



This document outlines the planning and organizational responsibilities of the Public Health and Medical .

Public Health and Medical Health Annex

An Annex to Yolo County
Emergency Operations Plan

Version 1.0

September 2024

PROMULGATION

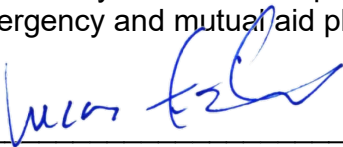
This Emergency Support Function Annex to the County of Yolo Emergency Operations Plan describes how Yolo County will manage an emergency incident or disaster mitigation, preparedness, response, and restoration related to this Emergency Support Function. All primary and support agencies identified as having assigned responsibilities in this emergency support function shall perform the emergency tasks described, including preparing and maintaining standard operating guidelines and procedures and carrying out the training, exercises, and maintenance needed to support the plan.

This Emergency Support Function plan was developed using the Comprehensive Planning Guide 101 version 3 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 revised plan will be relayed digitally to all Primary and Support agencies with assigned responsibilities in this Emergency Support Function. The Primary designated agency will coordinate the review and update of the plan with the Support agencies as needed at least every three years. This Emergency Support Function plan supersedes any previous versions.

This Emergency Support Function Annex applies to Primary and Support agencies within Yolo County who are assigned responsibilities in *Section 4.2 Responsibilities by Emergency Support Function* of the All-Hazard Emergency Operations Plan and identified within the Emergency Support Function Annex.

This plan replaces previous annexes of the same or similar title.

The County of Yolo Board of Supervisors chairperson will formally promulgate this annex. The County Ordinance empowers the County Board of Supervisors to review and approve emergency and mutual aid plans.



Lucas Frerichs
Chair of the Board of Supervisors

10/8/2024

Date:

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SECTION 1.0: INTRODUCTION

1.1 OVERVIEWS

The Public Health Annex describes the roles and responsibilities of partners in the Yolo County Operational Area in supporting emergency public health operations. This includes collaborating to prevent epidemics/pandemics and the spread of disease, prevent injuries, promote, and encourage healthy behavior's, protect against environmental hazards, respond to and manage disasters, and assure the quality and accessibility of public health services throughout the Operational Area.

1.2 INTRODUCTION

The Public Health Operations Annex to the Yolo County Operational Area Emergency Operations Plan (OA EOP) describes the basic concepts, policies, and procedures for providing public health services in any emergency or disaster. Organizationally, these services are provided under the coordination of the County of Yolo Health and Human Service's Agency (HHSA), including the Public Health (PH) Branch, and other County divisions and departments. This annex is the unifying public health document for the Yolo County Operational Area (OA).

Disasters in California often impact public health and medicine. Many organizations, both public and private, contribute to a system that must be prepared to respond successfully to these consequences.

Effective disaster response is served by having a public health and medical system that uses common operating procedures that are well understood and used by organizations involved in the response. The complexity of disasters has led to increased interaction among many public health, environmental health, and medical functions. This interaction has driven the need for a coordinated system that articulates common procedures across functional components of the public health and medical system.

This annex builds upon, and incorporates the use of, the [California Public Health and Medical Emergency Operations Manual \(EOM\)](#), and incorporates the use of the California Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS), the Incident Command System (ICS), and the role of key participants in the Public Health and Medical System during emergencies. It supports the development of California Emergency Support Function-8 (ESF-8) and the Federal Emergency Support Function (ESF-8) Public Health and Medical Service's plans.

1.3 PURPOSE

The purpose of Public Health and Medical Annex is to describe emergency operations (including planning, response, operations, and coordination), assign responsibilities, and provide actions and responses to public health and medical problems associated with emergencies or disasters.

The Public Health Branch will follow activities and operations, as listed under state of California ESF-8 and Federal ESF-8, in response to a public health and/or medical disaster, or potential incident requiring communication and coordination with state and federal response agencies.

1.4 SCOPE

PH and other county partners collaborate to prevent epidemics/pandemics, the spread of disease, prevent injuries, promote and encourage healthy behaviors, protect against environmental hazards, manage disasters, assist communities in recovery, and assure the quality and accessibility of health services throughout the OA.

Public health and medical services include responding to the needs of all individuals in a culturally competent manner – regardless of disability, age, access, or functional need - as described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF). Individuals with disabilities and others with access and functional needs are defined throughout the OA EOP as individuals requiring additional needs before, during, and after an incident in functional areas, including but not limited to maintaining independence, communication, transportation, supervision, and medical care.

1.5 HEALTH AND HUMAN SERVICES AGENCY (HHS)

The Health and Human Services Agency takes the lead on several of the public health and medical activities and services mentioned below and discussed further in this document.

- Emergency Medical Service's
 - 911 and dispatch centers
 - Prehospital, hospital, and trauma systems
 - Patient movement, evacuation, distribution, and tracking
 - Field disaster services (i.e., ambulance strike teams)
- Communicable Disease
 - Epidemiology and surveillance
 - Investigations
 - Medical countermeasures
- Patient Care
 - Coordinating patient care
 - Continuity of service's
 - Surge capacity for healthcare system
- Public Health Laboratory
 - Surveillance
 - Testing and reporting

- Laboratory surge
- Public Health Preparedness & Response
 - Medical & health disaster planning and response operations
 - Medical Health Operational Area Coordination (MHOAC program)
 - Strategic National Stockpile/Cities Readiness Initiative (SNS/CRI) & medical countermeasures
 - Medical Reserve Corps (MRC) healthcare volunteers and personnel resource management
 - Emergency Support Function-8 (ESF-8) Federal
 - Emergency Support Function-8 (ESF-8) State
 - Medical support to general population shelters in coordination with the Care and Shelter ESF-6
 - Medical surge, including facility expansion and government-authorized Alternate Care Sites (ACS)
- Public Information
 - Accessible public information and culturally competent risk communications related to health and medical issues
- Vital Records
- Worker Health and Safety

1.6 SERVICES PROVIDED BY THE STATE OR OTHER DEPARTMENTS

- Emergency Medical Service's
 - Emergency licensure and resolution of licensing issues
 - 911 and dispatch centers
 - Prehospital, hospital, and trauma systems
 - Patient movement, evacuation, distribution, and tracking
 - Field disaster services (i.e., ambulance strike teams)
- Communicable disease surveillance and response
 - Disease surveillance in animals
- Provision of drinking water
- Food and agricultural safety and security
 - Foodborne illness epidemiology
 - Product trace backs

- Hazardous materials relative to public health and safety
- Healthcare facility safety
- Mass fatality management
- Medical waste management
- Public information and risk communications relative to health and medical issues
- Pharmaceutical and non-pharmaceutical supplies
- Vector control
- Wastewater and solid waste disposal

1.7 GOALS AND OBJECTIVES

The overall goal of emergency/disaster medical health operations is to minimize loss of life and human suffering, prevent disease, promote optimum health for the population, and protect the public's health. This will be accomplished by planning for public health factors that affect human health and by providing leadership and guidance in emergency/disaster medical health-related activities.

