



**ORANGE COUNTY  
HEALTH CARE AGENCY  
EMERGENCY OPERATIONS PLAN  
(HCA-EOP)**

October 2021

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To All Health Care Agency Staff:

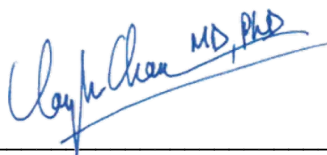
When an emergency that may have a public health impact occurs, the Health Care Agency has the responsibility to respond. As with any urban area in the United States, Orange County is vulnerable to a variety of emergency situations, however, the types of emergencies anticipated in our County are unique to our demographics and the “threats” in our environment.

This Health Care Agency Emergency Operating Plan (HCA EOP) has been developed specifically for you, our valued HCA staff. As such, it will focus on what you need to know to respond to emergencies. The plan outlines a number of types of emergencies and response strategies that we can use to protect the public’s health and well-being, mitigate the impact of the emergency, respond appropriately and recover rapidly.

This, by definition, is an evolving document. It will change as new approaches are developed and the threats to our County change. This document, along with specific response plans that are developed for the various service areas within our agency provide important guidance for all of us so that we can respond when necessary with a coordinated approach. This coordination is important within our agency but also important as we engage with other governmental agencies and our many community partners.

You have an important role should an emergency situation develop. Because of this, all Health Care Agency employees are expected to be familiar with this plan and to know their functional roles and position assignments during an emergency. Through this knowledge and our collective, coordinated action we can do much to minimize the impact that an emergency has on our community.

Should you have questions or comments regarding the Plan, do not hesitate to engage with your supervisor and/or to direct them to the Emergency Medical Services Division at (714) 834-3500.

A handwritten signature in blue ink that reads "Clayton Chau MD, PhD". The signature is written in a cursive style and is positioned above a horizontal line.

Dr. Clayton Chau, Agency Director

## Section One: Situation and Assumptions

### I. Purpose

The purpose of the Health Care Agency's Emergency Operation Plan (HCA EOP) is to:

- A. Provide guidance for all of the Health Care Agency preparedness, response, and recovery to emergencies by establishing guidelines, procedures and assigning responsibilities.
- B. Efficiently and effectively meet the health care needs of our community when confronted by an emergency that impacts health.
- C. Ensure that the Health Care Agency operates under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) to ensure compatibility and coordination of operations between Federal, State, and Local agencies that will be involved in an emergency impacting the public health or medical system.

### II. Scope

This plan is intended to serve as a guidance tool to help the Health Care Agency establish a coordinated emergency response. It will facilitate surveillance, internal and external mitigation, event tracking, rapid health risk assessment, community education, coordination with community partners and dissemination of information. It will also foster effective and efficient event command and control through the Incident Command System (ICS) as well as implementation of and post-event recovery recommendations.

### III. Situation and Assumptions

#### A. Situation

Whether due to natural, deliberate or accidental causes, public health emergencies may result in fatalities, severe illness and/or injuries, disruption of normal life, and property loss. These factors will have a powerful impact on Orange County's public health, economic, physical, and social infrastructures.

Public health emergency is defined as an occurrence or imminent threat of a communicable disease, terrorism, or natural emergency that poses a substantial risk of human fatalities or permanent or long-term problems. The HCA EOP is based on hazards and risks identified in the Operational Area Hazard Mitigation Plan, the Southern California Metropolitan Statistical Area Risk Based Project, and the associated Health Hazard Assessment and Prioritization Tool.

#### B. Assumptions

1. All Health Care Agency service areas have developed a Business Continuity Plan (BCP).
2. Some Health Care Agency service areas have developed Emergency Operating Plans or Standard Operating Plans (SOP) and have trained appropriate staff in their contents and use.
3. All HCA staff is trained to meet NIMS/SEMS requirements.
4. The focus of the HCA EOP is on the public health and medical response needed for all-hazards approach with Annexes developed for specific hazards that have been identified.
5. Implementation of the plan may mitigate or reduce the health impact of any hazard or threat affecting Orange County and its neighboring jurisdictions.

