or when key changes occur, such as lessons learned from exercises or real events. Changes may be made by the San Joaquin County Director of Emergency Operations without formal Disaster Council’s approval. This document supersedes all previous Emergency Support Function Public Health and Medical annexes (ESF-08) for the Operational Area.

Record of Changes

All updates and revisions to this annex will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

Date	Change No.	Change made by (name/title)	Summary of Changes
2/25/2020	1	Heyer/Emergency Planner	Updated- Dates and changed Emergency Services Council to Disaster Council per County Ordinance

Plan Distribution

San Joaquin County Office of Emergency Services maintains the San Joaquin County Emergency Operations Plan in the San Joaquin County Emergency Operations Center Library. This document upon signature will become an annex to the Emergency Operations Plan. The primary method of Emergency Operations Plan distribution is electronic, with a copy available in the Advanced File Library of the San Joaquin County Web based information sharing database WebEOC and on the San Joaquin County Office of Emergency Services Web page.

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- Primary Agency:** Medical Health Operational Area Coordinator
- Supporting Agencies:** San Joaquin County Healthcare Services
San Joaquin County Public Health Services
San Joaquin County Emergency Medical Services Agency
San Joaquin County Behavioral Health Services
San Joaquin County Environmental Health Department
San Joaquin County Agricultural Commissioner’s Office
San Joaquin County Office of Emergency Services
San Joaquin County Sheriff’s Office
San Joaquin County Office of the Medical Examiner
San Joaquin Operational Area Healthcare Coalition

1 EXECUTIVE SUMMARY

The Emergency Support Function (ESF)-08 Public Health and Medical Annex provides the framework for managing the public health and medical aspects of emergencies that exceed routine response capabilities. This annex defines the scope and emergency management activities of the stakeholders. This function is complex and involves many organizations in San Joaquin County (County), both public and private. There are several plans maintained throughout the County that may be activated, depending upon the specific area or population in question. See section 11 for a list of agency/department plans pertaining to this ESF

2 INTRODUCTION

2.1 PURPOSE

The ESF-08 Annex outlines the methods of response and coordination of the functions under Public Health and Medical during a disaster response. This function requires coordination between county and local health and medical resources to respond to public health and medical needs following a significant disaster. It is activated upon the request of the Incident Commander (IC) Public Health Officer or Medical Health Operational Area Coordinator (MHOAC).

2.2 SCOPE

ESF-08 involves identifying and meeting the public health and medical needs of victims of a significant emergency or disaster. ESF-08 includes both public and private organizations. County government agencies include San Joaquin County Emergency Medical Services Agency (San Joaquin EMS Agency), San Joaquin General Hospital (SJGH), Public Health Services (PHS), Behavioral Health Services (BHS), Environmental Health Department (EHD), and the Office of the Medical Examiner. Non-government organizations include private hospitals, clinics, long-term care facilities, ambulance companies, dialysis centers, and pharmacies.

These guidelines are not intended to circumvent the use of training, practice, experience, and judgment of the primary and support agencies involved in the delivery of this ESF. This plan adopts an all-hazards approach to coordinating disaster mitigation, preparedness, response, and recovery for public health, medical providers, and support service organizations in the County.

During an emergency response, County agencies retain their respective administrative authorities but coordinate within the MHOAC structure.

3 GUIDELINES

The MHOAC position can be assigned to either the County Public Health Officer or the San Joaquin EMS Agency Administrator. The assignment of the MHOAC position is jointly agreed upon by both parties. For this County the San Joaquin EMS Agency Administrator serves as the MHOAC.

Per California Health and Safety Code, Division 2.5, Article 4, Section 1797.153, the MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local Emergency Medical Services agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the Regional Office of the Office of Emergency Service, shall be responsible for ensuring the development of a medical and health disaster plan for the operational area, including the following:

- 1) Assessment of immediate medical needs.
- 2) Coordination of disaster medical and health resources.
- 3) Coordination of patient distribution and medical evaluation.
- 4) Coordination with inpatient and emergency care providers.
- 5) Coordination of out-of-hospital medical care providers.
- 6) Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services.
- 7) Coordination of providers of non-fire based pre-hospital emergency medical services.
- 8) Coordination of the establishment of temporary field treatment sites.
- 9) Health surveillance and epidemiological analyses of community health status.
- 10) Assurance of food safety.
- 11) Management of exposure to hazardous agents.
- 12) Provision or coordination of mental health services.
- 13) Provision of medical and health public information protective action recommendations.
- 14) Provision or coordination of vector control services.
- 15) Assurance of drinking water safety.
- 16) Assurance of the safe management of liquid, solid, and hazardous wastes.
- 17) Investigation and control of communicable disease.