The overall objectives of emergency/disaster medical health operations are to:

- Provide preventive health services and control disease outbreaks
- Conduct rapid disease surveillance activities
- Issue public health advisories (i.e., water, air, food, soil)
- Respond to public health related incidents/events, including policy and guidance on intervention and remediation
- Coordinate health related activities among other local public and private response agencies or groups
- Develop and execute recovery plans; assist in Operational Area recovery planning
- Establish procedures for activation and termination of this Annex

1.8 WHOLE COMMUNITY APPROACH

The Yolo County Operational Area is committed to achieving and fostering an emergency management system that uses a Whole Community Approach and is fully inclusive of individual needs and circumstances. For further details on the Whole Community Approach to emergency management and the integration of inclusive emergency management practices, refer to the Emergency Operations Plan (EOP).

SECTION 2.0: CONCEPT OF OPERATIONS

The County of Yolo Department of Community Services, Environmental Health Division is separate from HHSA but works closely with HHSA and communicates with the Public Health Officer (PHO) and other key health officials when there is a potential or actual impact to public health related to water, air, food, soil, or other environmental factors.

The County of Yolo Emergency Medical Services Agency (YEMSA) is part of Health and Human Services Agency, Public Health Branch. They work closely with PH and focus on prehospital ambulance services, trauma system, and other specialty services. The Behavioral Health Branch falls under HHSA's umbrella, but it is not part of the Public Health Branch. Behavioral health falls within the Adult and Aging Branch, and Child, Youth, and Family Branch.

When an incident such as a medical health emergency or disaster occurs, HHSA supports the Operational Area (OA) response by working to protect against further hazards, preventing injuries, responding to the disaster in a coordinated effort, and assisting communities in recovery to assure the quality and accessibility of health services throughout the county. Several internal plans are used to address a series of issues.

2.1 COORDINATION

HHSA is designated as the local public health department, with Public Health (PH) responsible for core public health functions of assessment, policy development, and assurance. Other departments that contribute to public health efforts include Environmental Health. HHSA staff fill positions in the HHSA DOC. In support of the OA response, HHSA may send staff to assist at the OA EOC and fill positions in the Medical & Health Branch and Care and Shelter Branch. HHSA staff also fill positions at the PH Departmental Operations Center (DOC).

HHSA is responsible for coordinating measures to protect the public's health prior to, during, and following a health emergency or disaster. PH BRANCH activities, described in the California Health and Safety Code, include the following: communicable disease control (reportable infectious diseases), immunization program, maternal, child, & family health, environmental surveillance, laboratory services, and public health nursing.

While generally open and staffed whenever the OA EOC is activated, the HHSA DOC may be activated independently for events that are localized or primarily HHSA-related events. The PH DOC is responsible for communications and coordination for pre-hospital EMS services and health care providers operations. The PH DOC reports through the OA EOC Medical Health Branch and serves as an extension of those functions. The HHSA DOC is typically activated for "recovery activities," as part of the agency Continuity of Operations Plan (COOP) activities.

Public Health Preparedness and Response (PHPR), under Public Health Branch, is responsible for disaster medical preparedness and response coordination between the OA, EOC, and healthcare providers within Yolo County and the State. Yolo County Emergency Medical Services (YEMSA) is designated to be the Local Emergency Medical Service's Agency

(LEMSA). YEMSA is responsible for the ongoing oversight of the pre-hospital response system (Emergency Medical Technician (EMT) certification and Paramedic accreditation), including pre-hospital medical direction. YEMSA coordinates with emergency medical responders and first receivers (i.e., personnel based at hospitals and other medical facilities) to ensure efficient and effective management of emergency situations including disasters. The PH DOC is primarily responsible for health and medical response operations, activities, coordination, and communications.

Emergency Medical Services (EMS) is part of Yolo County HHSA, Public Health Branch. EMS works on projects and respond to incidents. As the EMS Duty Officer their tasks consist of managing calls that arise due to hospital offload delays, mutual aid requests from outside the County, and other unforeseen events such as labor strikes or facility evacuations.

Within the public health and medical systems, coordinating functions exist at the OA, Mutual Aid Region, and State levels. The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute within the OA and [Regional Disaster Medical Health Coordinator \(RDMHC\)](#) program.

The Behavioral Health function of the HHSA is covered by the two branches within HHSA: Adult and Aging, and Child, Youth, and Family, provides services under three major categories: Inpatient Mental Health Services, Outpatient Mental Health Services and Substance Use Disorder Services.

2.2 STATE MUTUAL AID

The State of California is divided into six mutual aid regions. The Yolo County OA is located in Region IV. In the event local public health/medical resources are unable to meet the needs within the OA, assistance from the neighboring jurisdictions may be requested.

This process is done through the local Medical Health Operational Area Coordinator (MHOAC) program working with the Regional Disaster Medical Health Coordinator (RDMHC) who coordinates with the California Department of Public Health (CDPH) and the State of California Emergency Medical Service's Authority (EMSA). The California Office of Emergency Services (Cal OES) regional office may also be notified to assist in this process.

The RDMHC communicates and coordinates the provisions of medical and public health resources through the local MHOAC.

Emergency/disaster medical health requests are consolidated at the OA and provided to the RDMHC in order to:

- Coordinate the acquisition and allocation of critical public and private medical and public health resources required to support emergency/disaster medical operations.
- Coordinate medical resources in unaffected counties in the Region for acceptance of casualties.

SECTION 3.0: ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

In accordance with the principles of SEMS, ICS, and NIMS, the response to an emergency or disaster is managed at the lowest level possible (i.e., at the field level). Accordingly, local government has the primary responsibility for the response to an emergency or disaster. HHSA is responsible for public health and emergency medical response within the OA.

Public health, guided by the Public Health Officer (PHO), is the HHSA Branch responsible for providing public health services during the response and recovery phases of a public health emergency or disaster, medical emergency responses, and logistics support. The Medical Health Operational Area Coordinator (MHOAC) contact aids the PHO and maintains communication with Region IV. HHSA operations support the Federal priorities of public health and medical services and emergency mass care and shelter as described in the following two documents:

- [Emergency Support Function \(ESF\) #8](#): Public Health and Medical Services
- [Emergency Support Function \(ESF\) #6](#): Mass Care, Housing and Human Services.

3.1 MEDICAL HEALTH OPERATIONAL AREA COORDINATOR

The MHOAC program is based on the functional activities described in [California Health and Safety Code 1797.153](#). The County of Yolo MHOAC is the primary point of contact for the MHOAC program and liaises with the Regional Disaster Medical Health Coordinator (RDMHC).

The MHOAC, or designee, is assigned to the Medical Health Branch of the OA EOC Operations Section.