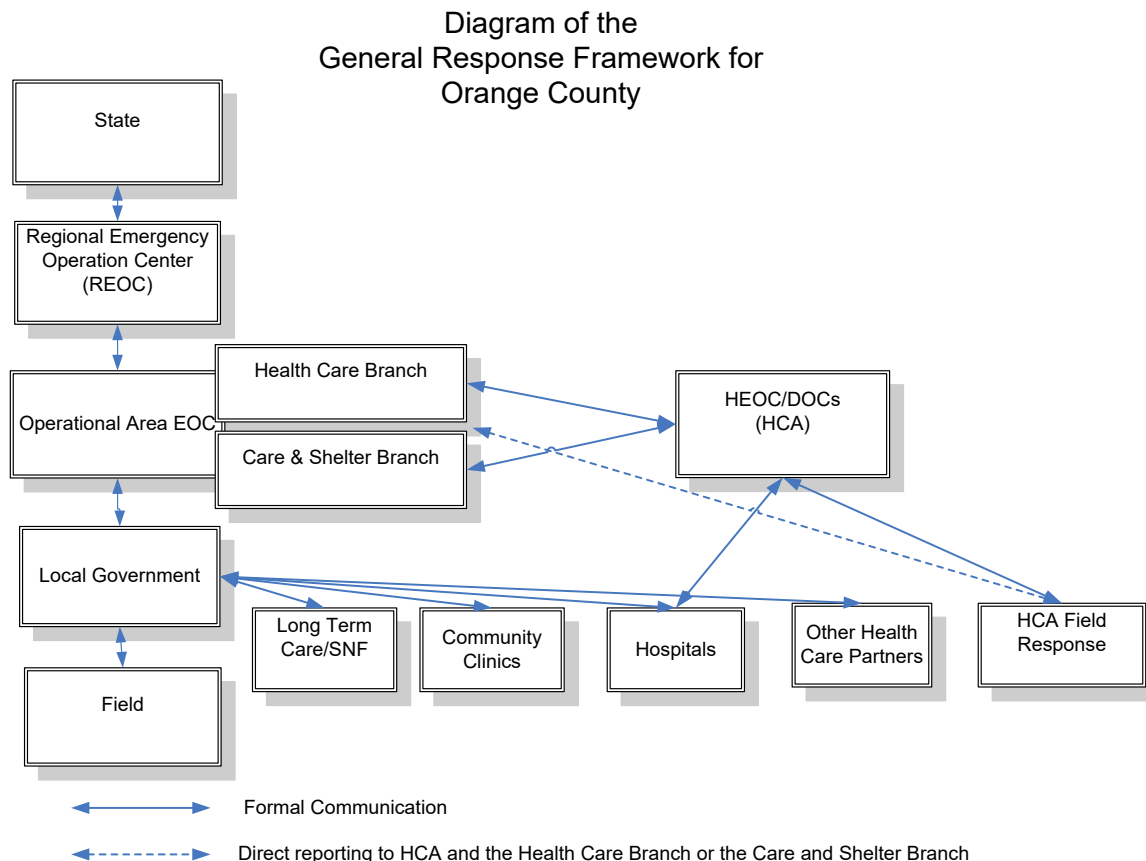
### IV. Health Care Agency Emergency Operations Plan Development and Maintenance

The HCA EOP is intended to be an evolving preparedness document and shall be reviewed and revised every three years or earlier if necessary. All requests for changes to the Emergency Operations Plan shall be submitted to, documented and maintained by the Emergency Medical Services Division.

## Section Two: Concept of Operations

### I. Response Structure Fundamentals

Orange County has a number of organizational entities including all the County Departments, the cities within the County and a number of Special Districts (i.e., water, sewage, etc.) Collectively this is referred to as the County’s Operational Area. Depending on the magnitude and type of emergency response needed, any number of entities may be involved in a variety of capacities. The formal relationships between Orange County and other designated response agencies and County programs are outlined in the following flow chart.



#### A. Government Response Framework

##### 1. Health Care Agency Field Response

Initial response activities may primarily be performed at the site of the incident or at the program or Department Operations Center (DOC) level. Emphasis is placed on saving lives and protecting and preserving public health and safety during and after an emergency. Examples of initial response activities include, but are not limited to:

- a. Disseminating warnings and emergency public information
- b. Conducting initial damage assessments and surveys
- c. Coordinating evacuation and/or rescue operations
- d. Conducting epidemiological investigations

## 2. Local Government

All cities in Orange County have Emergency Operations Centers to direct and coordinate emergency response within city limits. The city provides emergency planning, response, and recovery services for their citizens and is responsible for:

- a. Leading response operations within their jurisdictions.
- b. Supporting and providing emergency services and resource needs for their citizens.