The San Joaquin EMS system operates under the medical control of the San Joaquin EMS Agency Medical Director and following San Joaquin EMS Agency policies¹. Multi-Casualty Incidents are managed in accordance with the California Office of Emergency Services (Cal OES) Region IV Multi-Casualty Incident (MCI) plan.

During an MCI, the Control Facility (CF), located at SJGH, provides Medical Branch/Group personnel with patient destinations. San Joaquin EMS Agency Policy and the California Patient

¹ <https://www.sjgov.org/ems/policies.htm>

Movement Plan² will govern mass patient movement either into or out of the county.

The Public Health Officer, as the County Health Officer³ is authorized to implement measures as necessary to control communicable diseases exposure or contamination of food, water, and environmental resources, including a declaration of a local health emergency in the County.

² https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf

³ California Health & Safety Code Section 101075 et seq. and San Joaquin County Ordinance 4-3010.

4 PLANNING ASSUMPTIONS

The following planning assumptions have been used to develop this ESF. 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:

1. If the health and medical system is functioning, the need for alternate care facilities will not be necessary.
2. Natural, technological, and biological emergencies or disasters can overwhelm County health and medical facilities and services requiring emergency coordination of resources.
3. Health and medical facilities may be severely damaged, destroyed, or rendered unusable.
4. Infrastructure (transportation, communication, utilities, etc.) may be damaged and impact the ability of the county's health and medical services to be effective.
5. Conditions caused by disasters or disease outbreaks may affect the availability of medical and non-medical resources needed by healthcare organizations and providers needed to deliver care. Under circumstances of resource scarcity, available resources may need to be prioritized, and the level of care may need to change to do the greatest good for the community.
6. Infrastructure damage and disruption may increase the potential for disease and injury.
7. Interruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.
8. Contamination of food and water supplies may increase the potential for disease and injury.
9. During or following a disaster, the availability of medical care personnel may be limited due to injury, illness, personal concerns/needs, or limited access to work locations.
10. Operational medical facilities may be overwhelmed with a surge in patients following a disaster.
11. Surveillance for communicable disease will be needed during emergencies and disasters.
12. Hospitals, long-term care facilities, other inpatient and outpatient facilities, and pharmacies may rely on existing emergency service contracts with appropriate vendors for medical equipment, pharmaceuticals, linens, and other day-to-day supplies. These facilities are expected to plan and stock for a minimum of four days of self-sufficiency.
13. The damage and destruction caused by an emergency or disaster will produce urgent needs for mental health crisis counseling and spiritual support for disaster victims and emergency response personnel.
14. The medical system (emergency medical, public health, and related services) will be restored to normal operations during the recovery period as soon as possible and within the limitations and capabilities of the County following the emergency or disaster.
15. Health and medical agencies may require increased levels of physical protection for their staff, facility and its contents, following a disaster.
16. Recovery operations will include a public health assessment of food, water, and sanitation to ensure the safety of the public's health.

5 CONCEPT OF OPERATIONS

5.1 GENERAL

The level of ESF–08 activation will be dependent upon the magnitude of the emergency or disaster. The County Emergency Operations Center (EOC) will activate per the County Emergency Operations Plan (EOP) and ESF–05 Management. The EOC Director will determine staffing levels and operational periods. Notification will be made to the Primary County Agencies listed in this ESF. The Primary County Agencies will coordinate with Supporting County Agencies to assess and report current capabilities to the EOC and activate Departmental Operations Centers (DOC) as appropriate.

The County Health Officer and the San Joaquin EMS Agency Administrator will jointly appoint the Medical Health Branch Director and Deputy Branch Director, to support medical health incident operations, to maintain and share a common operating picture of medical health incidents, and to coordinate medical health mutual aid requests. The Medical Health Branch does not manage incident tactics, nor does it replace or supersede the emergency response, jurisdictional or statutory roles or responsibilities of individual county agencies, departments or their DOCs.