The MHOAC program touches several departments and division's, some with functions outside of HHSA. The County's plans related to medical and health functions include preparedness, response, recovery, and mitigation functions, in accordance with the State Emergency Plan (SEP), as established under [Sections 8559 and 8560](#) of the Government Code. At a minimum, the County medical and health disaster plan(s) and policy and procedures include the following:

- Assessment of immediate medical needs
- Coordination of disaster medical and health resources
- Coordination of patient distribution and medical evaluation
- Coordination with inpatient and emergency care provider's
- Coordination of out-of-hospital medical care provider's
- Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical service's

- Coordination of providers of non-fire district-based pre-hospital emergency medical service's
- Coordination of the establishment of temporary field treatment sites
- Health surveillance and epidemiological analyses of community health status
- Assurance of food safety
- Management of exposure to hazardous agents
- Provisions or coordination of mental health service's
- Provisions of medical and health public information protective action recommendations
- Provisions or coordination of vector control service's
- Assurance of drinking water safety
- Assurance of the safe management of liquid, solid, and hazardous wastes
- Investigation and control of communicable disease

The MHOAC, a role filled by the Yolo County EMS Administrator, may assist with the communications and coordination of medical and health resources within the OA. The MHOAC serves as OA point of contact for coordination with the Yolo Emergency Medical Service's Authority (YEMSA), Yolo County Public Health, Yolo County Office of Emergency Services (YCOES), Yolo County Environmental Health Division, RDMHC program, California Department of Public Health (CDPH), State of California Emergency Medical Service's Authority (EMSA), and Cal OES.

3.2 CITY EMERGENCY OPERATIONS CENTERS

When a city EOC is activated for a localized emergency/disaster that may threaten or endanger the public health, the city may request a public health consultation. This request may be made by notifying the on-duty officer for EMS and/or the Environmental Health Division. Likewise, the County EOC or Public Health (PH) Departmental Operations Center (DOC) [MOC] may designate a liaison to provide guidance or direction to city EOCs, or designees, in the event of a public health emergency.

3.3 OPERATIONAL AREA EMERGENCY OPERATIONS CENTER

The OA EOC serves the entire OA, including the 4 cities, 1 tribal nation, and numerous special districts, with the Chief Administrative Officer (CAO) serving as Director of Emergency Service's for the unincorporated area.

The Health Branch of the OA EOC is activated based on operational need. It is staffed by pre-designated personnel, from Public Health Service's, Emergency Medical Services, Behavioral Health Services, and the Department of Environmental Health, and coordinates the public health and medical emergency response for the OA. The OA EOC Health Branch staff members serve as advisors to the Director/Coordinator of Emergency Service's for the unincorporated areas, and make decisions about resource allocation, priorities, and other public health matters.

Additional members of the Health Branch may be physically located at an alternate site, the PH DOC [MOC], maintaining constant communication with the OA EOC Health Branch Coordinator.

The following HHSa personnel may staff the OA EOC:

- Director, HHSa (or designee) reports to the Director/Coordinator of Emergency Service's and is responsible for long-range planning and policy decisions
- The Public Health Officer (PHO), or designee, reports to the HHSa Director, and is responsible for the overall management of Public Health within the OA. The PHO, in consultation with the Director of HHSa, makes policy decisions related to emergency/disaster health service's
- The Med Health Branch Coordinator position within the OA EOC is filled by the EMS Administrator, or designees and/or the PH/MHOAC Duty Officer. This position reports to the Operations Section Chief and is responsible for overall coordination of health and medical care operations and providing health and medical service's expertise required in the OA.
- The Public Health Unit Leader is filled by a representative from HHSa and is responsible for coordinating disaster public health operations throughout the OA. This position reports to the Health Branch Coordinator.
- The EMS Unit Leader is assigned to the OA EOC by County EMS. The EMS Unit Leader is responsible for the management and needs assessment of EMS units and hospitals, and other healthcare facilities located in the OA. This position reports to the Health Branch Coordinator.
- The Behavioral Health Unit Leader is assigned to the OA EOC. The Behavioral Health Unit Leader is responsible for the safety and well-being of Behavioral Health clients and the provision of critical incident stress de-briefing and crisis intervention services to emergency workers, OA EOC staff and the general public during and after an emergency. This position reports to the Health Branch Coordinator.
- The **Care and Shelter Branch Coordinator** is filled by staff from HHSa and reports to the Operations Section Chief. This position is responsible for overall coordination of care and shelter activities.
- The **Access and Functional Needs (AFN) Unit Leads** are filled by HHSa members and reports to the Care and Shelter Branch Coordinator. This position coordinates with local government and the Care and Shelter Branch Coordinator to ensure specialized services and resources are provided as required for people with disabilities and others with access and functional needs.
- The **County Shelter Unit Leader** is filled by staff from HHSa and reports to the Care and Shelter Branch Coordinator. This position coordinates care and shelter activities for government-run shelters and assists the Care and Shelter Branch Coordinator in the event that County-operated shelters are not open.
- Other Operations Section positions may be assigned by HHSa and PH. These pre- designated staff will report to the OA EOC and fill a variety of positions to

support activities in the Operations Section. These positions will report to the Operations Section Chief.

3.4 PUBLIC HEALTH DEPARTMENT OPERATION CENTER, ALSO KNOWN AS THE MEDICAL OPERATIONS CENTER (MOC)

The PH DOC [MOC] coordinates operational disaster medical activities during a disaster; provides logistics support during a public health emergency; and communicates with and places resource requests through the OA EOC Health Branch.

The PH DOC [MOC] serves as a support and procurement entity for health & medical supplies to the County OA EOC or HHSA DOC during a public health emergency. PH DOC [MOC] is the primary coordinator for hospital and clinic information exchange, resource requests, logistics and tactical operations.

While generally open and staffed whenever the OA EOC is activated, the PH DOC [MOC] may also be activated independently for emergency/disasters that are localized, low-level emergencies, or for primarily public health-related events such as a pandemic or local disease outbreak. In addition to the PH staff, agency, and community members, the following are PH staff positions that may have liaisons in the PH DOC [MOC], based on the event and situation:

- **PH Director of Nursing** or designee coordinates the activities and deployment of PH nursing staff.
- **Public Information Officer (PIO)** coordinates information from the PH DOC (MOC) to the Joint Information Center (JIC), at the OA EOC; and
- PH staff members fill positions to support the health-related needs and activities of the OA EOC and PH DOC [MOC].

Staff may be assigned to fill a variety of required roles/positions within Operations, Finance, Planning, and Logistics.

3.5 HHSA DEPARTMENT OPERATIONS CENTER (DOC)

The HHSA DOC is involved in the mitigation, coordination, and recovery from a disaster or emergency event. The HHSA DOC has primary responsibility for HHSA Continuity of Operations Plan (COOP). The HHSA DOC may also be activated independently for emergency/disasters that are primarily HHSA related events.

