



County of San Luis Obispo  
Public Health Department

# **All-Hazard Emergency Operations Plan (EOP)**

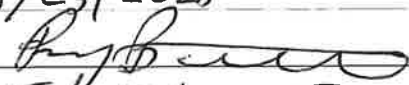

**ORIGINAL PLAN**

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## **PART ONE - OVERVIEW**

### **1. INTRODUCTION**

#### **1.1. Overview**

The requirements for Public Health Emergency Preparedness (PHEP) are stipulated by the federal government and the State of California. Each Operational Area (OA) Public Health Department (PHD) is responsible for developing plans and procedures that address emergency preparedness. The County of San Luis Obispo Public Health Department (SLOPHD) has developed and maintains several key emergency plans and Standard Operating Procedures (SOPs) in their PHEP Program (see [Attachment 5](#)). This *All-Hazard Emergency Operations Plan (EOP)* is the base document in this process for SLOPHD.

The San Luis Obispo County Disaster Healthcare Coalition (SLO-DHCC) addresses issues that affect emergency preparedness, response, and recovery. Membership on the coalition is extended to any healthcare, first responder or law enforcement organization as well as the healthcare associations representing various healthcare sectors in the SLO OA. A list of these partners is found in [Attachment 6](#).

#### **1.2. Purpose**

This plan is designed to provide the foundation for the SLOPHD in preparing for, mitigating against, responding to, and recovering from an emergency. The Plan describes how SLOPHD integrates into the SLO County emergency response structure. It provides a framework for coordination of response and recovery efforts within SLOPHD in coordination with the OA, state government, and federal agencies where appropriate. In addition, the plan includes:

- Applicable statutory and regulatory authorities under which SLOPHD responds to emergencies;
- The emergency response structure and processes employed by SLOPHD;
- Provisions to guarantee consistency with the California public health and medical system's *Emergency Operations Manual (EOM)*;
- Key emergency management concepts under which SLOPHD organizes its response;
- Roles and responsibilities for SLOPHD as well as its state and local partners; and
- Interface and coordination between SLOPHD and involved county agencies, businesses, and departments.

#### **1.3. Scope**

The EOP applies to unusual events and emergencies that threaten or impact public health. For the purposes of this plan, "unusual events" are events that require increased monitoring and communication but are not considered emergencies. The term "emergency" refers to an incident that produces a local emergency, impacts SLOPHD operations severely enough for the activation of the SLOPHD EOP, or impacts SLOPHD operations sufficiently to activate its emergency response structure, to include those that may require the activation of the County Health Agency Department Operations Center (CHADOC). The plan is consistent with SLOPHD's statutory and regulatory

authorities and administrative orders. The plan applies to all SLOPHD staff, any of whom may be redirected to support emergency operations as necessary. The EOP works in concert with other relevant SLOPHD emergency plans identified in [Attachment 5](#).

#### **1.4. References and Authorities**

The SLOPHD is responsible for the protection of the public's health and is also the primary Agency for coordination of public health emergencies and medical services within the County. See [Attachment 11](#) for further detail on legal authorities.

#### **1.5. Assumptions**

The EOP is based on several assumptions which serve as the basis for understanding how public health may be impacted during an emergency and how the SLOPHD ensures operational readiness to respond to said emergencies. These assumptions include:

- All emergencies potentially impact public health;
- Emergencies may cause illness, loss of life, and widespread severe damage including damage to healthcare facilities and other medical or public health resources;
- Existing systems may be damaged, disrupted, or overwhelmed during an emergency, including major infrastructure and utilities (both public and private);
- SLOPHD plans, trains, exercises and responds to emergencies;
- SLOPHD must maintain its responsibilities (including Continuity of Operations) in an emergency unless these responsibilities are waived by an executive order;
- SLOPHD staff may be impacted by an event and may be unable to fulfill their emergency response duties;
- All SLOPHD staff are considered Disaster Service Workers (DSW) and may be asked to support essential functions, assist in restoring normal operations, and/or support the SLOPHD emergency response effort;
- Communications within the affected area may be disrupted. Redundant types of communications such as amateur radios and satellite phones may assist with communications efforts;
- Completion of the following activities prior to an incident is an essential element to a successful response:
  - Establish close working relationships and mutual-aid agreements with emergency management agencies;
  - Participate in hazard and risk assessments for SLO County;
  - Conduct a capacity assessment defining the resources of the public health system in SLO County and those available through mutual-aid agreements;
  - Acquire resources and surge capacity necessary to perform the basic missions assigned to the SLOPHD;
  - Develop plans, procedures, and guidelines that are consistent with those used by other response agencies and organizations;
  - Develop operational objectives for public health emergency response;

- Develop basic systems for morbidity, mortality, syndromic, and mental/behavioral surveillance, and registers for affected populations, with appropriate data archiving systems;
- Develop plans, procedures, and guidelines for public health information and risk communication;
- Ensure that public health personnel within the SLOPHD are trained and certified in safety and health practices, including the use of Personal Protective Equipment (PPE);
- Provide orientation and training to public health response personnel, including volunteers, on the emergency operations plans, procedures, guidelines, command & management systems and authorities, and the Incident Command System (ICS), the National Incident Management System (NIMS) and the California Standardized Emergency Management System (SEMS);
- Participate in the planning, design and conduct of exercises to evaluate public health preparedness and response;
- Participate in after-action reviews of exercises and actual incidents; and
- Coordinate the cooperation between public and private entities in a variety of domestic incident management activities.

### **1.6. Definitions**

**Incident:** An occurrence or event, either human-caused or caused by natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources. Incidents may result in extreme peril to the safety of persons and property and may lead to or create conditions of disaster. Incidents may also be rapidly mitigated without loss or damage. Incidents are usually a single event and can be managed with existing resources. Typically, a few agencies are involved in dealing with an ordinary threat to life and property and to a limited population. Usually a local emergency is not proclaimed and the jurisdictional Emergency Operations Center (EOC) is not activated. Incidents are usually of short duration, measured in hours or, at most, a few days. Primary command decisions are made at the scene along with strategy, tactics, and resource management decisions.

**Emergency:** A condition of disaster or of extreme peril to the safety of persons and property. An emergency could have more than one incident associated with it. Emergency also defines a conditional state such as a proclamation of "Local Emergency". The California *Emergency Services Act (ESA)*, of which SEMS is a part, describes three states of emergency:

- State of War Emergency
- State of Emergency
- State of Local Emergency

**Health Emergency:** A spill or release of hazardous waste or medical waste or a threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, non-communicable biologic agent, toxin, or radioactive agent that may be determined by the local health officer, or designee, to be an immediate threat to public health. Once a health emergency has been proclaimed by the County Board of Supervisors, the County Health Officer (CHO) will obtain all



necessary information about the material that has been released, spilled, or escaped and will take efforts to abate the health emergency and protect public health. They may provide this information to responding state or local agencies or to medical and other professional personnel treating victims of the local health emergency. They may also sample or analyze the material to determine the information needed to protect public health.

**Disaster:** A sudden calamitous emergency event bringing great damage, loss, or destruction. Disasters may occur with little or no advance warning, such as an earthquake or a flash flood, or they may develop from one or more incidents, such as a major wildfire, a pandemic, or hazardous materials discharge. Disasters are either single or multiple events that have many separate incidents associated with them. The resource demand goes beyond local capabilities and extensive mutual aid and support are needed. There are many agencies and jurisdictions involved including multiple layers of government. There is usually an extraordinary threat to life and property affecting a generally widespread population and geographical area. A disaster's effects last over a substantial period of time (days to weeks) and local government may proclaim a Local Emergency. EOCs are activated to provide centralized overall coordination of jurisdictional assets, departments and incident support functions. Initial recovery coordination is also a responsibility of the EOCs.

## **2. CONCEPT OF OPERATIONS**

### ***2.1. General***

This section describes the three different phases of public health operations: Day-to-Day activities, Unusual Event activities, and Emergency Response activities. It lays out the emergency response structure and identifies the sequence of events as they occur during that response. The order in which the activities are undertaken may vary according to the specific incident, and these activities may be repeated at various stages of the response.