Agencies in this function will maintain a workable emergency operations plan, identifying critical personnel and responsibilities, an emergency chain of command, appropriate emergency notification procedures, and alternate work locations.

5.2 ACCESS AND FUNCTIONAL NEEDS

Provision of public health and medical-related activities will take into account people with disabilities and people with access and functional needs. The needs of children and adults who experience disabilities or access and functional needs shall be identified and planned for as directed by policymakers and according to state and federal regulations and guidance.

5.3 BIOLOGICAL INCIDENTS

Disease outbreaks may be naturally occurring, as in “routine” reportable disease outbreaks and pandemic influenza, or deliberate, as in bioterrorism. Routine or minor disease outbreaks will be managed according to local, state, and federal public health protocols. When PHS suspects that a disease outbreak may become a major incident or may be the result of an intentional or terrorist act, PHS will report the issue to the San Joaquin County Sheriff’s Department for law enforcement investigation.

5.4 WATER, FOOD, OR ENVIRONMENTAL CONTAMINATION INCIDENTS

Contamination of food, water, crops, livestock, or the environment may be caused by natural, accidental, or deliberate events. Natural causes include contamination caused by flooding or other natural disasters, algae blooms that can produce dangerous toxins, and vector-driven, or other natural disease outbreaks in animals. Accidental causes include system malfunctions; pesticide, agricultural chemical or other accidental releases into groundwater/drinking water supply; unintentional contamination of crops or foods; or hazardous materials accidents. Deliberate causes include vandalism, sabotage or terrorism.

Public Health Services will coordinate field investigations, sample collection, and laboratory testing; collaborate with County agriculture officials on pesticide incidents, animal control activities, and vector control activities; provide technical assistance/serve as subject matter experts for the Joint Information System (JIS) and EOC staff and coordinate with law

enforcement on incident investigations. Incident operations will be coordinated through the EOC.

5.5 MEDICAL COUNTERMEASURE DISPENSING

The Strategic National Stockpile (SNS), managed by the Centers for Disease Control and Prevention (CDC), contains large quantities medical countermeasures and supplies to protect the public in a health emergency. The SNS includes antibiotics, chemical antidotes, antitoxins, life support medications, IV administration, airway maintenance supplies, drugs to treat radiation exposure, and medical/surgical items. Push Packages of pharmaceuticals, antidotes, and medical supplies designed to respond to an ill-defined threat can be deployed within 12 hours. Additional managed inventory supplies that can be tailored to provide pharmaceuticals, supplies, and/or products specific to the suspected or confirmed agent(s) or event will arrive within 24 to 36 hours.

The CHEMPACK⁴ program, one component of the SNS, provides locally stored supplies of antidotes for people who have been exposed to nerve agents or organophosphates. These CHEMPACK assets are stored at locations within the County and are available for immediate use during a catastrophic emergency for which locally available supplies are insufficient. The MHOAC is the point of contact to access these supplies.

The California Department of Public Health (CDPH) will receive the drugs and medical supplies and is responsible for distribution to the local Receipt, Storage, and Staging Warehouse (RSS). PHS will dispense the pharmaceuticals and supplies in accordance with state guidelines using points of dispensing (POD) plans and other pre-identified distribution methods, including plans for delivery to first responders and at-risk populations. PHS maintains these plans.

5.6 MASS FATALITY MANAGEMENT

Health Care Service (HCS) Administration will lead the HCS Divisions on planning for mass fatality management.

Future mass fatality planning activities will appropriate HCS Divisions and stakeholders and focus on addressing the following areas: the jurisdictional medical-legal authority for the tracking and documenting of human remains and associated personal effects; reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible); establishing temporary morgue facilities; process requirements for determining the cause and manner of death in a mass fatality environment; performing postmortem data collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and preparing, processing, and returning human remains and personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary affairs.

Death certificates for all deaths in the County will be managed and issued by PHS Vital Statistics.

Public resources may be requested through the Coroner Mutual Aid System. Private resources will be requested through identified logistics processes during the emergency activation, if expanded temporary morgues assets are required.