However, the city may be unable to provide the resources needed for their health care partners, including long-term care facilities/SNF, hospitals, community clinics, dialysis centers and others. In this situation, local government will forward health and medical requests to the Operational Area Emergency Operation Center (OA EOC).

## 3. Operational Area Emergency Operation Center (OA EOC)

Emergency Operation Center staff coordinates response activities, implements county policy, determines the mission and priorities, engages in long range planning and coordination with outside agencies, and provides direction and authority to act. When the emergency exceeds the OA EOC capabilities to respond, assistance will be requested from the Regional Emergency Operations Center (REOC). The Emergency Operations Center provides the cost recovery efforts for the County by tracking and reporting the personnel, supplies, and equipment used by various departments and agencies during response and recovery efforts.

Each major County department, including the Health Care Agency, has identified key staff responsible for responding to the OA EOC and for performing functions in the event of a major emergency. The Health Care Agency will play a major role in the following OA EOC functions:

### a. Health and Medical Branch

The Health and Medical Branch in the County/OA EOC, Operations Section, consists of the Mental Health & Recovery Services, Environmental, Medical and Public Health Groups. This Branch fulfills the following responsibilities:

- Has overall responsibility for all health/medical/Mental Health & Recovery Services and Environmental Health related activities within the OA EOC
- Monitors and supports field tactical operations related to health and medical issues.
- Identifies the best strategy for sharing, acquiring and/or distributing health, medical and environmental resources and personnel
- Sets priorities as based upon the Emergency Operations Plan Incident Action Plan
- Coordinates directly with Group Supervisors in the EOC, Incident Command Post and/or with representatives at the EMS Department Operations Center (if activated)
- Maintains communication and coordination with the Health Care Agency Operations Center (AOC).

### b. Care and Shelter Branch

The Care and Shelter Branch in the County/OA EOC, Operations Section, consists of the Schools, Office of Care Coordination, Animal Care Groups, and the American Red Cross Liaison. This Branch is primarily covered by the Social Services Agency. The HCA Office of Care Coordination supports the strategies related to the homeless sector.

The Health and Medical Branch, as well as the Care and Shelter Branch will share information or resource requests with the Health Care Agency Operations Center (AOC) if activated.

c. Medical and Health Operational Area Coordination Program (MHOAC)

Medical Health Operational Area Coordination (MHOAC) program was established by the California Health and Safety Code Section 1797.153. The MHOAC acts as the principal point of contact within the Operational Area for information related to the public health and medical impact of an unusual event or emergency. The MHOAC may be physically located in the field, in an HCA DOC, the AOC or the OA. The MHOAC communicates with the Regional Disaster Medical and Health Coordination (RDMHC) at the REOC for situation status updates and to request health and medical resources.

The Medical Health Operational Area Coordinator (MHOAC) has three core functional responsibilities:

1. Submitting the initial status report to the Regional Disaster Medical & Health Coordinator (RDMHC) on behalf of HCA within two (2) hours of the event;
2. Providing at least one (1) or more status report updates to the RDMHC per operational period; and,
3. Submitting health and medical resource request to the RDMHC on behalf of the Operational Area.

4. Health Care Agency

The Health Care Agency is one of a number of County governmental agencies with responsibilities in the event of an emergency impacting the public. Incidents with public health and medical impact often require the coordinated involvement of Administrative Services, Mental Health & Recovery Services, Correctional Health Services, Medical Services and Public Health Services and health care partners. The Health Care Agency is responsible for the medical direction and management of the emergency medical services system, surveillance and detection of communicable diseases, epidemiological investigations, coordination of medical care, administration of prophylaxis or vaccines, and environmental control measures during emergencies impacting the public. The Agency has established the Health Care Agency Operations Center (AOC) to support the response needs of the Agency and the Operational Area.

5. Regional Emergency Operations Center (REOC)

In the event that the OA EOC exceeds its resources capabilities to respond to an emergency impacting the public, the OA EOC will contact the Regional Emergency Operations Center (REOC). REOCs provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and State level.