### ***2.2. Day-to-Day Response Activities***

Public health incidents occur that do not escalate to the level of an emergency but require SLOPHD to respond under their statutory and regulatory authorities to protect public health. SLOPHD manages these day-to-day activities consistent with existing plans, policies, and procedures, and coordinates with appropriate partner agencies. Examples of specific day-to-day response activities include:

- Management of Medical Countermeasure (MCM) delivery programs;
- Oversight of Hospital Preparedness Programs (HPP);
- Maintenance of a Health Alert Network (HAN) for provider & public communications;
- Identification, prevention, & control of infectious diseases that pose a threat to public health;
- Provision of epidemiologic support and surveillance activities specific to public health;
- Protection of the public from all vaccine-preventable diseases;
- Maintenance of public health vital records;
- Maintenance of Public Health Laboratory (PHL);
- Oversight of all Emergency Medical Services (EMS); and
- Oversight of all Environmental Health activities.

### **2.3. Response Priorities**

SLOPHD has established the following priorities for allocating staff and resources during an emergency:

1. Safety and protection of staff
2. Field-level emergency response functions
3. Support of the County's emergency response (e.g. the County EOC and requests for SLOPHD resources)
4. Health Agency essential functions as documented in the *Continuity of Operations Plan (COOP)*

During significant emergencies impacting public health, additional priorities will be determined by the CHO.

### **2.4. Unusual Events Triggers & Activities**

Unusual events require more coordination and communication, thus trigger response activities by SLOPHD. Unusual events are those that:

- Significantly impact or are anticipated to impact public health or safety;
- Disrupt or are anticipated to disrupt the Public Health and Medical System;
- Require or are anticipated to require resources beyond the capabilities of SLOPHD, including those capabilities available through existing agreements with other response partners;
- Produce media attention or are politically sensitive;
- Lead to a regional or state request for information; and
- Require or are anticipated to require increased information flow from SLOPHD to assist in the management or mitigation of the incident's impact.

In response to an unusual event, SLOPHD follows existing policies and procedures and increases communications with the Medical Health Operational Area Coordinator (MHOAC) and/or the CHO as well as other programs impacted by the incident. SLOPHD will also communicate unusual events to regional, state and federal partners according to published guidelines as conditions warrant. During an unusual event SLOPHD may activate all or portions of the EOP and redirect staff to the response.

### **2.5. Emergency Response Triggers and Activities**

The triggers to activate SLOPHD's emergency response structure may include, but are not limited to:

- Notification from a credible source that an emergency has occurred or is imminent;
- Local partners have requested SLOPHD assistance to support an emergency response;
- An event in which SLOPHD identifies the potential for resource requests and increased coordination across programs;
- Response leads to a need for increased information sharing and coordination;
- Internal operations are impacted and the Health Agency COOP may be activated;
- Critical and widespread loss of SLOPHD Information Technology (IT) resources;
- Statutory requirement for SLOPHD response to a particular emergency;
- Statutory requirements for the Medical Health Operational Coordinator (MHOAC)
- Event threatens the health of many workers due to chemical or infectious agents;
- Other environmental public health hazards as identified or suspected; and

- Cluster evaluations providing evidence of an unusual number of health events (e.g. SARS, influenza, food poisoning, health care associated infections, etc.).

The CHO determines if SLOPHD is engaged in an emergency and what actions are necessary. During an emergency SLOPHD may activate all or portions of the EOP. Activities may include:

- Assess staff health and safety;
- Activate the CHADOC;
- Redirect staff to support the response;
- Participate in field-level incident coordination and monitoring;
- Assign personnel to the County EOC;
- Activate emergency communications systems to communicate with the public, the media, elected officials, and other external entities;
- Provide Situation Status (SitStat) Reports;
- Analyze resources and request additional resources as needed to support response activities;
- Deploy field staff to conduct assessments, assist regulated facilities, provide technical assistance, and support emergency response operations in accordance with regulatory and statutory authorities;
- Coordinate with the CHO, the MHOAC, and key response partners; and
- Disseminate information to regulated/licensed healthcare facilities and others as needed.

## **2.6. Emergency Response Structure**

SLOPHD conducts emergency operations and activities consistent with its statutory and regulatory authorities and capabilities. The SLOPHD management chain-of-command consists of the following:

- SLOPHD CHO
- SLOPHD Deputy CHO
- SLOPHD EMS Division Manager
- SLOPHD PHEP Program Manager

The *CHADOC SOP* describes other response structure and capabilities such as request for resources, redirection of staff, funding and funding stream requirements, etc.

## **2.7. Emergency Response Sequence of Events**

### **2.7.1. Monitoring & Activation of Plan**

SLOPHD staff monitor potential or escalating public health incidents through program activities and relationships with key partners. SLOPHD may contact impacted facilities, key partners, or other organizations to offer assistance and gather the information necessary to assess the situation. Activation and response to the emergency are described in the *CHADOC SOP*.

#### 2.7.2. Alert & Notifications

Notifications for activation will follow the SLO OA *Emergency Operations Plan* and SEMS and will be received by the CHO (via the Watch Commander) or MHOAC. Health Agency notifications will follow the SLO Health Agency Staff *Recall and Notification SOP*.

#### 2.7.3. Increased Readiness

An unfolding or escalating situation may provide sufficient warning to allow SLOPHD to conduct activities to improve the timeliness and effectiveness of response actions if the event evolves into an emergency. These activities may include, but are not limited to:

- Briefing management on the potential emergency;
- Preparing SitStat Reports to communicate changes in the status of event;
- Reviewing emergency response plans and procedures;
- Inventorying resources and updating resource lists;
- Determining staff availability and developing staffing plans;
- Contacting key partners to establish lines of communication and coordination; and
- Preparing risk communication documents to educate the public in the event the emergency occurs.

#### 2.7.4. Initial Actions for Emergency Response

Upon activation of the SLOPHD emergency response structure, the CHO or designee will:

- Identify staff who may be involved in the response based on the nature of the event;
- Determine which emergency plans are to be activated;
- Activate the CHADOC; and
- Establish frequency of meetings related to the response and notify participants of the scheduled meetings.

#### 2.7.5. Mobilization of Personnel

SLOPHD notifies and mobilizes emergency response personnel of an unusual event or emergency within the chain of command consistent with SLOPHD's statutory and regulatory authorities, emergency plans, policies, and procedures. SLOPHD staff that are deployed should be provided with the appropriate materials, resources, and contacts to fulfill the assigned roles safely.

#### 2.7.6. Communication & Information Management

Communication and the management of information are critical elements of the SLOPHD emergency response. During emergencies, situational information flows to the SLOPHD via the CHADOC. Sharing and dissemination of this information is done according to the procedures outlined in the *CHADOC SOP*, *Emergency Communications Plan*, and the *Crisis & Emergency Risk Communications* (CERC) Plan.

#### 2.7.7. Use of Subject Matter Experts (SMEs)

Subject matter experts may be activated to respond to CHADOC, or consulted by CHADOC staff, for recommendations on the need for, and scale of, incident command operations. Possible events that may trigger the activation and/or consultation of SMEs include:

- Suspected terrorist or intentional acts: law enforcement;
- Bioterrorism attacks requiring decontamination or hazardous material (HazMat) containment: County HazMat team;
- Animal attacks: County Animal Services, California Fish and Wildlife, local law enforcement;
- Agricultural events: County Agricultural Department; and
- Communicable Diseases (CD): See CD Notification Matrix in the *Communicable Disease Response Plan*.

#### 2.7.8. Resource Management

Personnel Rosters with contact lists of responders assigned to staff CHADOC positions are maintained by the PHEP Program. These personnel rosters are also coordinated with the Health Agency Human Resources. The staffing table rosters are updated annually or as needed.

Other resource management endeavors follow the *MHOAC SOP*, the *CHADOC SOP*, and the state *EOM*.

#### 2.7.9. Spontaneous Volunteer Management

The American Red Cross (ARC) and the United Way are both involved in managing and utilizing spontaneous volunteers during emergencies.

The PHD has a robust Medical Reserve Corps (MRC) whose members are previously vetted and trained, and makes significant use of this volunteer resource.

#### 2.7.10. Sustained Response

SLOPHD has the capacity to sustain emergency response 24/7 as warranted by the situation. The CHO or CHADOC Director may redirect staff, funding, and other resources to sustain response operations consistent with statutory requirements, funding stream requirements, the Health Agency *COOP*, and other emergency response plans.