⁴ <https://chemm.nlm.nih.gov/chempack.htm>

5.7 COORDINATION WITH OTHER ESFS

The following ESFs support health and medical-related activities:

- **ESF 1 – Transportation.** Support transportation of health and medical resources to and from RSS, PODs and other related facilities.
- **ESF 2 – Communications.** Support emergency communications for ESF-08 agencies and organizations
- **ESF 4 – Fire and Rescue.** Provide pre-hospital care.
- **ESF 5 – Management.** Support incident response and logistics needs.
- **ESF 6 – Care and Shelter.** Coordinates shelter support for displaced victims during an emergency and reunification services. Provide support for survivors sheltering in place within general population shelters.
- **ESF 7 – Resources.** Provide logistics support and tracking of resources.
- **ESF 10 – Hazardous Materials.** Provides decontamination of disaster victims contaminated by hazardous materials.
- **ESF 11 – Food and Agriculture.** Supports and coordinates activities impacting the agriculture and food industry.
- **ESF 13 – Law Enforcement.** Provides safety, security and traffic control needs for RSS, PODs, other related facilities and supports Coroner activities.
- **ESF 15 – Public Information.** Provides support for information sharing with the public to assist with ensuring safety of the public.
- **ESF 17 – Volunteer and Donations Management.** Provides coordination with volunteer resources and management of items donated in an emergency.

6 DIRECTION AND CONTROL

The County is responsible for coordinating the emergency response in unincorporated areas of the County and response to public health and medical emergencies throughout the County. The County will support cities and special district responses when requested in accordance with SEMS.

6.1 LOCAL GOVERNMENT

Cities have primary responsibility for the safety and well-being of their citizens and resource allocation and emergency operations within their jurisdictions.

City officials are required to notify the San Joaquin County Sheriff/Coroner of any unattended deaths or mass fatality incidents, with local enforcement securing the scene until the Coroner arrives.

Cities may enact emergency ordinances granting them the authority to declare a local emergency and impose emergency measures within their jurisdictions to protect citizens and keep the peace. Cities will typically proclaim an emergency to invoke emergency powers or to request resource assistance. Cities may request County assistance via the Operational Area Mutual Aid Agreement.

Cities are expected to have EOPs and to work closely with OES to integrate preparedness, response, and recovery activities. A mutual aid agreement between the County, Cities and Special Districts is available to all jurisdictions that choose to participate entitled, "Cooperative Agreement for Participation in San Joaquin County Emergency Management Organizations and Incident Command Systems." The agreement establishes procedures for requesting and providing mutual aid resources in a major emergency or disaster. A copy of the agreement is maintained in the County EOC library.

Because a response to a major health or medical emergency will involve multiple agencies and/or jurisdictions, local entities should notify appropriate county agencies immediately of a significant incident that has the potential to cause a request for assistance and/or mutual aid resources from outside the city. When the County receives notification, it will alert adjoining jurisdictions as appropriate. Insofar as possible, Emergency Proclamations will be coordinated among affected jurisdictions to establish the emergency area boundaries, emergency measures to be invoked, time frame for the state of emergency, as well as resource needs and allocations.

6.2 OPERATIONAL AREA

The MHOAC is responsible for coordinating public health, medical, behavioral health, and environmental health response, beyond daily operations, to emergencies within the County boundaries. Furthermore, the MHOAC coordinates all medical and health mutual aid requests into and out of the Operational Area.

The County Health Officer and the San Joaquin EMS Agency Administrator will jointly appoint the EOC Medical Health Branch Director and Deputy Branch Director, as needed. However, during an after-hours or weekend activation, the MHOAC or designee may initially respond and serve as the EOC Medical Health Branch Director.

PHS as part of normal operations manages minor disease outbreak, contamination, or exposure incidents using internal operating procedures. If PHS determines that the incident has the potential to affect partner agencies or is likely to become a major health emergency, PHS staff will contact the MHOAC. If there is a need to activate the EOC, the MHOAC will notify the OES Duty Officer. See the ESF-05 Management Annex for details on EOC activation.

HCS Administration is the lead agency for mass fatality planning as specified in Section 5.6.

Incident/Unified Command coordinates incident response and may request or provide mutual aid according to existing mutual aid agreements. Requests for assistance outside of existing mutual aid agreements will be coordinated through the EOC. Mutual aid for Law Enforcement and Fire resources are coordinated through their respective Mutual Aid Coordinator (See ESF-04 Fire and Rescue, or ESF-13 Public Safety and Security for more information).