The HHSA DOC is typically activated for disaster or emergency events for COOP activation and during recovery activities. The following are staff positions in the HHSA DOC:

- **HHSA Director** position is generally filled by an Executive Staff member. This position coordinates the activities of the HHSA DOC.
- HHSA Financial Officer (or designee) coordinates aspects of HHSA financial documentation related to the event.

- HHSA Human Resources Representative coordinates with the OA EOC and PH DOC [MOC] for support to manage Disaster Serviced Worker (DSW) deployment.
- The PIO provides support for public information activities and drafts communications for the HHSA DOC. When the OA EOC JIC is activated, the PIO provides support and coordination of information to the HHSA DOC from the OA EOC.
- Other HHSA representatives may be assigned to the HHSA DOC.

3.6 ASSIGNMENT OF RESPONSIBILITIES

The CDPH is the lead State agency for what the National Response Framework (NRF) calls ESF-8: Public Health & Medical Services, as well as a supporting agency for ESF-6: Mass Care, Emergency Assistance, Housing, and Human Services. HHSA is the public health agency for the County and coordinates County health, medical and human service's assets in the event of a public health emergency or major natural or human-caused disaster.

HHSA utilizes a public – private partnership with respect to health and medical services and engages many sectors of the community to promote health and disaster preparedness and to provide services.

HHSA Branches provides coordination and services for the following general areas:

- Disease surveillance and outbreak management
- Biological agent identification and laboratory diagnostics
- Disease prevention and mass prophylaxis
- Healthcare facilities and alternative (surge) care sites (ACS)
- Mass fatality and death certificates
- Pharmaceuticals and strategic national stockpile (SNS) reception and distribution
- Environmental laboratory diagnostics
- Food quality and protection – limited testing for identification (no disposal)
- Behavioral health
- Eligibility operations (i.e., Medicaid, Disaster Food Stamps) and Unmet Needs Assistance, as appropriate
- Coordinating timely and appropriate support to individuals with disabilities and others with access and functional needs.

3.7 HHSA PUBLIC HEALTH

- Supports implementation and maintenance of PH functions routinely and during public health emergencies.
- Provides guidance to other jurisdictions within the OA in response to a public health or medical emergency.

- Develops and participates in communication to the public for a public health emergency.
- Edits/updates the Public Health Operations Annex of the OA EOP and any other emergency public health plans and procedures.
- Assists with coordination of public health operations within the OA.
- Supports the procurement of public health staff and resources required to support emergency/disaster public health operations.
- Develops and maintains a capability for identifying public health resources within the OA.
- Disseminates information vital to the emergency response efforts of disasters (including bioterrorism) via California Health Alert Network (CAHAN) alerts to local health care and public safety professionals.

3.8 PUBLIC HEALTH EMERGENCY PREPAREDNESS

- Edits/updates the Public Health Operations Annex of the OA EOP and any other emergency public health plans and procedures.
- Coordinates emergency/disaster public health operations within the OA.
- Coordinates the procurement, allocation, and distribution of public health resources required to support emergency/disaster public health operations.
- Supports the MHOAC position which communicates and coordinates with the Region IV - Regional Disaster Medical Health Coordinator (RDMHC) or specialist as needed and responds to Medical/Health activities within the local area. Also performs other MHOAC functions as dictated under the California Public Health and Medical Emergency Operations Manual (EOM).
- May staff the MHOAC Duty Officer program to provides 24/7/365 support to the MHOAC.
- MHOAC Duty Officer monitors the hospital system capacity and surge in accordance with the Healthcare Services Capacity Task Force Plan.
- Develops and maintains a capability for identifying public health resources within the OA.
- Coordinates public health-related activities among other local public and private response agencies or groups, as well as state and federal agencies.
- Coordinates assembly, in collaboration with the Care and Shelter Branch and/or other specialized services for people with disabilities or other access and functional needs.
- Activates and assists in staffing the PH Departmental Operations Center (DOC) [MOC].
- Coordinates the deployment of DSWs to the response.
- Provides Health and Medical Coordination:
 - The Yolo County Public Health Department is mandated to coordinate, plan, and administer an emergency response to public health threats and to secure, compile, and disseminate information concerning the

prevention and control of epidemics/pandemics and conditions affecting or endangering the public health. Responsibilities include:

- Consult with local public health officials, hospitals, nursing homes, and other health/medical facilities as appropriate to determine the magnitude and extent of the public/health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems.
 - Define the types and amounts of public health and medical assistance required by public and private health/medical organizations, developing specific requests for assistance under ESF-8, including medical personnel, equipment, and supplies.
 - Determines assistance needed to move patients to definitive care facilities that are part of the National Disaster Medical System (NDMS) network (i.e., hospitals, clinics, Skilled Nursing Facilities, Long-Term Care Facilities) and other medical providers partners.
- Provides ongoing field assessments in conjunction with state and federal officials as available; and identifies public health, medical and/or AFN issues.

3.9 COMMUNICABLE DISEASE: EPIDEMIOLOGY AND IMMUNIZATION/HIV, SEXUALLY TRANSMITTED INFECTIONS, AND TUBERCULOSIS

- Receive and register reports of legally reportable communicable diseases and conditions.
- Conduct epidemiologic surveillance to identify potential events and outbreaks of public health concern. Investigates reports of suspected communicable diseases, conditions, and outbreaks.
- Conduct disease investigations of possible contacts associated with an infected case.
- Conduct routine identification and monitoring of indicators which are associated with increased health care services utilization and impact.
- Collect and utilize multiple, cross-referenced sources of communicable disease information, such as confidential morbidity reports, public health laboratory results, electronic laboratory reporting, data from the Centers for Disease Control and Prevention (CDC), and other similar sources.
- Coordinate with HHSA and other County departments and health care, medical, and community partners to investigate suspected disease reports, to conduct surveillance and monitor disease trends, and to prevent or reduce disease transmission by providing alerts, education, and assistance to implement guidelines and recommendations.

- Manage vaccine supply, influenza vaccine distribution, and coordinates with CDPH to obtain and distribute 317-funded outbreak vaccines.
- Provide immunizations as required.
- Provide PIOs with communicable disease information and statistics to be disseminated to the public. Determine when special control measures (i.e., quarantine or prophylactic treatment) should be instituted based on epidemiological findings.
- In collaboration with DEH and the Public Health Laboratory, work toward restoration of normal water supply and environmental control and surety measures.
- Increase level of surveillance activity and situational awareness monitoring as necessary.
- Disseminate information vital to the prompt recognition and control of disease transmission, including CAHAN releases to health care professionals.
- Initiate accessible public messaging in collaboration with Health Officer, as to risk- reducing behaviors to the media and public via the County Communications Office.