6. State

The California Department of Public Health (CDPH) is the lead State agency for incidents with public health impacts. Emergency Medical Services Authority (EMSA) is the lead State agency for incidents with medical impact, which includes emergency medical services. They are both responsible for maintaining program activities in accordance with statutory and regulatory authorities and conducting operations to support California's public health and medical response during emergencies.



B. Health Care Sector Framework

1. Long Term Care/Skilled Nursing Facility, Community Clinics, and Other Health Care Partners

Information and resource requests from Long Term Care/SNF, Community Clinics, and other health care partners are coordinated between their local government, the Operational Area, and the Health Care Agency.

2. Hospitals

Health Care Agency programs such as Orange County Emergency Medical Services (OCEMS), Epidemiology and Assessment, Mental Health & Recovery Services and Environmental Health & Recovery Services, have established relationships and communication networks with hospitals and the pre-hospital care system.

**II. Health Care Agency's Responsibilities to the Operational Area**

Health Care Agency supports the County's Operational Area in establishing operational priorities and in conducting emergency operations. The Health Care Agency has designated functions/positions in the Operational Area Emergency Operations Center (OA EOC) as having either primary or secondary support missions relative to response and recovery. These functions are activated based on the size, scope, and type of event. Some of the expected HCA response activities that support OA EOC may include:

A. Health Officer: Serves as the medical authority for health and medical related activities within the OA EOC in an emergency.

B. Health and Medical Branch

The Health Care Agency is responsible for staffing the following positions: Health and Medical Branch Director, Mental Health & Recovery Services Group Supervisor, Public Health Group Supervisor, Medical Group Supervisor, Environmental Health Group Supervisor and the Emergency Worker Exposure Control Coordinator.

C. Care and Shelter Branch: HCA is responsible for staffing the Office of Care Coordination liaison which coordinates homeless sector strategies by identifying strategies for resource and personnel distribution in collaboration with various community agencies.

D. Health Care Agency Operations Centers:

In order to ensure response activities are coordinated, HCA has established a Health Agency Operation Center (HAOC) and one Department Operation Center (DOC) to coordinate and manage emergencies.

1. Health Emergency Operation Center (AOC)

The AOC supports and coordinates HCA's overall emergency response activities and coordinates the activities of the DOC and other programs (if activated). The AOC will share situational updates with the HCA Executive Management and the OA EOC. See Appendix C for AOC Organizational Chart.

AOC functions include:

- Providing situational awareness
- Coordinating resource requests

- Managing the flow of information
- Coordinating and supporting each activated program or Department Operations Center
- Overseeing the development of the Agency's Incident Action Plan (IAP)

2. Department Operation Center (DOC)

The Orange County Emergency Medical Services Department Operations Center (EMS DOC) serves the following purposes:

- Overall management and coordination of emergency operations for EMS
- Coordination and liaison with appropriate federal, state, county, other local governmental agencies and private sector resources
- Establishment of priorities and completion of action plans
- Collection, evaluation and dissemination of essential information and data
- Direct immediate changes of pre-hospital medical control policies and procedures by EMS Medical Director

The EMS DOC is activated in the event of a known or suspected hospital evacuation or other significant event that may impact the integrity of the countywide pre-hospital care system. When activated, the EMS DOC establishes and maintains communications with all EMS system providers and facilities. Communications are also established and maintained with the AOC and/or the OA EOC

EMS DOC functions include:

- a. Immediately establish and maintain situational awareness and disseminate information
- b. EMS Monitoring, Situational Awareness and Assessment Activities
- c. ReddiNet-HAvBED; constant monitoring of radio traffic/email/mainstream media
- d. EMS Incident Command/Resource Request Process
- e. Critical Resource logistics and distribution; Ambulance Strike Teams

E. Public Information Officer

- Issues press, radio, and/or television announcements or instructions to the public in coordination with Health Care Agency service areas and in accordance with Agency and County policies
- Serves as the Public Information Officer located at the OA EOC, and/or Joint Information Center when activated
- Participates in the Joint Information Center (JIC), when established
- Manages all aspects of emergency media relations related to Agency functions
- When the OA EOC is activated, all media inquiries may be handled through the CEO, Incident Commander, or Sheriff, in accordance with established County policy, and under the direction of the designated Director of Emergency Services. If activated, media inquiries will be handled through the JIC.