#### 2.7.11. Emergency Public Warning & Information

During day-to-day operations, SLOPHD develops, approves, and disseminates information to key partners consistent with internal policies and procedures, and in emergency response works with the County Public Information Officer (PIO) if information is distributed to the media or the public according to the policies outlined in the *CERC*.

#### 2.7.12. Emergency Finance & Administration

Emergency finance and administration operations involve the processes, procedures, and systems to track and document funding and expenditures associated with SLOPHD emergency response for the duration of the response. The *CHADOC SOP* outlines the processes involved to track incident-related costs for equipment, materials, supplies and services. SLOPHD may also assist partners with the preparation and submittal of disaster claims.

#### 2.7.13. Demobilization

Demobilization planning is the systematic method of surveying the needs of the response and resources assigned to the response to determine what is being used and what can be reduced. Demobilization plans, initiated at the onset of the emergency response, identify how the resources will be returned to their pre-emergency condition or status. Deployed resources are demobilized consistent with the demobilization plans in each of the SLOPHD emergency plans.

#### 2.7.14. Deactivation of Emergency Response Structure

Deactivation is the cessation of emergency response activities and a return to normal operations. The CHO or CHADOC Director deactivates the SLOPHD response. Notifications of the deactivation are conducted according to the procedures in the CHADOC SOP. Deactivation criteria include, but are not limited to:

- The emergency no longer requires enhanced support, coordination, or resources;
- SLOPHD can sustain, support, and coordinate remaining response activities with existing resources;
- The SLOPHD can sustain the sharing of situational information; and
- All key partners have deactivated their emergency response structure and are returning to normal operations.

#### 2.7.15. Recovery

Recovery is the process of restoring an organization or a community to its pre-disaster condition and establishing a state of normalcy following an emergency. SLOPHD initiates recovery planning as soon as the emergency response begins, and recovery operations may start prior to the completion of the response operations.

Recovery operations require a coordinated effort from a diverse group of stakeholders. Recovery operations will be conducted through a recovery committee that is inclusive and comprised of stakeholders representing a variety of disciplines and interests. The recovery committee will identify recovery objectives, priorities, resources, capabilities, impediments, and capacity.

Considerations should include, but are not limited to:

- Cost accounting and recovery to ensure transparent and accountable systems are in place to manage recovery resources.
- Economic restoration such as implementing economic revitalization strategies and rebuilding infrastructure to meet future community needs.
- Social services such as resident relocation and developing long term housing solutions.
- Mental Health services such as providing referrals to ongoing counseling, treatment, and case management to affected individuals and response personnel.
- Health and Medical services such as reestablishing disrupted healthcare facilities and monitoring long term environmental health impacts from the disaster.
- Mitigation activities to reduce vulnerabilities in the future.

The HA will in particular focus on the following recovery operations:

- Restore the capacity and resilience of essential health services to meet ongoing community needs.
- Support Behavioral Health systems to meet the needs of affected individuals, response and recovery workers, and the community
- Promote self-sufficiency and the continuity of the health and well-being of affected individuals.
- Assist in the continuity of essential health services, including schools.
- Reconnect displaced populations with essential health services.
- Protect the health of the population and response and recovery workers from the long-term effects of a post-disaster environment.
- Promote clear communication and public health messaging to provide accurate, appropriate, and accessible information.
- Implement lessons learned through mitigation activities by modifying plans, policies, and procedures.

### **3. ROLES & RESPONSIBILITIES**

The delineation of roles and responsibilities that partners play in responding to a public health emergency or hazard can be reviewed in the *San Luis Obispo County Disaster Healthcare Coalition (SLO-DHCC) Governance Document*.

#### **3.1. State**

The California Department of Public Health (CDPH) and the California Emergency Medical Services Authority (EMSA) are responsible for overall coordination of health/medical emergencies in the State. As described in SEMS, these agencies coordinate activities through the medical/health discipline at all levels and represent the medical/health discipline at the state response as well as with the federal government.

#### **3.2. SLOPHD**

The SLOPHD is responsible for:

- Responding to emergencies that affect or threaten public health;
- Coordinating the emergency response activities of the Health Agency and SLO healthcare partners; and
- Activating and managing the CHADOC according to policies and procedures.

#### **3.3. CHADOC**

The CHADOC is responsible for:

- Functioning as the department-specific centralized information and coordination center during emergency response;
- Acting as the single point of contact for coordination and allocation of public health and medical resources;
- Establishing an organizational structure consistent with the principles of SEMS;

- Evaluating and prioritizing each incident based on the threat to health and safety of the public; and
- Communicating within the County as well as to regional, state, and federal partners according to SEMS policies and procedures.

### **3.4. SLO Response Partners**

The *SLO-DHCC Governance Document* outlines the responsibilities of SLO Response Partners. SLO medical and health response partners are responsible for:

- Coordinating their resources during emergency response;
- Activating internal emergency plans and procedures as appropriate;
- Communicating with SLOPHD, or CHADOC if activated, regarding the nature and status of the emergency event(s);
- Requesting resources and submitting SitStat reports according to policies and procedures;
- Providing agency representatives or SMEs, as requested, to participate at the CHADOC.

## **4. DIRECTION, CONTROL & COORDINATION**

### **4.1. Command & Control**

Command and control structure, policies, and procedures for SLOPHD emergency response are found in the *CHADOC SOP*.

### **4.2. NIMS/SEMS/ICS**

The SLOPHD and all response partners have adopted and utilize NIMS and SEMS. Responding agencies will use the ICS to ensure a standardized emergency response.

### **4.3. Contracts & Agreements**

The SLOPHD partners with many different agencies to ensure that SLO County can effectively respond to emergencies. Different agreements are utilized for distinct types of partnerships:

- *SLO-DHCC Participation Agreement*: Outlines how healthcare entities will coordinate during the preparedness, response, and recovery phases of a disaster to provide services and supplies to the community.
- *Emergency Facility Use Memorandum of Understanding*: Outlines how facilities can be used for public health operations, including medical shelters, in the event of an emergency.
- *Vendor Contracts*: In place for the purchase of goods and services that may be used during a medical shelter operation or other disaster responses.

### **4.4. Training & Exercises**

Local and state health agencies provide various levels of training annually. Training will consist of seminars, workshops, webinars, website and satellite courses, drills, and exercises (tabletop, functional, and full scale) to test, document, and improve specific components of this plan. Training plans are developed based on the areas identified in exercises and real-world incident After Action Reports (AARs). The SLOPHD will provide training to SLOPHD staff on this plan. The SLOPHD will support partnering organizations in providing training on this plan to their staff.



#### ***4.5. After Action Review/Improvement Process***

Each exercise or real-world event will be followed up with an AAR/IP, as required (not every event will require an AAR/IP – example food borne illness outbreak may have 10 positive cases before being designated as significant enough to require an AAR). The CHO or PHEP Program Manager will determine whether a particular training, drill, exercise or actual event was significant, and therefore, requires an AAR/IP. The process addresses infectious disease outbreaks, environmental public health hazards, natural disasters, and other threats. These reports will be available within ninety (90) days of the incident or exercise and will be submitted to CDPH upon request.

#### ***4.6. Plan Review & Revisions***

This plan will be reviewed and updated every five years or as needed by the PHEP Program. Revisions will be based on AAR/IPs completed following significant trainings, exercises, and actual events. A collaborative review of this plan is documented in meeting agendas, minutes, and other written reports provided during regular meetings of SLO-DHCC.

**PART TWO – ATTACHMENTS**

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## **ATTACHMENT 1: 4 PHASES OF EMERGENCY MANAGEMENT**

Emergency-related activities are clustered into four phases that are related by time and function to all disasters. The phases are also related to each other, and each involves different types of skills. Comprehensive emergency management coordinates the interactions of all organizations for all phases of all risks. The County of San Luis Obispo (SLO) *Emergency Operation Plan (EOP)* provides information to maximize the integration of incident-related prevention, preparedness, response, and recovery activities.

### **Preparedness Phase**

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and responses to a disaster. A key preparedness function is the review of Standard Operating Procedures (SOPs), checklists detailing personnel assignments, policies, notification procedures, and resource lists. Staff are familiar with these documents, and are periodically trained in emergency response functions.