6.3 REGION

California has been divided into six mutual aid regions. The County is part of Mutual Aid Region IV. Region III, IV, and V are all part of the Inland Region administratively. When requests for any medical and health resources cannot be obtained locally or through existing agreements, the MHOAC will work with the Regional Disaster Medical Health Specialist (RDMHS). The RDMHS will coordinate with the unaffected Operational Areas (OAs) within the Mutual Aid Region, and coordinate with the Inland Region Emergency Operations Center (REOC), if activated at the administrative level. If an incident response requires resources beyond those available at the Regional level, the RDMHS will request additional resources through the Governor's Office of Emergency Services State Emergency Operations Center (SOC), and will work closely with the MHOAC and the EOC logistics section.

The County participates in the Mutual Aid Region IV MCI Agreement that provides a framework for counties to request mutual aid resources from each other. Emergency assistance may include resources such as medical countermeasures, medical equipment and supplies, personnel, or the direct provision of services. The MHOAC maintains this agreement. To receive reimbursement for resource assistance provided under the Mutual Aid Plan, participants must agree to a reimbursement request in writing before resources are dispatched.

6.4 STATE AND FEDERAL ASSISTANCE

6.4.1 State

The California Health and Human Services Agency (CHHS) is the Lead Agency/Department for ESF-08. CHHS has designated the California Emergency Medical Services Authority (EMSA) and the California Department of Public Health (CDPH) as the lead departments responsible for facilitating ESF-08 coordination. Several other state agencies provide support to this function, including Department of Health Care Services, Department of Developmental Services, Department of Social Services, Office of Statewide Planning and Development, Managed Risk Medical Insurance Board, California Department of Managed Health Care, and the Governor's Office of Emergency Services.

CDPH provides water quality monitoring, monitoring, and control of communicable diseases, technical assistance, laboratory support for CBRNE incidents, coordination with federal health agencies, and distribution of the SNS to local health departments. Division of Communicable Disease Control (DCDC) provides State-level leadership and is responsible for State-level communicable disease surveillance, outbreak detection, and outbreak investigation. CDPH DCDC coordinates with PHS to investigate and control communicable diseases, and directly supports PHS when requested.

6.4.2 Federal

If Federal assistance is required, it will be provided under the National Response Framework's ESF-8 – Public Health and Medical Services.

The Department of Homeland Security is responsible for coordinating federal operations within the U.S. to prepare for, respond to, and recover from terrorist attacks and other emergencies.

The Department of Health and Human Services is the lead federal agency for public health and medical support functions during a response to a major health emergency that requires federal assistance.

The Federal Bureau of Investigation serves as the lead law enforcement agency for terrorist incidents in the U.S. and will be involved in threat assessment, intelligence analysis, and criminal investigation for any threatened, suspected, or confirmed bioterrorist act.

The United States Environmental Protection Agency supports response and recovery operations relating to environmental contamination.

Many other federal agencies can assist with various response capabilities and will be deployed according to the National Response Framework and associated annexes managed according to National Incident Management System (NIMS), and coordinated with state and local response efforts.

7 ROLES AND RESPONSIBILITIES (ORGANIZATIONAL RESPONSIBILITIES)

Agency	Responsibilities
Emergency Medical Services Agency	<ul style="list-style-type: none"> • Activate department emergency plan, as needed. • Activate DOC, as needed. • Monitor and maintain the EMS system. • Maintain essential agency services. • Manage all incident responses in accordance with the NIMS and ICS. • Provide administrative support for WebEOC. <p>MHOAC:</p> <ul style="list-style-type: none"> • Coordinate the ESF-08 response to health and medical disasters. • Coordinate medical and health mutual aid resource requests. • Maintain situational awareness of the condition of the public health and healthcare delivery systems. • Promote a common operating picture through the timely sharing of information with county, local and state stakeholders, as well as healthcare coalition (HCC) members. • Facilitate San Joaquin Operational Area Medical Health Multi Agency Coordination (MedMAC) Group meetings, as needed. • Activate San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan, as needed. • Ensure appropriate staffing of the EOC Medical Health Branch. • Activate the County Healthcare Surge Strategy, as needed. • Activate the County Field Treatment Site Plan, as needed. • In conjunction with the Public Health Officer, determine the need to activate the San Joaquin County Government Authorized Alternate Care Site Plan. • Activate, deploy and demobilized Disaster Healthcare Volunteers (DHVs), as needed.