3.10 PUBLIC HEALTH LABORATORY

- Performs microbiological testing of human specimens as needed for disease control and support of clinics and hospitals. Coordinates referral of specimens as required by the Laboratory Response Network operational plan.
- Conducts environmental testing to ensure the safety of surface, ground, and recreational water in the event of sewage spills.
- Performs microbiological testing of food and water supplies as needed to ensure their safety.
- Provides guidance and referral in microbiological testing of the environment as needed.
- Provides public health surveillance and assessment support.
- Submits data to information exchanges and monitoring systems including Calycine, Calderite, and others as required.
- Performs appropriate testing to identify animal to human disease exposure.
- Serves as a reference lab as part of the Laboratory Response Network and Bio Watch.
- The needs of the Regional Public Health Centers and/or Public Health Nurses, as identified by the Chief Nursing Officer, will be communicated to PH DOC [MOC], during the response and recovery phases of an incident.

3.11 ENVIRONMENTAL HEALTH DIVISION

- The General Food Program (GFP) conducts retail food facility inspections for compliance with sanitation and food handling practices to reduce risk for foodborne

illness. Under the Recreation Health Program, the division is also responsible for inspecting public swimming pools to ensure they meet standards for safe water quality, filtration and circulation systems, safety equipment, and enclosures. The Body Art Program inspects body art facilities, as well as apartments, hotels and motels, camps, and detection facilities. The EHD also responds to public health threats and environmental hazards associated with these regulated facilities, including fires, emergency/disaster shelters, foodborne illness investigations, food recalls, sampling of food associated with illness, outbreak or recall, removal of ill food handlers, and boil water orders, in the interest of promoting safe communities.

- The Land Use Program protects public health and drinking water supplies through the inspection of small drinking water systems, ensuring that water supplies are properly tested, protected from cross connections with recycled water systems, and that water wells and groundwater supplies in the unincorporated county are protected from private sewage disposal systems. The Recreation Health Program tests the water of local beaches and bays and notifies residents and visitors when recreational water quality does not meet State health standards. It also manages the household hazardous waste program that facilitates the collection of household hazardous materials in the unincorporated county and acts as the solid waste local enforcement agency that regulates landfills and composting facilities.
- Hazardous Material Division (HMD) regulates local facilities to ensure that hazardous materials, hazardous and medical wastes, are reported, stored, and properly disposed. The HMD Hazardous Incident Response Team (HIRT) responds to chemical, biological, and radiological spills and works with various other agencies in cleanup operations. HMD maintains an electronic database of permitted facilities storing hazardous materials and waste. The information in the database can provide chemical information to public health staff and the EOC when necessary. The HIRT team also responds to other environmental health issues during disasters involving food and water protection, sewage, shelter assessments, solid waste debris, vectors, etc. HIRT receives real time chemical spill reports from the State of California, Office of Emergency Services, Spill Warning Center (Sacramento) for the entire County when spills are reported to the State. HIRT evaluates the spill reports and contacts the reporting party and fire departments as necessary.
- The HIRT provides readiness, response, and recovery planning, training, and active response in support of HHSA. Such programs include Bio Watch, US Post Office Bio Detection System response, Regional Mass Decontamination Unit training and readiness, and state Mutual Aid Response thru MHOAC requests.

3.12 COUNTY PUBLIC INFORMATION OFFICER

- PIO prepares Public Health Advisories for broadcast during an emergency/disaster.

- PIO works closely with the JIC staff and other County department subject matter experts (i.e., air pollution control) to prepare and release all health-related press releases or public health advisories.

3.13 YOLO COUNTY OFFICE OF EMERGENCY SERVICES

- Assists with public health emergency/disaster planning and training.
- Coordinates efforts to obtain resources both in the OA and outside of the OA, including supplies and logistical support.
- Coordinates with the MHOAC to procure, track, and coordinate delivery of equipment to ensure accessible services and facilities.

3.14 OTHER SUPPORT AGENCIES OR ORGANIZATIONS

Amateur Radio Emergency Serviced (ARES) – are amateur radio (ham) organizations that provides back-up/redundant communications support to OA EOC, Public Health DOC [MOC], and hospitals.

Ambulance Agencies – provides victim triage, treatment, and transportation.

American Red Cross (ARC) – provides personnel and structure for First Aid Stations and general population shelters.

Disaster HealthCare Volunteers - are a variety of medical, veterinary, and associated health providers volunteers registered through State Disaster Health Volunteer (DHV) network and managed by Public Health Emergency Preparedness (PHEP).

Hospitals – provides definitive medical care, subject matter expertise, and field treatment teams for catastrophic events. This includes base hospitals that coordinate medical communications between field and hospitals for medical control, and with EMS / Public Health for hospital operational status, bed counts, and bed availability.

3.15 STATE GOVERNMENT

State government provides support to the various jurisdictions throughout California. Cal OES administers numerous programs that support its stakeholders, protects the communities, and helps create a more resilient state.

- Responds to requests for resources, such as personnel or vaccines from the OA EOC
- Coordinates medical mutual aid within the State
- Assists the OA in recovery efforts
- Coordinates and maintains directory of medical personnel statewide, through the DHV Program
- The Health Officer of CDPH has the overall responsibility for coordinating statewide emergency/disaster public health operations and support.

California Department of Public Health

The State Health Officer or designee is primarily responsible for the administration and coordination of a statewide emergency/disaster public health program. This includes coordinating, supervising, and assisting those essential services required to:

- Prevent and control communicable disease through the management, procurement, and distribution of vaccines.
- Provide technical assistance in the safe operation of sewage collection, treatment, and disposal systems.
- Provide assistance to healthcare entities with federal and state relief during time of extreme hardship or pandemic.
- Assure prevention and control of vectors, including flies, mosquitoes, and rodents.
- Regulation of certain entities providing health care and chronic care such as skilled nursing facilities.
- Assure observance of health aspects in management of solid waste disposal, including proper disposal of dead animals and human remains.
- Assure safe management of hazardous wastes, including handling, transportation, and disposal.
- Ensure safety of emergency supplies of food, drugs, medical devices, and other products.
- Ensure rapid restoration or replacement of facilities for processing, storing, and distributing food, drugs, medical devices, cosmetics, and other products.
- Rapidly establish measures to mitigate damage to public health from radiological accidents, including safety criteria for recovery, re-occupancy, and rehabilitation of contaminated areas.
- Provide support to the California Air Resources Board in carrying out the public health aspects of the California Air Pollution Emergency Plan.

California Emergency Medical Services Authority (Cal-MAT)

- CAL-MATs forms an integral part of EMSA’s Mobile Medical Assets (MMA) Program. Modeled after the successful federal DMAT program, California Medical Assistance Teams (CAL-MATs) are a group of highly trained medical professionals and other specialists organized and coordinated by the State Emergency Medical Services Authority (EMSA) for rapid field medical response in disaster.

Federal Government

- As shortfalls occur in State resources, Federal agencies make their resources available, upon request coordinated by the U.S. Department of Homeland Security (DHS) or requested through the CDC.
- In a major disaster or pandemic, the NDMS may be activated, and patients from this OA may be sent to other counties and states for treatment.