### **Response Phase**

Pre-Impact: Recognition of the approach of a potential disaster where actions are taken to save lives and protect property. Warning systems may be activated and resources may be mobilized, Emergency Operations Centers (EOCs) may be activated and evacuation may begin.

Immediate Impact: Emphasis is placed on saving lives, controlling the situation, and minimizing the effects of the disaster. Incident Command Posts (ICPs) and EOCs may be activated, and emergency instructions may be issued.

Sustained: As the emergency continues, assistance is provided to victims of the disaster and efforts are made to reduce secondary damage. Response support facilities may be established. The resource requirements continually change to meet the needs of the incident.

### **Recovery Phase**

Recovery is taking all actions necessary to restore the area to pre-event conditions, or better, if possible. Therefore, mitigation for future hazards plays an important part in the recovery phase for many emergencies. There is no clear time separation between response and recovery. Planning for recovery should be a part of the response phase.

### **Mitigation Phase**

Mitigation efforts occur both before and after a disaster. Mitigation includes taking actions to strengthen facilities, abatement of nearby hazards, and reducing the potential damage either to structures or their contents in an effort to avoid dangerous situations. While it is not possible to totally eliminate either the destructive force of a potential disaster or its effects, doing what can be done to minimize the effects may create a safer environment that will result in lower response costs and fewer casualties.

## **ATTACHMENT 2: SAN LUIS OBISPO COUNTY EMERGENCY RESPONSE**

The SLO County *Emergency Operations Plan* (EOP) provides policies and procedures for coordination and integration of federal, state, regional, local, private sector and non-governmental organization partners. The County EOP provides further information on Field Operation facilities, the County EOC and Alternate EOC locations, EOC activation levels, and joint information efforts. It also describes emergency management functions and staffing.

When events occur in the County of San Luis Obispo (SLO) requiring an emergency response, the County may activate the Emergency Operations Center (EOC), which is managed in accordance with existing emergency management procedures modeled after the National Incident Management System (NIMS) and the California Standardized Emergency Management System (SEMS). The EOC is the central location for gathering and disseminating information, coordinating all jurisdictional emergency operations, and coordinating with the Southern Region and the Governor's Office of Emergency Services (CA OES).

Key agencies involved in the response operations, including the County Health Agency and the County of San Luis Obispo Public Health Department (SLOPHD) will be represented at the EOC.

The EOC is a 12,000-square foot facility located five miles west of SLO, near Camp San Luis. This facility houses the Sheriff's Department 24/7 Dispatch Center, Watch Commander, and related patrol staff. The EOC also contains a Command room, a Public Information room, an Amateur Radio Emergency Services Center, and rooms for Planning, Operations, and Logistics Incident Command System (ICS) functions.

The Operational Area (OA) Office of Emergency Services (OES), the Federal Emergency Management Agency (FEMA), and Pacific Gas & Electric Company (PG&E) also have space at this facility.

The Emergency Alert System (EAS), Early Warning System Sirens, Tone Alert System (for hospitals, schools, and Skilled Nursing Facilities) and the Reverse 911 System can all be activated from the EOC.

The facility has an emergency supply of water, and the County Jail is nearby for emergency feeding provisions. The EOC has a generator capable of providing essential electrical needs to the building.

Department Operations Centers (DOCs) are established to coordinate response actions of specific disciplines both within and outside of the County. DOCs serve as the link between the disciplines and the field response in emergency events. The County Health Agency Department Operations Center (CHADOC) is the Health Agency-specific DOC for coordinating and managing public health and medical response efforts. The SLOPHD is responsible for activating and managing the CHADOC.

## **ATTACHMENT 3: COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH EMERGENCY RESPONSE**

The County of San Luis Obispo (SLO) Health Agency is responsible for managing disasters with medical and health impacts and plays a critical role in the protection of the public. When an emergency occurs requiring a response beyond normal day-to-day activities, the Health Agency will switch to an emergency response mode. The first action to occur is the activation of the County Health Agency Department Operations Center (CHADOC). The CHADOC is the location from which County of San Luis Obispo Health Agency personnel monitor, coordinate, and support health, medical, emergency medical services, and behavioral health response activities throughout the County. Requests for resources and assistance from either the Region or the State are managed from the CHADOC. The *CHADOC Standard Operating Procedure (SOP)* defines specific roles/responsibilities for each emergency response. Staff are trained and cross-trained to perform a range of duties, many of which are different than their normal day-to-day job responsibilities. Triggers for activation of the CHADOC may include:

- Proclamation of a local emergency or local health emergency by the County Board of Supervisors;
- Proclamation of a local emergency by a political subdivision within the Operational Area (OA);
- Natural or technological emergencies and disasters that may affect the health and safety of the public, such as:
  - Multiple Casualty Incidents (MCIs) exceeding local capacity,
  - Fire, earthquake, or flood with potential to damage community infrastructure (hospitals, transportation system, utilities, etc.) or causing major public health implications
  - Bioterrorism or terrorism events, and
  - Biological, chemical, radiological, or environmental disease or injury
- In support of regional incidents that may have medical and health impacts on the public in other OAs;
- Detection of pandemics or epidemics affecting the local or adjacent jurisdictions;
- Perceived or verified impending incidents with medical and health impacts on the public;
- An event that has the potential for rapid growth and/or major medical and health impacts on the public;
- Events with high public, media, or political interest which may stimulate high levels of concern or interest;
- Receipt or request of Strategic National Stockpile (SNS) assets; and
- Other instances as determined by Health Agency leadership.

Major activities of the SLOPHD in each of the 4 phases of emergency response include the following:

### **Preparedness Activities:**

- Prepares, updates, and reviews the SLOPHD *Emergency Operations Plan (EOP)*;
- Trains SLOPHD staff on emergency preparedness and the SLOPHD EOP;

- Maintains emergency supplies and equipment in an *Emergency Resource Directory* (ERD) and plans for procurement of additional supplies/equipment during an emergency;
- Creates and maintains hazard-specific emergency plans and procedures;
- Conducts training and exercises on emergency plans and procedures;
- Manages resources and capabilities to support emergency response and recovery;
- Works with health and medical partners to develop emergency management policies and procedures, and uses the California Health Alert Network (CAHAN) to communicate with partners;
- Writes policies and procedures directed at improving communication during emergencies; and
- Maintains a comprehensive list of all licensed healthcare facilities and other response partners.

#### **Mitigation Activities:**

- Encourages and promotes the use of CAHAN to receive critical information;
- Provides guidance regarding plans and procedures that impact emergency preparedness; and
- Ensures the reporting of an unusual occurrence according to the regulations.

#### **Response Activities:**

- Ensures the safety of SLOPHD personnel to support continuity of operations and resumption of services according to the policies and procedures in the *Health Agency Continuity of Operations Plan (COOP)*;
- Ensures continuity of operations following an emergency that impacts the SLOPHD. Monitors the implementation of emergency response plans, including evacuations of patients from healthcare facilities as necessary;
- Monitors field-level responses, provides resources as requested, and manages information sharing both within the County and to regional, state, and federal response partners;
- Activates and manages the County Health Agency Department Operations Center (CHADOC);
- Offers assistance with patient relocation, if needed, according to established policies, procedures, and acceptable practices for facility closure and emergency transfers; and
- Issues guidelines regarding emergency management activities, and uses CAHAN to communicate with response partners.

#### **Recovery Activities**

- Maintains relationships with response partners to ensure effective and efficient planning, response, and recovery efforts; and
- Prepares and submits all financial and administrative records as required.