Agency	Responsibilities
Public Health Services	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Activate DOC, as needed. • Promote a common operating picture through the timely sharing of information, in accordance with OA HCC EOP Section 2.3.5.3. • Manage public health response and recovery efforts. • Coordinate with Mass Fatality Planners. • Maintain public health and sanitation supervision to protect the public's health. • Control and prevent the spread of contagious or infectious diseases. • Provide information as to the cause, nature and prevention of disease and disability and the preservation, promotion and improvement of public health within the county. • Ensure facilities operating under ESF6 and 8 meet public health standards. • Participate in all Medical Health Multi-Agency Coordination (MedMAC) Group meetings and/or conference calls.
Healthcare Services	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Establish county medical and health incident priorities. • Participate in all Medical Health Multi-Agency Coordination (MedMAC) Group meetings and/or conference calls.
Behavioral Health Services	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Activate DOC, as needed. • Promote a common operating picture through the timely sharing of information, in accordance with SJC OA HCC EOP Section 2.3.5.3. • Conduct internal damage assessment of facilities and determine status of patients and personnel, communications capabilities, utilities and other essential resources. Relay to MHOAC and to EOC for damage assessment declaration. • Participate in all Medical Health Multi-Agency Coordination (MedMAC) Group meetings and/or conference calls.

Agency	Responsibilities
Environmental Health Department	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Activate DOC, as needed. • Identify staff to maintain contact with and prepare to execute missions in support of ESF-8 during periods of activation. • Minimize public exposure to environmental hazards through assessment of the hazards and the implementation of public protective actions. • Detect, assess, stabilize and clean up releases of health related hazardous materials into the environment and properly managing waste.
Office of Emergency Services, OA Emergency Operations Center	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Provide logistics support for resource request needs (non-medical) • Coordinate with MHOAC as needed. • Coordinate multi-organization/agency response within and outside of County (non-medical) • Coordinate Joint Information Center
Agricultural Commissions Office	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Assist with foodborne illness investigations, e.g., traceback, as needed • Provide technical assistance with pesticide exposure incidents, e.g., identify materials being applied, as needed. • Investigate pesticide exposures
Control Facility	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Assign staff to conduct MCI control activities • Provide alert notifications and conduct ongoing bed polls • Assign MCI patients and track patient destinations

Agency	Responsibilities
<p>Healthcare Facilities, e.g., hospitals, clinics, long term care, etc.</p>	<ul style="list-style-type: none"> • Manage all incident responses in accordance with the NIMS and ICS. • Develop, maintain, and implement EOP. • Develop, maintain, and implement Continuity of Operations (COOP) Plans. • Activate facility EOP and annexes, as needed. • Activate facility COOP, as needed. • Follow the procedures in the San Joaquin Operational Area HCC Emergency Operations Plan, when activated. • Exhaust or expect to exhaust facility resources before requesting OA assistance. • Submit non-mutual aid resource requests to applicable city EOC, in accordance with SEMS. • Promote a common operating picture through the timely sharing of information, in accordance with OA HCC EOP Section 2.3.5.3. • Provide critical services, e.g., patient care. • Participate, as needed, in San Joaquin Operational Area Medical Health Multi Agency Coordination (MedMAC) Group meetings. • Share available resources with impacted HCC members, e.g., supplies, equipment and/or personnel. • Support healthcare evacuation activities, e.g., report bed availability. • Support healthcare Shelter-in-Place activities.
<p>Local Emergency Operations Centers</p>	<ul style="list-style-type: none"> • Support and coordinate emergency operations within their jurisdictional boundaries. • Provide logistics support. • Disseminate public information.