- State California Medical Assistance Teams (Cal-MAT), along with Federal Disaster Medical Assistance Teams (DMAT), may be activated through the NDMS and ESF-8 (federal and state), via request to the State of California EMSA, CDPH, or Cal OES. A DMAT can perform the following:
 - Establish Field Treatment Site(s) (FTS)
 - Establish Regional Evacuation Points (REP)
 - Establish Patient Reception Points (PRP), when the hospital bed component of NDMS is activated
 - Hospital staff relief or augmentation
 - Shelter care
 - Mass prophylaxis
 - Other response assistance teams available from the NDMS are:
 - DMORT – Disaster Mortuary Operational Response Team
 - NVRT – National Veterinary Response Team
 - Mental Health Specialty Teams – for large scale Critical Incident Stress Debriefing
 - TCCT – Trauma and Critical Care Teams
 - VICT – Victim Information Center Teams
 - Military – may provide supplies, equipment, personnel, and air-sea lift logistical supports and technical advisory assistance as authorized and available through Immediate Response Authority/Defense Support of Civils Authorities.

SECTION 4.0: DIRECTION, CONTROL, OR COORDINATION

For the purposes of the OA EOP and this Annex, public health emergency/disaster events are those incidents that may pose a threat of disease or loss of optimum health to the residents and visitors of Yolo County. HHSAs Public Health Branch serves as the unifying public health entity for the OA. When the Governor proclaims a “State of Emergency”, or when the Region EOC (REOC) is activated to coordinate items on a statewide level, the State Emergency Operations Center (SOC) is activated. The SOC includes State agency representatives from California OES, Emergency Medical Service’s Authority (EMSA), and CDPH. In a public health emergency, the CDPH will activate their Medical Health Coordination Center (MHCC) to coordinate public health operations.

County of Yolo HHSAs may increase staffing levels based on extent of the threat and/or impact of the public health emergency or disaster.

The EMS / PH DOC [MOC] is the focal point of command and control, communications, response operations, specialized technologies, information collection, assessment, analysis, and dissemination for HHSAs components under non-emergency and emergency conditions to support a common operating picture.

The PHO is required to enforce orders and ordinances as needed from local governing bodies pertaining to public health and sanitary matters. Orders may include quarantine/isolation and other statutes and regulations prescribed by the department, as well as statutes relating to public health ([Health & Safety Code § 101030, 101470](#)). Upon the finding of the PHO that a public health emergency exists, a local health emergency may be declared by the PHO ([Health & Safety Code § 101080](#)), which will remain in effect for no more than several days unless ratified by the County Board of Supervisors. The County Board of Supervisors may also independently proclaim a local emergency, officially referred to as a Local Emergency Proclamation.

4.1 PLAN ACTIVATION AND TERMINATION

Typically, activation and termination of Public Health Annex will be by the PHO, or designated representative, though there are circumstances in which others could also activate the annex. Activation and termination of this Annex shall be by the direction of one of the following:

- PHO or designated representative; or
- PH Director or designated representative; or
- EMS Administrator, or designated representative; or
- Director, OES or designated representative; or
- County Administrative Officer (CAO) in that capacity, or as Director of Emergency Services; or

- Designated Deputy CAO.

Upon activation, the PHO determines the extent of public health services needed for the emergency or disaster and notifies the appropriate departments, divisions, and agencies. A command structure will be utilized following NIMS that helps facilitate the affected agencies' ability to recognize and expediently implement their duties, with the County maintaining overall authority for a public health incident. Furthermore, a recommendation may be made that a policy group of County and regional executive leadership from affected jurisdictions will convene regularly during the activation.

Activation of this Annex shall be declared under the following conditions:

- **When an activation of the OA EOC or independent activation of the MOC** is called and needed. Depending on the public health impact of the emergency/disaster, this Annex may be activated at emergency Levels I (highest severity – full activation), Level II (moderate severity – specific sections) or Level III (lowest severity – PH staff, and EMS or MHOAC Duty Officer monitoring the situation), as described in the EOP Basic Plan and/or below.
- **An event is imminent, or has occurred**, in a populated area such that extensive casualties are inevitable (i.e., structure collapse, major transportation emergency, hazardous materials release, infectious/communicable diseases outbreak).
- **Notification from cognizant authority that a significant number of casualties from outside the OA are expected** to be brought into the OA via the State Mutual Aid System or the NDMS (i.e., casualties from domestic or international war, mass casualty incidents, natural disasters).

The need to activate a public health response for a communicable disease and/or terrorism-related incident may be recognized following unusual disease reports from the medical community, laboratories, and hospitals. Based on surveillance, a decision can be made to activate the MOC, after which the MOC Director would contact the OES Staff Duty Officer (SDO) to request activation of the OA EOC, if the situation requires resources beyond HHSA's capabilities.

The PHO may declare a local health emergency. The County Administrator (CAO), according to County Code Sec 31.103, shall be the County of Yolo Director of Emergency Services ("Director") and shall be responsible for the operational response to an emergency in the unincorporated area. In the event the CAO is unavailable to serve as Director of Emergency Services, the person(s) designated as the CAO's successor as Director of Emergency Services are, in order of succession, the Deputy County Administrator, and the Chief of Emergency Services of the OES. Note that the Director of Emergency Services plays a different role than the OES Director who is typically the EOC Director. The Director of Emergency Services is authorized to:

- Control and direct the efforts of the emergency services organization of the unincorporated area and to implement the County of Yolo Operational Area Emergency Plan.

- Request the Board proclaim the existence or threatened existence of a countywide local emergency if the Board is in session or proclaim a local emergency if the Board is not in session, subject to ratification by the Board within seven days.

Termination of Public Health Annex occurs when the PHO, in consultation with the County CAO, Deputy CAO, Chief of OES, the Director of Public Health, or their designees, determines that the situation has stabilized, and emergency/disaster public health operations are no longer required

SECTION 5.0: INFORMATION COLLECTION AND DISSEMINATION

Healthcare providers (i.e., hospitals, emergency departments, clinics) are expected to utilize the available OA EOC communication capabilities to communicate with agencies within the county. Hospitals report facility structural damage, operational status, bed availability and resource needs through PH DOC [MOC]. State agencies may require situational updates.

Sharing appropriate situational information early and throughout an incident will assist with emergency management operations. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including the operation centers, to share common situational information. Data collection and dissemination are based on existing policies and procedures used in daily operations.

The Health and Medical Situational Report (Sitrep) is prepared by the PH DOC [MOC] or Health Medical Branch of the OA EOC, Public Health Emergency Preparedness/Medical Health Operational Area Coordinator (MHOAC) Duty Officer, or EMS Duty Officer in accordance with the [California Public Health and Medical Emergency Operations Manual \(EOM\)](#). The Sitrep information is shared with relevant state partners, including CDPH, Emergency Medical Service's Authority, and the Region IV Regional Disaster Medical/Health Coordinators or RDMHCs.