## **ATTACHMENT 4: MHOAC SOP AND PUBLIC HEALTH DUTY LINE**

The *Medical/Health Operational Area Coordinator (MHOAC) Standard Operating Procedure (SOP)* provides the following in compliance with Incident Command System (ICS), California Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS) and in conjunction with the San Luis Obispo County *Emergency Operations Plan*, including provisions for individuals with access and functional needs (AFN) and Diversity, Equity, and Inclusiveness (DEI) concerns ([Attachment 9](#)):

- The process by which the MHOAC coordinates the prioritization and movement of scarce medical and health resources within, into and out of the San Luis Obispo County Operational Area (SLO OA) during extraordinary emergencies, disaster, multi- casualty incident or in response to mutual aid requests consistent with the *California Medical Mutual Aid Plan* and California Department of Public Health (CDPH) *Medical/Health Emergency Operations Manual (EOM)*.
- The process by which, during a disaster, extraordinary emergencies or in response to mutual aid requests, the MHOAC acts as the single point of contact for coordination with local medical and health providers and the CA OES Mutual Aid Region One Regional Disaster Medical Health Coordinator Program (RDMHC).
- The role of the County Health Officer (CHO), the MHOAC Program, and County Health Agency Department Operations Center (CHADOC) and clarifies the MHOAC role in relation to the above and the SLO OA Emergency Operations Center (EOC)
- The process by which accurate and timely Situation Status Reports (Sit Rep) are prepared and distributed to local providers, EOCs and the RDMHC Program.

The *Emergency Medical & Health Notification Protocol* provides information and instructions for the SLO County Sheriff's Watch Commander to notify a public health official during and after business hours in the following situations:

- Communicable (infectious) disease event
- Public Health Laboratory (PHL) emergencies
- Other events of public health importance
- Medical and health mutual aid requests
- Sudden Infant Death Syndrome (SIDS) Report
- Environmental or Hazardous Materials (HazMat) event

The document defines the Public Health Duty (phone) Line and maintains a current list of key contacts for specific public health emergency situations.

## ATTACHMENT 5: SLO PUBLIC HEALTH EMERGENCY PLANS

The San Luis Obispo Public Health Department (SLOPHD) Plans, Standard Operating Procedures (SOPs), and Checklists provide descriptions for determining when an event has risen to the level of significance. Plans and procedures address infectious disease outbreaks, environmental public health hazards, natural disasters, and other threats. All guidelines and procedures include individuals with disabilities and others with access and functional needs, vulnerable populations including non-English speaking people. Emergency response plans or SOPs that are used in emergency response include:

Name	Responsible Party	Location
All Hazard Emergency Operation Plan	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
CERC Plan	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
CHEMPACK SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Closed Point of Distribution (C POD) SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Communicable Disease Response Plan	Epidemiologist	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
County Health Agency Department Operations Center (CHADOC) SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Emergency Communications Plan	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Emergency Medical & Health Notification Protocol	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Emergency Triage SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
FR POD SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet



Government Authorized Alternative Care Site / Medical Shelter (GAACS / MS) SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Health Agency-COOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Healthcare Coalition Governance	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Isolation and Quarantine SOP	Program Manager & Pan Flu Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
MCM Plan	SNS Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
MHOAC SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Mobile Vaccination Clinic SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency Page on County Intranet
P POD SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Pandemic Flu Plan	PHEP ASO & Pan Flu Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Plan & SOP Maintenance SOP	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Responder Health & Safety Plan	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
RSS - Receiving, Staging and Storing SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Staff Recall and Notification SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Surge Capacity SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet
Temporary Medical and Health Site Plan	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal I Drive and Health Agency County Intranet

## ATTACHMENT 6: KEY MEDICAL/HEALTH PARTNERS

SLOPHD's key partners are identified in the table below.

Achievement House	Kallos Surgery Center
Ada's Lodges: Monterey Lodge & Mission Lodge	Long Term Care Ombudsman
Adventist Health Sierra Vista Regional Medical Center	Marian Regional Medical Center
Adventist Health Twin Cities Community Hospital	Mission View Health Center / San Luis Transitional Care
All 4 Health	Oak Park Surgery Center
Arroyo Grande Community Hospital	OPTIONS Family of Services
Atascadero State Hospital	Pacific Midwifery
Bayside Care Center	Paragon Surgery Center
Bella Vista Transitional Care Center	Rescare
Cambria Community Healthcare District	San Luis Ambulance Service
Central Coast Facial Surgery Center	San Luis Obispo Surgery Center
Central Coast Home Health & Hospice	San Luis Post Acute Care
Coast Ambulatory Surgery Center	Sani Eye Center
Coastal Surgical Institute	Stephen Sigmund M.D.
Community Health Centers of the Central Coast	Templeton Endoscopy
Compass Health	Tri Counties Regional Center
DaVita Dialysis	United Blood Services / Vitalant
DPOS – Patient Care Services	Valhalla Surgery Center
Endoscopy Centers of the Central Coast	Vineyard Hills Health Center / Danish Care
French Hospital Medical Center	Wilshire Hospice
Galileo Surgery Center	
Garden House Residential Care Home – Elderly	
Halcyon Laser & Surgery Center	

## **ATTACHMENT 7: OFFICE/PROGRAM LOCATIONS**

The main SLOPHD operations and administrative facility is located at 2180 Johnson Ave, San Luis Obispo

### **ALTERNATE WORKSITE FACILITIES**

County Health Agency Department Operations Center (CHADOC):  
2995 McMillan Ave, Suite 178, San Luis Obispo

#### **Points of Contact:**

County Health Officer           (805)781-5519  
Health Agency Director       (805)788-2135

#### **Primary Alternate Site Location:**

In view of the secure location, backup power source and redundancies in communications capability, the anticipated alternate site for management and oversight is the County/Operational Area Emergency Operations Center (EOC) located at 1525 Kansas Avenue, San Luis Obispo.

**Points of Contact:** Scott Jalbert OES/COSLO  
**Emergency Services Manager:**(805)781-5454  
**Sheriff's Watch Commander:**(805)781-4553

#### **Secondary Alternate Site Location:**

2191 Johnson Ave, San Luis Obispo  
Large Conference Room

#### **Points of Contact:**

Health Agency Director           (805)788-2135  
Deputy Health Agency Director   (805)781-5518

#### **Third Alternate Site Location:**

San Luis Obispo County Government Center, 1055 Monterey Street, San Luis Obispo Room 161

#### **Points of Contact:**

County Administrative Officer       (805)781-5018  
Central Services Agency Director   (805)781-5051

#### **Fourth Alternate Site Location: Atascadero Pavilion**

9315 Pismo Avenue, Atascadero

#### **Points of Contact:**

Atascadero Fire Chief           (805)470-3300  
Atascadero Police Chief       (805)461-5051

#### **Fifth Alternate Site Location:**

Paso Robles Health Department, 723 Walnut Drive, Paso Robles

#### **Points of Contact:**

County Health Officer           (805)781-5501  
Health Agency Director       (805)788-2135

## **ATTACHMENT 8: HAZARD & VULNERABILITY ASSESSMENT**

There are a number of potential natural and technological threats which could impact the County of San Luis Obispo (SLO). The San Luis Obispo Public Health Department (SLOPHD) coordinates with local and state jurisdictions to assess and review potential disasters and the health consequences for SLO County's population. There are unique considerations for the public health and medical discipline outlined in the *SLO Health Hazard Vulnerabilities Assessment (HVA)*. The HVA includes 62 hazards and calculates risk based on the relationship of probability, severity, impact, and preparedness/mitigation resources. The HVA identifies the top 5 public health hazards in 2025 as: catastrophic earthquake, pandemic flu, pandemic emergent disease, wildfire, and climate change, respectively.

## **ATTACHMENT 9: VULNERABLE POPULATIONS & MASS CARE**

The San Luis Obispo Public Health Department (SLOPHD) Temporary Medical and Health Site Plan provides guidance on how to establish a medical shelter to address the medical needs of individuals who have been displaced from their residence as a result of a disaster and require temporary housing and medical support. The plan pre-identifies the resources needed to operate a medical shelter, including pre-identified locations, supplies, medical equipment, and personnel resources. Further, it describes the interagency coordination between the SLOPHD, American Red Cross (ARC), County Department of Social Services (DSS), County Office of Emergency Services (OES), County Sheriff's Office, County Behavioral Health Department, Emergency Medical Services (EMS) Providers, and Long Term Care Ombudsman.

The plan includes the stipulations of the Federal Emergency Management Agency (FEMA) released *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*. This document provides guidance to understand the requirements for sheltering children and adults with functional support needs in general population shelters [http://www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf). Another resource for integrating people with disabilities and others with access and functional needs into emergency planning, response and recovery can be found at <http://www.jik.com/plancklst.pdf>.