Agency	Responsibilities
Fire Districts/Departments	<ul style="list-style-type: none"> • Provide pre-hospital care. • Decontaminate patients in field prior to treatment/transport. • Notify medical examiner of the existence and location of fatalities at the scene. • Establish incident command for on-scene emergency operations. • Provide fire suppression and patient rescue at incident sites.
Law Enforcement	<ul style="list-style-type: none"> • Provide security and crowd control at area hospitals and medical clinics, as necessary. • Enforce community containment measure restrictions as identified by the Public Health Officer. • Provide security of SNS at the RSS and PODs within the County. • Function as incident command for law incidents (or as part of Unified Command) at incident scene.
Coroner's Office	<ul style="list-style-type: none"> • Identification, documentation and disposition of human remains. • Designate temporary morgues, if the normally established morgues are overwhelmed and coordinate with local funeral directors to identify staff to support these temporary morgues. • Notify local agencies of the locations of morgues and coordinate transportation of the deceased to these sites. • Process internal damage assessments to determine ready status and relay the information to the EOC.
Public Safety Answering Points (PSAP)	<ul style="list-style-type: none"> • Receive 9-1-1 calls and dispatch public safety resources. • Have policies in place for high call-volume anticipated during emergency or disaster.

8 COMMUNICATION

The MHOAC will collect, organize, analyze, summarize, and disseminate information related to the medical infrastructure, services and public health issues in coordination with the ESF-08 support agencies and the medical communities. The MHOAC generally utilizes WebEOC to maintain and share situational awareness with ESF-08 agencies and other response agencies throughout the County. The EOC has access to the Medical and Health Interagency Situation Reports, Healthcare Facility Status Reports and County Agency Situation Status reports through WebEOC, as needed. WebEOC is a secured web-based emergency management and information sharing platform for authorized agencies and organizations in the Operational Area.

PHS is the administrator for the California Health Alert Network (CAHAN) within the County. This system can be used to send emergency alerts to subscribed users. These users include but are not limited to HCC members, medical community partners, County and City partners, first responders and volunteers. The San Joaquin EMS Agency has assigned staff with administrator rights that can send alerts within the County relaying information from the MHOAC.

Departments and agencies under ESF-08 are part of the HCC and as such share information with the MHOAC when any part of the agencies emergency operations plan has been activated, on the occurrence of an unusual event. The HCC Emergency Operations Plan, available on WebEOC in the Advanced File Library provides more detailed information.

In coordination with ESF-15, Public Health, the MHOAC or assigned staff will develop and disseminate public service announcements as necessary to provide the public with pertinent public health information and guidance. This may be accomplished through the Joint Information Center (JIC) if activated.

In extreme events, where WebEOC is not available, other communications methods are available. Healthcare Facility Status reports and Situational reports may be submitted via EMResource, email or fax to the MHOAC. In addition, amateur radios can be used to send situational or resource requests to the MHOAC, in accordance with the San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan.

9 INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

Depending upon the scope and magnitude of an incident, the EMS or PHS may activate a DOC to coordinate their respective overall public health or medical responses. Upon activation of the County EOC, the MHOAC will assign a Medical Health Branch Director to coordinate public health and medical services requirements and issues. The MHOAC is the primary point of contact for all medical and health mutual aid resources both into and out of the County.

The MHOAC will collect, organize, analyze, summarize, and disseminate information related to the medical infrastructure, services and public health issues in coordination with the ESF-08 support agencies and the medical communities. The MHOAC utilizes WebEOC to maintain and share situational awareness with ESF-08 agencies. The EOC will have access to the Medical and Health Situation Reports and County Agency Situation Status reports through WebEOC as needed.

The Primary or supporting ESF-08 agencies may have a representative in the JIC as necessary to provide subject matter expertise during incidents.

10 ADMINISTRATION, FINANCE, LOGISTICS

WebEOC is used for information sharing and medical and health resource requests. WebEOC is a secure web-based information sharing and emergency management platform available for use by all medical and health agencies within the County. The EMS Agency is responsible for administration of the system.

The MHOAC will coordinate incoming mutual aid or other compact resources in support of public health and medical services. The MHOAC or designee will coordinate non-medical resources or mutual aid through OES or appropriate mutual aid coordinator, i.e. Emergency Management Mutual Aid (EMMA), Fire or Law.

The MHOAC and assigned staff will ensure all ESF-08 related costs and expenditures are documented in accordance with guidance provided by ESF-05 and internal County policies and procedures. In addition, the Medical Health Branch will ensure any open actions or issues are transferred to the MHOAC for coordination and completion or resolution upon the demobilization of the Medical Health Branch or deactivation of the EOC.