Epidemiological and Public Health Laboratory surveillance and findings are gathered and disseminated to local and state agencies, healthcare providers, schools, and general public, to include identified populations with access and functional needs.

Public communications are developed and generated by County Public Information Officer and OA EOC under the direction of the PHO and/or the OA EOC Management.

5.1 COMMUNICATION

Inter-jurisdictional and inter-agency coordination will be conducted through the Incident Command Posts, OA EOC, County of Yolo HHS A DOC, PHDOC [MOC], and jurisdictional EOCs utilizing available communication equipment and infrastructure.

Situational awareness will be supported through data-sharing systems to expedite the transfer of information regarding the status of the incident and providers operational capacities to meet demands of the event. Activation, coordination, and use of the JIC will be initiated as soon as possible following an incident.

The OA EOC JIC will function to coordinate information to the media for public consumption. Information released to the public regarding the incident will be cleared by the EOC Director and the Public Health Officer.

Back-up Communication

- Telephones, satellite phones, faxes, and wireless systems will be utilized when available.
- Amateur radio operators may be called upon for back-up communications at hospitals, clinics, shelters, blood banks, field treatment sites, ARC Service Centers, the OA EOC, PH DOC [MOC], and HHSa DOC, if necessary.

Response and Alert Notifications

Hospitals, non-hospital healthcare community members, and other community-based organizations (CBOs) will be notified, as needed, regarding the magnitude of the incident and the required response by utilizing the most appropriate and accessible communications methods. Notification will be made via a mass notification system by the EMS Duty Officer in an accessible format.

5.2 LOGISTICS

HHSa and PH activate the HHSa DOC and oversee PH in general. Many of the HHSa services are implemented by private contractors who, by disaster clauses in their contracts, are expected to maintain essential services during and after a disaster. HHSa DOC manages PH financials and manages resource requests as appropriate for recovery; if unable to meet needs, the HHSa DOC may make resource requests through the OA EOC Logistics Section.

Healthcare providers communicate and submit resource requests through the PH DOC [MOC]. The PH DOC [MOC] Logistics Section may coordinate fulfillment of healthcare requests from existing caches or from OA EOC Logistics. The OA EOC Logistics Section may delegate logistical coordination to the PH DOC [MOC].

The Strategic National Stockpile (SNS) Coordinator, through the PH DOC [MOC], may be responsible for mass population prophylaxis. The Cities Readiness Initiative (CRI) program works in tandem with the infectious disease detection system by preparing to provide prophylaxis to the total residential and visitor population. Agreements with trucking companies, businesses, private organizations, and public agencies exist to support the distribution of medical countermeasures.

SECTION 6.0: ANNEX DEVELOPMENT AND MAINTENANCE

This Annex is a product of the Yolo County Operational Area Emergency Operations Plan (OA EOP). As such, the policies, procedures, and practices outlined in the OA EOP govern this Annex. OES is subject to coordinate the maintenance and update of this Annex every four years, in accordance with the maintenance schedule established for the OA EOP. Record of changes, approval, and dissemination of the OA EOP will also apply to this Annex.

Updates to this Annex can be made before such time for multiple reasons, including, but not limited to, changes in policy/procedure, improvements and recommendations based on real life events or exercises, etc. Recommended changes should be submitted to OES at oes@yolocounty.org.

Maintenance of this Annex is the responsibility of OES and PH. In addition to the maintenance schedule, this Annex will be reviewed every four (4) years by Yolo County HHSA's Public Health Branch. The Public Health Operations Annex revision is approved by the PHO, or designee, and forwarded to OES for inclusion with the OA EOP, and adoption by the Disaster Services Council Chair.

SECTION 7.0: AUTHORITIES AND REFERENCES

In 2007, the CDPH within the California Health and Human Services Agency, was created. There are 61 local health jurisdictions in California comprised of 58 counties and three cities (Berkeley, Long Beach, and Pasadena).

The authority to enforce Health Officer Orders is derived from the police powers of the state, county, or city. [Article XI, Section 7](#) of the California Constitution provides that: “A county or city may make and enforce within its limits local, police, sanitary, and other ordinances and regulations not in conflict with general laws” (Health and Safety Code-H&S [§101025](#) and

[§101450](#)). Public Health Officers must enforce and observe orders and ordinances of the Board of Supervisors or the City Council, (H&S [§101030](#), [§101470](#)) as applicable, CDPH orders (H&S [§120195](#)), and state statutes and regulations relating to public health ([C.C.R. §2501](#)).

The legal basis for the enforcement of Health Officer orders derives from the Health Officer’s duty to uphold and enforce statutes, regulations, local ordinances, and CDPH orders (H&S [§101375](#), [§101400](#), and [§101405](#)). Additional enforcement authority is contained in statutes that expressly mandate compliance with specified Health Officer orders (H&S [§120220](#) and

[§121365](#)). The *“Health Officer Practice Guide for Communicable Disease Control in California,”* last published on 6/7/2013 by Public Health Law Work Group provides additional references.

In order to understand the authorities and responsibilities that arise during emergencies or disasters, it is necessary to understand the basic authorities that apply in day-to-day public health operations. These references include:

- County Board of Supervisors appoints a Public Health Officer (HSC-Health and Safety Code- §101000).
- HSC § 101025 Preservation and protection of public health.
- HSC § 101030 Enforcement duties.
- HSC § 101375 Consent of city; enforcement duties of county health officer.
- HSC § 101400 Contracts for county performance of city health functions.
- HSC § 101405 Powers of county health officers in city.
- HSC [§ 101415](#) Contract for city performance of county health functions.
- HSC § 101450 Duties of governing body of city.

HSC [§ 101460](#) Health Officer Appointment. “Every governing body of a city shall appoint a health officer, except when the city has made other arrangements as specified in this code, for the county to exercise the same powers and duties within the city, as are conferred upon city health officers by law.”