### **Basic Considerations for People with Access and Functional Needs**

People with access and functional needs are disproportionately affected by disasters making it crucial to ensure response activities are adapted to be as inclusive and accommodating as possible. The following is a list of types of access and functional needs and their corresponding considerations and limitations of people with that need. This is accompanied by a list of basic accommodations to consider during response operations. This is not an exhaustive list of needs or accommodations. Not everyone with the same disability will need or prefer the same accommodations. When working with the public, it is important to listen to and support individual needs.

Reasonable disability accommodations are required by law and must be provided. The Americans with Disabilities Act requires that disabilities be reasonably accommodated during disaster response and outlines the minimum requirements for public sites. All emergency information must be provided in clear, plain, and actionable language.

<b>Type of Access or Functional Need</b>	<b>Considerations &amp; Limitations</b>	<b>Accommodations</b>
<b>Vision Disability</b>	<ul style="list-style-type: none"><li>• Limited ability to perceive visual messages and to visually assess unfamiliar environments</li><li>• Miss visual cues such as hand signals, colors, and flashing lights</li><li>• May be unaware of information that is only disseminated in visual formats</li><li>• At an increased risk of injuries in dangerous environments and cluttered areas (especially if separated from their service animal or assistive devices (e.g., canes))</li></ul>	<ul style="list-style-type: none"><li>• Ensure signage is available in braille</li><li>• Make sure staff know that service animals are allowed into any public areas and what two questions they may ask to confirm it is a service animal</li><li>• Ensure all signage meets accessibility standards; signs should be high contrast by default</li><li>• If large print and braille documents are not available, provide a staff member to read all written material aloud and to assist with form completion</li><li>• Offer assistance in navigating and orienting to a site; some people with</li></ul>

Type of Access or Functional Need	Considerations & Limitations	Accommodations
	<ul style="list-style-type: none"> <li>• May be unable to perform self-care activities in unfamiliar environments unless properly oriented to the space</li> </ul>	<p>vision disabilities may prefer to find their own way</p>
<b>Hearing Disability</b>	<ul style="list-style-type: none"> <li>• Limited in their ability to hear environmental sounds and can be unable to verbally communicate</li> <li>• Unable to hear alarms or spoken announcements</li> <li>• Unable to access and receive instructions and vital information</li> <li>• Unable to call for help and communicate with first responders</li> <li>• May communicate with sign language or lip reading</li> <li>• May use assistive devices like hearing aids or telecommunication devices that could be lost or damaged in an emergency</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt risk-communication messages, announcements, and alerts into a variety of non-auditory formats</li> <li>• Provide sign language interpreters when needed</li> <li>• Do not assume that everyone with a hearing disability is a proficient reader; they may need additional support to understand important information</li> <li>• Get the attention of a person who is deaf or hard of hearing by tapping them on the arm, waving your hands, or (in a large group) flickering the lights</li> </ul>
<b>Speech Disability</b>	<ul style="list-style-type: none"> <li>• May be unable to speak, be hard to hear, be hard to understand, or speak at a slower or disrupted pace</li> <li>• May use communication devices or communicate by writing or signing</li> <li>• Speaking ability may be impacted by stress or other factors</li> <li>• May exhibit unusual facial and body movements while trying to speak</li> </ul>	<ul style="list-style-type: none"> <li>• Allow more time for people with speech disabilities to communicate</li> <li>• Provide paper and a writing utensil as needed to spell out any difficult to understand words</li> <li>• Staff should be trained to listen attentively and not hesitate to ask for any difficult to understand words or phrases to be repeated</li> <li>• Staff should not attempt to finish words or sentences when people are talking</li> </ul>
<b>Mobility Disability</b>	<ul style="list-style-type: none"> <li>• Could have impacts to strength, speed, endurance, and/or coordination</li> <li>• May use a wheelchair or motorized scooter and/or mobility aids like braces, canes, walkers or prosthetics</li> <li>• May have limitations that are specific to arm, hand, or finger movement without leg involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure pathways and site plans allow ample room for those with mobility aids to navigate (in general accessible routes are at least 36 inches wide, except for doors)</li> <li>• Keep paths clear of furniture and overhead and protruding items</li> <li>• When talking at length to someone in a wheelchair, sit in a chair</li> <li>• Provide chairs for those who may not be able to stand or walk for long periods of time</li> <li>• Ask before assisting someone with a wheelchair or other mobility device</li> </ul>

<b>Type of Access or Functional Need</b>	<b>Considerations &amp; Limitations</b>	<b>Accommodations</b>
<b>Intellectual, Developmental, or Cognitive Disability</b>	<ul style="list-style-type: none"> <li>• May be limited in their ability to understand announcements and alerts, read or comprehend signs or written information, follow directions or respond to instructions, express their needs, or interpret events</li> <li>• May not understand what is happening or be able to cope with the event</li> <li>• May become easily confused or upset in unfamiliar surroundings, with unfamiliar people, and/or in unusual situations</li> <li>• May require supervision and depend on a family member or caretaker for assistance with daily living activities</li> <li>• Others could take advantage of their limitations</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt risk-communication messages, announcements, and alerts into simplified versions and formats using pictures, drawings, and objects when possible</li> <li>• Consider having low-stimulation “stress-relief zones;” a quiet private space can help those who need it to self-regulate and reduce overstimulation</li> <li>• Offer help completing forms, understanding written instructions, and provide extra time for decision-making</li> <li>• Speak directly to the person and respect their expressed preferences as to choices or decisions</li> </ul>
<b>Language and Literacy</b>	<ul style="list-style-type: none"> <li>• Difficulty understanding written materials can cause misunderstandings or general inaccessibility</li> <li>• May struggle to understand complex written instructions</li> <li>• May have trouble understanding and filling out necessary forms</li> <li>• May feel shame or embarrassment from language difficulties</li> <li>• May understand spoken information more than written</li> </ul>	<ul style="list-style-type: none"> <li>• Communications should use clear and simple language without jargon, technical terms, and complex sentences</li> <li>• Visual aids can be used to enhance understanding</li> <li>• Ensure signs and materials are available in common languages in addition to English</li> <li>• Use multiple communication methods beyond written</li> <li>• Engage with community leaders and partners who have the trust and cultural understanding to effectively communicate with non-English speakers and low literacy groups</li> <li>• Provide translators when needed</li> </ul>
<b>Mental Illness</b>	<ul style="list-style-type: none"> <li>• May have difficulty with concentration</li> <li>• May have a hard time regulating their emotions and need time to calm themselves after difficult experiences</li> <li>• May have fatigue that can limit their self-care activities</li> <li>• Some mental illnesses can cause people to exhibit destructive or defiant behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Provide counselors/mental health professionals at public sites (e.g., PPODS)</li> <li>• Consider training front line staff in psychological first aid</li> <li>• Partner with mental health agencies to connect people with support when they visit public sites</li> <li>• Provide a quiet space for anyone who gets too overwhelmed</li> <li>• Treat all people who access public sites with kindness and respect</li> </ul>

Type of Access or Functional Need	Considerations & Limitations	Accommodations
	<ul style="list-style-type: none"> <li>• May be less tolerant to stress in general which can manifest emotionally or physically</li> <li>• May need to take medication; some mental health medications may be dangerous to stop abruptly</li> </ul>	<ul style="list-style-type: none"> <li>• Streamline processes to make them feel easier and more accessible</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>• Can breathe in contaminants at a higher rate and young children can absorb more through the skin</li> <li>• Highly susceptible to the high anxiety of an emergency</li> <li>• May have difficulty understanding what is occurring and may need more attention and explanation</li> <li>• Unable to care for themselves and require a guardian</li> </ul>	<ul style="list-style-type: none"> <li>• Have available at public sites counselors/mental health professionals who have training assisting children</li> <li>• Provide a quiet space for any children who get overwhelmed</li> <li>• Answer questions honestly in an age-appropriate way</li> </ul>
<b>People who are Pregnant</b>	<ul style="list-style-type: none"> <li>• Pregnancy during a disaster is often associated with adverse birth outcomes such as pregnancy loss, preterm birth, decreased birth weight, etc.</li> <li>• More susceptible to infections and disease transmission</li> <li>• Could need to eat or drink more frequently</li> <li>• May need to use the restroom more frequently</li> <li>• May need to sit and rest more often</li> <li>• May need to avoid certain things like extreme temperatures, certain chemicals, etc.</li> <li>• May have additional pregnancy-related medical conditions (e.g., gestational diabetes, preeclampsia, high-blood pressure)</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the safety information for use in people who are pregnant for any medical countermeasures dispensed</li> <li>• Ensure public sites have adequate seating for those who may need it</li> <li>• Provide appropriate masks at public sites during infectious disease emergencies</li> <li>• Provide targeted messaging for people who are pregnant on any specific risks and mitigating actions</li> <li>• Provide a cool space at any public sites that may run in hot areas</li> </ul>