11 PLAN DEVELOPMENT AND MAINTENANCE

OES with the cooperation and assistance of the MHOAC and supporting agencies under ESF-8, are responsible for ensuring that the ESF-08 annex is reviewed at least every two years and revised as necessary based on changing needs, revised priorities, upgrades in operational plans and procedures, and lessons learned from exercises or actual events.

12 AUTHORITIES AND REFERENCES

The authorities and references documented in the basic plan of the EOP are considered applicable to this ESF; in addition, the following are also applicable to this function:

12.1 COUNTY

- San Joaquin County EMS Agency Policies⁵
- San Joaquin Operational Area EOC Medical/Health Branch Plan
- San Joaquin County Public Health Services Response Plan – Base Plan
 - Appendix 1 – Department Operations Center (DOC) Plan
 - Appendix 2 – Continuity of Operations (COOP) Plan
 - Appendix 3 – Training and Exercise Plan
 - Appendix 4 – Medical Countermeasures Plan
 - Appendix 5 – Epidemiology/Surveillance Plan
 - Appendix 6 – Non-pharmaceutical Disease Containment Plan
 - Appendix 7 – Government Authorized Care Site Plan
 - Appendix 8 - Shelter Support Plan
 - Appendix 9 – Pandemic Influenza Response
 - Appendix 10 – Suspicious Substance Protocol
 - Appendix 11 – Communicable Disease Incident Response (CDIR)
 - Appendix 12 – Crisis & Emergency Risk Communications (CERC) Plan
- San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan
- San Joaquin Operational Area Healthcare Coalition Governance
- Medical/Health Multi-Agency Coordination Group (MedMAC) Plan
- San Joaquin County Government Authorized Alternate Care Site Plan
- San Joaquin County Field Treatment Site Plan
- Long-Term Care Facility Evacuation Plan
- San Joaquin County EMS Active Threat Plan

12.2 REGION

- Office of Emergency Services Region IV Multi-Casualty Incident (MCI) Plan

12.3 STATE

- California Public Health and Medical Emergency Operations Manual (EOM) and subsequent functional Annexes, 2011 – 2017
- California Patient Movement Plan, 2018
- California Strategic National Stockpile (SNS) Plan

⁵ <https://www.sjgov.org/ems/policies.htm>

12.4 FEDERAL

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

ACRONYMS

Acronym	Definition
ASPR	Assistant Secretary for Preparedness and Response
BHS	San Joaquin County Behavioral Health Services
CAHAN	California Health Alert Network
Cal OES	California Office of Emergency Services
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CDC	Centers for Disease Control and Prevention
CDIR	Communicable Disease Incident Response
CDPH	California Department of Public Health
CERC	Crisis & Emergency Risk Communications
CF	Control Facility
CHHS	California Health and Human Services Agency
COOP	Continuity of Operations Plan
County	San Joaquin County Operational Area
DCDC	Division of Communicable Disease Control
DHV	Disaster Healthcare Volunteers
DNA	deoxyribonucleic acid
DOC	Department Operations Center
EHD	Environmental Health Department
EMMA	Emergency Management Mutual Aid
EMS	Emergency Medical Services
EMSA	California Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
EOP	Emergency Operations Plan
ESF	Emergency Support Function
HCC	Healthcare Coalition
HCS	Health Care Service
HICS	Hospital Incident Command System
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
LEMSA	Local (San Joaquin County) Emergency Medical Services Agency
MCI	Multi-Casualty Incident
MedMAC	Operational Area Medical Health Multi Agency Coordination Group
MH	Medical health
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
OA	San Joaquin County Operational Area
OES	San Joaquin County Office of Emergency Services
PHO	San Joaquin County Public Health Officer
PHS	San Joaquin County Public Health Services
POD	Point of Dispensing
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist

REOC	Region Emergency Operations Center
RSS	San Joaquin County Receipt, Storage, and Staging Warehouse
SEMS	Standardize Emergency Management System
SJC	San Joaquin County
SJGH	San Joaquin General Hospital
San Joaquin EMS Agency	San Joaquin County Emergency Medical Services Agency
SNS	Strategic National Stockpile
SOC	State Operations Center
UC	Unified Command
WebEOC	Internet based software solution for situational awareness and resource requesting, tracking and inventory used by the County.