- There are three conditions of emergency defined in the Emergency Services Act, “state of war emergency,” “state of emergency,” and “local emergency” defined in California Government Code (GC) [§ 8558](#) Degrees of emergency.
- When the County Board of Supervisors proclaims a local emergency, the proclamation does apply to cities within the geographic borders of the County.
- GC [§ 8630](#) Proclamation by local governing body. “When the county has declared the local emergency, based upon conditions which include both incorporated and unincorporated territory of the county, it is not necessary for the cities to also declare the existence of a local emergency independently.”
- GC [§ 8630\(b\)](#) Proclamation by local governing body: the local health officer may proclaim a local emergency, if specifically designated to do so by ordinance adopted by the governing body of the jurisdiction.
- A “local emergency” as defined by GC [§ 8558\(c\)](#), includes such health-related conditions as air pollution, epidemic, and plant or animal infestation or disease. A “local emergency” may also be proclaimed upon the existence of “other conditions.”
- GC [§ 8625](#) State of Emergency Proclamation by Governor.
- GC [§ 8625\(b\)](#) The Public Health Officer may not request that the Governor proclaim a “State of Emergency.” Only the Mayor or chief executive of the affected city, or the chairman of the county board of supervisors, or county administrative officer may request that the Governor proclaim a “State of Emergency.”
- HSC [§ 101040](#) Authority to take preventive measures during emergency.
- HSC [§ 101080](#) Declaration of health emergency; conditions; duration; review: The term “health emergency” is narrowly defined in HSC [§ 101080](#) as a spill or release of hazardous waste or medical waste, as described in [§ 101075](#) that is determined by the director (DHS) or local health officer to be an immediate threat to public health or “whenever there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, non-communicable agent, toxin, or radioactive agent.”
- HSC [§ 101085](#) Health emergencies; powers of health officials.
- HSC [§ 101310](#) Health emergencies. “In the event a health emergency is declared by the board of supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080, the local health officer shall have supervision and control over environmental health and sanitation programs and personnel employed by the county during the state of emergency.”
- The “health emergency” that is declared by the board of supervisors in HSC [§ 101310](#) is a “local emergency,” which has been proclaimed for a health-related reason as defined under GC [§ 8558\(c\)](#) pursuant to GC [§ 8630](#).
- Section 101310 (originally [§ 1155.7](#)) was added to the Health and Safety Code in Chapter 1364, Statutes of 1974. The purpose of the section was to ensure that health officers had field personnel available to respond to an emergency. This became necessary when environmental health programs were granted the authority to form comprehensive

environmental health agencies outside of the health department in accordance with § 1155.5 and 1155.6 of this legislation. Section 1155.7 was renumbered to §1158 in 1979 and later amended to include the ability to respond to health emergencies created by a spill or release of hazardous wastes, in Chapter 927, Statutes of 1980.

- Penal Code [§ 409.5](#) provides the local health officer with authority to order an evacuation if there is an immediate menace to the public health from a calamity, such as a flood, storm, fire, earthquake, explosion, accident or other disaster.
- At the federal level, the U.S. Department of Health and Human Services (HHS) provides the framework for its management of public health and medical response to an emergency or disaster. The Assistant Secretary for Preparedness and Response (ASPR) directs and coordinates federal public health and medical assistance provided under ESF-8.
- The ASPR coordinates the Federal ESF-8 response through the HHS Emergency Management Group or EMG, which operates from the Secretary’s Operations Center at HHS headquarters in Washington, D.C. The legal authority of the Secretary includes Legal Authority without declaration of a Public Health Emergency
 - Section 319 of the Public Health Services Act, HHS Secretary has broad legal authorities to provides assistance to states and local entities and to conduct studies, to include establishing isolation and quarantine; maintaining Strategic National Stockpile (SNS); activating National Disaster Medical System (NDMS); deploying Medical Reserve Corps (MRC); maintaining safety of food, drugs, biological products and medical devices; and providing temporary assistance to needy families and responding to needs of “at-risk” individuals.
 - The Secretary may waive certain requirements for drugs covered by risk evaluation and mitigation strategies or permit the dispensing of medical products intended to prevent, diagnose, or treat a disease or condition caused by such a product described for emergency use. Legal Authority with Declaration of a Public Health Emergency includes
 - Make grants to State and local agencies.
 - Provide awards for expenses & contract.
 - Conduct and support investigation into cause, treatment, or prevention of specific disease or disorder.
- The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute under the Health & Safety Code §1797.153. Within the Mutual Aid Region, the Regional Disaster Medical Health Coordinator (RDMHC) program coordinates the functions identified in Health and Safety Code [§1797.152](#).
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APPENDIX A: PUBLIC HEALTH EMERGENCY ACTIONS

	Action	Responsibility
<input type="checkbox"/>	Report to the OA EOC. Other designated staff report to EMS/PH DOC [MOC] or HHS A DOC.	Public Health Officer and Designated PH BRANCH Staff
<input type="checkbox"/>	Issue appropriate public health orders, including orders of quarantine, and protective guidelines, as needed.	Public Health Officer
<input type="checkbox"/>	Consider declaring of Local Health Emergency if situation Needs criteria in HSC 101080.	Public Health Officer
<input type="checkbox"/>	Consider recommending activation of a policy group of County and regional executive leadership from affected jurisdictions.	Public Health Officer
<input type="checkbox"/>	Coordinate health-related activities among local public and private response agencies or groups.	Public Health Services / EMS
<input type="checkbox"/>	Communicate with local hospitals/clinics to determine surge needs.	Public Health Service's / MHOAC / EMS
<input type="checkbox"/>	Coordinate with the County Coroner, on any health-related problems associated with the disposal of the dead.	Public Health Service's/ Yolo County Coroner's Division
<input type="checkbox"/>	Request assistance from the State Mutual Aid Regional Disaster Medical Health Coordinator (RDMHC), as required.	MHOAC / Public Health Service's / EMS
<input type="checkbox"/>	Determine potential health hazards and establish standards for control.	Public Health Service's
<input type="checkbox"/>	Coordinate a systematic inspection of health hazards in affected areas as needed.	Public Health Service's MHOAC / EMS / DEHQ
<input type="checkbox"/>	Assist in environmental protection activities.	Public Health Service's / EHD
<input type="checkbox"/>	Implement preventive health measures, including the control of communicable diseases and other public health threats.	Public Health Service's
<input type="checkbox"/>	Provided laboratory testing as needed to prevent environmental, zoonotic, or human-to-human disease transmission.	Public Health Laboratory
<input type="checkbox"/>	Conduct appropriate laboratory testing to monitor situation throughout event response.	Public Health Service's / Public Health Laboratory
<input type="checkbox"/>	Assist in disease control activities.	Public Health Service's / Public Health Nursing Unit / Communicable Disease Team
<input type="checkbox"/>	Assist in community health assessment.	Public Health Service's / Public Health Nursing Unit / Health Statistics

Public Health and Medical Annex

<input type="checkbox"/>	Assist in Field Treatment Sites and Mass Care Shelters when requested.	Public Health Service's / Public Health Nursing Unit
<input type="checkbox"/>	Provide supportive health care at operating Public Health Centers.	Public Health Nursing Unit / Public Health Service's

APPENDIX B: VERSION HISTORY

(Note: File each revision transmittal letter behind this record page.)

Change Number	Section	Date of Change	Individual Making Change	Description of Change
0.1	All	10/31/2014	Howell Consulting	Initial draft
0.2	All	3/3/2015	Yolo OES	Revised all sections
0.3	All	4/9/2015	Howell Consulting	Revised all sections
0.4	All	4/14/2015	Yolo Health	Revised all sections
0.5	All	5/19/2015	Yolo OES	Inclusion of partner revision's
1.0	All	9/1/2015	Yolo OES	Changed to published version after public comment period
2.0	All	6/23/2023	Yolo OES	Full Updated - Rewrite