Type of Access or Functional Need	Considerations & Limitations	Accommodations
<b>Elderly</b>	<ul style="list-style-type: none"> <li>• Can have multiple functional limitations and chronic conditions</li> <li>• Can experience muscle weakness, slow walking, exhaustion, low physical activity, and little tolerance for physical stress</li> <li>• More likely than others to be socially isolated, lacking someone to provide assistance when an emergency occurs</li> <li>• May have difficulties with transportation due to disability, limited income, or inability to drive</li> </ul>	<ul style="list-style-type: none"> <li>• Provide registration and scheduling methods that do not require internet access</li> <li>• Ensure public sites are accessible for those who may not drive (close to public transport)</li> <li>• Use messaging platforms accessible to older adults</li> <li>• Offer support and accommodations for any disabilities the elderly person may have</li> </ul>
<b>Immunosuppressed/ Medically Fragile</b>	<ul style="list-style-type: none"> <li>• May be dependent on regular medications to stay well and function</li> <li>• Less able to tolerate physical stress from extremes in temperature, Extended periods without food and water, and the conditions that may follow an emergency event</li> <li>• May use medical equipment that needs to be charged or needs a constant power supply</li> <li>• May require specialized treatments (e.g., dialysis)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide masks at public sites, especially during an infectious disease emergency</li> <li>• Offer to provide car-side services to minimize exposure risk</li> <li>• Provide access to outlets to charge medical devices</li> <li>• Partner with home health agencies to provide medical countermeasures for homebound individuals</li> </ul>

## **ATTACHMENT 10: SITUATION REPORTING & RESOURCE MANAGEMENT**

The San Luis Obispo Public Health Department (SLOPHD) provides situation status (SitStat) reports according to the protocols and policies of the CDPH Medical/Health *Emergency Operations Manual (EOM)*. Situation status reporting has two key elements: 1) The initial program situation status report which is provided within two hours of the recognition of an unusual event or emergency; and 2) ongoing program situation reports, which continue for the duration of the emergency. SitStat reports are generated from the County Health Agency Department Operations Center (CHADOC).

### **Initial SitStat Reports will contain the following information:**

- Description of the incident
- Known or potential impact
- Initial response actions
- Expected duration of incident
- Anticipated future activities and timeframes
- Potential risks and issues
- Resource utilization and anticipated resource needs

### **Ongoing SitStat Reports will contain the following information:**

- Current issues, problems, and obstacles
- Activities/accomplishments since last report
- Activities planned
- Status of ongoing/reoccurring activities
- Potential risks and relevant priorities/timeframes
- Current resource utilization and staffing assignments
- Anticipated resource needs

### **The SLOPHD identifies the resources and capabilities required to support emergency response operations consistent with statutory authorities and areas of responsibility. To accomplish this, the SLOPHD:**

- Procures resources or executes agreements with external agencies/organizations prior to an emergency to expedite provision of the resources during an emergency;
- Identifies primary and alternate suppliers for emergency resources;
- Ensures that all resources meet applicable interoperability standards so that SLOPHD resources can seamlessly integrate and operate with other agencies and key partners during an emergency;
- Creates and manages an *Emergency Resource Directory (ERD)* that lists existing and potential emergency resources and capabilities. The ERD identifies and categorizes all resources, including but not limited to, equipment, facilities, staff and their applicable skills, and supplies that SLOPHD maintains or may acquire to support emergency response activities.
- At the conclusion of the response, resource recovery efforts focus on restoring SLOPHD and its resources to pre-emergency conditions. This may include recovery of infrastructure, financial recovery, and equipment recovery as well as system improvements.

## ATTACHMENT 11: LEGAL REFERENCES

Below is a compilation of federal, state and county laws and regulations that support emergency plans and operations.

Key Word/Subject	STATUTE / CASE LAW	CITATION	DESCRIPTION / SUMMARY
Definitions	Title 17 CA Code of Regulations	<u>§§2515, 2516, 2518, 2520</u>	Defines isolation, strict isolation, modified isolation and quarantine.
Standardized Emergency Management System (SEMS)	Chapter 1, Division 2, Title 19 CA Code of Regulations	§8607	Requires the use of a standardized system for emergency response.
National Incident Management System (NIMS)	CA Executive Order	S-2-05	Requires compliance with NIMS standards.
Public Health responsibilities	California Health and Safety Code	S-1010	Defines Public Health roles & responsibilities during emergency response.
Health Officer responsibilities	California Government Code	S-8500 & 8600	Defines Health Officer's responsibilities during emergency response
Medical Health Operational Area Coordinator (MHOAC)	California Health & Safety Code	S-1797.153	Defines MHOAC roles and responsibilities
Disaster Service Worker (DSW)	CA Government Code	<u>§§3100-3109</u>	All public employees are obligated to serve as DSWs. Public employees (civil service) are all persons employed by any county, city, State agency or public district in the State of California. DSWs provide services and support during declared emergencies or disasters.
Immunity	California Emergency Services Act (ESA)	§8659	Immunity from Liability during an emergency
Disease investigation	Title 17 CA Code of Regulations	<u>§2501 (a)</u>	The local health officer has the duty to investigate diseases, conditions or outbreaks.
Enforcement	CA Health and Safety Code	<u>§§101025-101030</u>	The health officer has the duty to enforce in unincorporated territory of the County, local ordinances concerning public health and sanitary matters as well as state statutes, orders and regulations related to public health including quarantine laws, and orders prescribed by CDPH.

Enforcement	CA Constitution	<u>Article 11, §7</u>	Any county may make and enforce within its limits all local, police, sanitary and other ordinances and regulations not in conflict with the general laws.
General Authority	San Luis Obispo County Code	<u>§2.80.080</u>	Chairman of Board of Supervisors (or Director of Emergency Services if chairman is unavailable) may issue such orders and regulations which are necessary for the protection of life and property.

## ATTACHMENT 12: PUBLIC HEALTH ACCREDITATION OBLIGATIONS

The Public Health Accreditation Board (PHAB) has designed a strategy to advance the quality and performance of governmental public health departments

The Essential Public Health Services provide a fundamental framework for describing public health activities. The three Core Functions of public health and the ten Essential Public Health Services describe the functions and responsibilities that all health departments should provide. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management / administration, and governance

The following table provides references on specific Accreditation requirements regarding the *Emergency Operations Plan (EOP)* and the emergency planning/response process:

Requirement	Reference
<b>Measure 2.2.1A – Governance</b> Element a Element b  Element c Element d Element e  Element f  Element g Element h	Section 1.2 Section 2.7.8 & 4.0 Attachment 4 Attachment 9 Attachment 9 PHD, OES / Co Social Services/ Sheriff / Behavioral Health / CHO CA Emergency Services Act, Co Code 2.80; Health & Safety Code Section 1010; Attachment 11 Section 2.5 Section 4.5
<b>Measure 2.2.2 A – Continuity of Operations</b> Element a Element b Element c	COOP COOP COOP & Attachment 7
<b>Measure 2.2.3.A - Surge Capacity</b> Item 1 Resources	Surge Capacity SOP

<p>Item 2, Element a, b, c</p> <p>Item 2, Element d</p> <p>Item 3, Element</p>	<p>Co OES Resource Directory</p> <p>CA SEMS</p> <p>County Code 2.80</p> <p>PHEP Food, Water, &amp; Fuel Resource files</p> <p>MRC Plan, SEMS</p> <p>Responder Health &amp; Safety Guide</p> <p>County Code 2.80</p> <p>SEMS</p>
<b>Measure 2.2.3.A -Training</b>	<p>ICS I 100, 200, 700</p> <p>SOP JIT Training</p> <p>New employee on boarding</p>
<b>Measure 2.2.2 -Environmental Hazards</b>	<p>MHOAC SOP</p> <p>Section 2.5</p>
<b>Measure 2.2.3 -AAR triggers</b>	<p>EOP</p> <p>Section 4.5</p>
<b>Measure 2.2.6.A – 24/7 Communications</b>	<p>Emergency Communications Systems SOP</p>
<b>Measure 2.2.7.A – After Action Reports (AAR)</b>	EOP
<b>Measure 2.2.8.A – Tribal &amp; Local Health Departments</b>	<p>No tribes in SLO County</p> <p>No local HDs in SLO County</p>
<p><b>Measure 5.4.1.3</b> <u>collaboration in revising emergency plans: (5 years)</u></p> <p>a. A collaborative review of the All Hazards Emergency Operations</p> <p>b. A contact list of responders. delineation of roles and responsibilities</p> <p>c. Revised emergency operations</p>	<p>EOP Section 4.6</p> <p>EOP Attachment 6</p> <p>EOP Section 3</p> <p>EOP page ii</p>
<p><b>Measure 5.4.2.1.</b> <u>public health emergency operations plan.</u> a standalone document. The plan must address emergency operations for the entire population (including special needs, DEI, and vulnerable populations,</p> <p>a. staff position responsible for coordinating a response.</p>	<p>Attachment 9</p>

<p>b. The roles and responsibilities of the health department and its partners.</p> <p>c. A health department communication</p> <p>d. d. continuity of operations during an emergency.</p>	<p>CHADOC SOP</p> <p>CHADOC SOP</p> <p>HEALTH AGENCY COMMUNICATIONS PLAN</p> <p>CONTINUITY OF OPERATIONS PLAN</p>
<p><b>Measure 5.4.2.2.</b> <u>document that the plan has been reviewed or</u></p> <p>a. process for testing and evaluating the Emergency Operations Plan</p> <p>b. An After-Action Report (AAR) developed after an emergency or exercise/drill.</p>	<p>EOP Section 4.6 Plan &amp; SOP Maintenance SOP Plan &amp; Maintenance Tracking List</p> <p>Covid 19 AAR CHADOC SOP; TESTED DURING SWMHE.</p>
<p><b>Measure 5.4.2.3.</b> <u>document that the public health emergency operations plan has been revised as indicated by review of the AAR.</u></p>	<p>EOP page ii</p> <p>TO BE COMPLETED JAN 2030</p>

## **ATTACHMENT 14: GLOSSARY**

**All Hazards:** Refers to a policy or program that is designed to deal with a variety of natural and technological hazards.

**Biological Agents:** Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.

**Chemical Agent:** A chemical substance that is intended to kill, seriously injure, or incapacitate people through physiological effects. Generally separated by severity of effect: lethal, blister, and incapacitating.

**Disaster:** The occurrence or imminent threat of widespread or severe damage, injury or loss of life or property resulting from any natural or manmade cause including fire, flood, earthquake, air contamination, blight, drought, infestation, explosion, riot, hostile military or paramilitary action, other public calamity requiring emergency action.

**Disaster Service Workers (DSW):** All public employees in California are subject to such emergency or disaster activities as may be assigned by their supervisors or by law.

**Emergency:** An event, the effects of which cause loss of life, human suffering, property damage (both public and private), and severe economic and social disruption.

**Emergency Alert System (EAS):** A program of the Federal Communications Commission (FCC) to coordinate the dissemination of emergency information via commercial broadcasters.

**Emergency Operations Center (EOC):** A centralized location where individuals responsible for responding to a large-scale emergency can have immediate communication with each other and with County of San Luis Obispo management and partners for the purpose of enhancing coordination in exercising direction and control of emergency response and recovery efforts.

**Emergency Powers:** Special authority granted to a chief local official during times of emergency. The State delegates emergency powers to designated local officials through an executive order.

**Mitigation:** Those actions (including threat and vulnerability assessments) taken to reduce the exposure to and detrimental effects of a WMD incident.

**Mitigation Phase:** Phase of emergency management for site-specific action to minimize hazards and reduce the potential for injury or damage in an emergency.

**Preparation (Preparedness) Phase:** Phase of emergency management for employee in-service training in emergency responsibilities, such as prevention of injuries and property damage, first-aid and other response and rescue operations, and for acquisition of adequate supplies and equipment required to respond to an emergency.

**Recovery Phase:** Phase of emergency management for the initiation of short-range and long-range recovery plans at each effected site to return to normal operations following an emergency.

**Response Phase:** Phase of emergency management in which all employees take appropriate steps in an emergency situation to put the emergency plan into action.

**Terrorism:** The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Domestic terrorism involves groups or individuals who are based and operate entirely within the United States and U.S. territories without foreign direction and whose acts are directed at elements of the U.S. government or population.



## ATTACHMENT 15: ACRONYMS

<b>AAR</b>	After Action Report
<b>AAR/IP</b>	After Action Report/Improvement Plan
<b>ARC</b>	American Red Cross
<b>ASO</b>	Administrative Services Officer
<b>CAHAN</b>	California Health Alert Network
<b>CD</b>	Communicable Disease
<b>CDC</b>	Centers for Disease Control & Prevention
<b>CDPH</b>	California Department of Public Health
<b>CERC</b>	Crisis & Emergency Risk Communications Plan
<b>CHADOC</b>	County Health Agency Department Operations Center
<b>CHO</b>	County Health Officer
<b>COOP</b>	Continuity of Operations Plan
<b>DAC</b>	Disaster Assistance Center
<b>DHCC</b>	Disaster Healthcare Coalition
<b>DSS</b>	Department of Social Services
<b>DSW</b>	Disaster Service Worker
<b>EAS</b>	Emergency Alert System
<b>EEG</b>	Exercise Evaluation Guide
<b>EMS</b>	Emergency Medical Services
<b>EMSA</b>	Emergency Medical Services Authority (or Agency)
<b>EOC</b>	Emergency Operations Center
<b>EOM</b>	Emergency Operations Manual
<b>EOP</b>	Emergency Operations Plan
<b>ERD</b>	Emergency Resource Directory
<b>ESA</b>	Emergency Services Act
<b>ESC</b>	Emergency Services Coordinator
<b>FEMA</b>	Federal Emergency Management Agency
<b>FRP</b>	Federal Response Plan
<b>HAN</b>	Health Alert Network
<b>HAZMAT</b>	Hazardous Materials
<b>HPP</b>	Hospital Preparedness Program
<b>HSEEP</b>	Homeland Security Exercise & Evaluation Program
<b>ICP</b>	Incident Command Post
<b>ICS</b>	Incident Command System

<b>IT</b>	Information Technology
<b>MCI</b>	Mass Casualty Incident
<b>MCM</b>	Medical Countermeasures
<b>MHOAC</b>	Medical Health Operational Area Coordinator
<b>MPC</b>	Mid-Term Planning Conference
<b>MSEL</b>	Master Schedule of Events Listing
<b>NIMS</b>	National Incident Management System
<b>OA</b>	Operational Area
<b>OES</b>	Office of Emergency Services (may refer to local, county, or state)
<b>PG&amp;E</b>	Pacific Gas & Electric
<b>PHAB</b>	Public Health Accreditation Board
<b>PHD</b>	Public Health Department
<b>PHEP</b>	Public Health Emergency Preparedness
<b>PHEPAC</b>	Public Health Emergency Preparedness Advisory Committee
<b>PHL</b>	Public Health Laboratory
<b>PIO</b>	Public Information Officer
<b>PPE</b>	Personal Protective Equipment
<b>RDMHC</b>	Regional Disaster Medical Health Coordinator
<b>SEMS</b>	Standardized Emergency Management System
<b>SIDA</b>	Sudden Infant Death Syndrome
<b>SitStat</b>	Situation Status (Report)
<b>SLO</b>	San Luis Obispo
<b>SLOPHD</b>	San Luis Obispo Public Health Department
<b>SME</b>	Subject Matter Expert
<b>SNS</b>	Strategic National Stockpile
<b>SOP</b>	Standard Operating Procedure
<b>WMD</b>	Weapon of Mass Destruction