### III. Health Care Agency Responsibilities to the Community

The Health Care Agency maintains collaborative relationships with community and health care partners in order to serve the public health needs during an emergency. These relationships provide a critical element and play a significant role in the County's emergency response capability.

The Health Care Agency has a general responsibility to the public including but not limited to the following activities:

- Assess the healthcare system following the emergency
- Assess community health and medical needs
- Record and analyze health data
- Conduct communicable disease surveillance, testing and interventions as needed and available to decrease community transmission
- Provide timely emergency health alerts and information
- Provide regulatory guidance
- Coordinate functioning of health facilities and pre-hospital response (EMS)
- Provide or coordinate Mental Health & Recovery Services
- Provide information on possible exposure to hazardous agents
- Efficiently respond to resource requests and be aware of available immediate resources and coordinate deployment

A. Health Care Agency Servicer Area Roles and Responsibilities

The Health Care Agency is organizationally structured around key “services:

- Administrative
- Mental Health & Recovery Services
- Correctional Health
- Medical Health
- Office of Care Coordination
- Public Health
- Office of Communication/PIO

Each of these services plays a key and distinct role in the time of emergency as outlined below.

1. Administrative Services

a. Financial and Program Support Services

Financial and Program Support Services responsibilities include:

- Provide general policies on keeping financial records, reporting, tracking resource needs, tracking the source and use of resources, acquiring ownership of resources, and compensating the owners of private property used by the agency
- Provide fiscal support to monitor and approve time coding, claims tracking and resource tracking requests
- Ensure direction provided to all staff regarding requesting materials.
- Assess ability of vendors to provide supplies
- Provide information to HCA Executive Management and AOC regarding status of HCA resources, infrastructure and staffing

b. Human Resources Services

Human Resources responsibilities include:

- Identify employees acting as first responders and determine where they reported to
- Establish shift schedules for Health Agency Operations Center and other locations as needed
- Respond to requests from various sources (partners) for staffing needs – coordinated with Logistics
- Track and manage staff assignments via a master employee roster
- Identify staff with licensure, certification, technical expertise, etc. as needed
- Coordinate the implementation of Disaster Service Workers

- Ensure compliance with County policies and procedures and Memorandums of Understanding, and creates policies and procedures as necessary

## 2. Mental Health & Recovery Services (MHRS)

The function of MHRS is to provide timely and effective Mental Health & Recovery Services interventions to community members, partners, and first response personnel who are psychologically impacted by an emergency. MHRS supports EOC and AOC operations and offers staffing capable of providing psychological first aid, referral and linkage to a variety of community resources intended to facilitate recovery, by tapping into resiliency and encouraging connection to supportive community resources through direct intervention.

The responsibilities of MHRS during an emergency include, but are not limited to:

- Assembly and deployment of MHRS staff to the emergency zone, staging areas, care and shelter sites to provide MHRS support and to address HCA personnel needs and requests
- Identification and mitigation of issues regarding MHRS needs, provision of MHRS support and services, including psychological first aid, hotline assistance, defusing, debriefings, assessment for ongoing care, referral and linkage, for community members, partners, and first response personnel
- Coordination with the County EOC and AOC PIO to communicate sensitive MHRS care information as needed
- MHRS follow up post emergency, as needed

## 3. Correctional Health Services

Provides health care services to incarcerated adults in the County's correctional facilities, detained youth in the County's juvenile detention facilities, and children in the County's emergency children's shelter.

## 4. Office of Communications: Public Information

Responsibilities during an emergency include:

- Coordinate the release of public health care information and other media issues with the Health Care Agency Operations Center (AOC) Incident Manager and the County EOC Public Information Officer in coordination with Incident commander and the Joint Information Center, when activated
- Ensure that all appropriate audiences, groups and stakeholders are provided with the information necessary to protect the public's health and safety
- Release accurate and complete information to the public in a timely manner
- Provide corrections and clarifications to counteract rumors and inaccurate information
- Position Health Care Agency as the objective and authoritative lead

## 5. Office of Care Coordination

- Coordinates the County's Continuum of Care system for the homeless which includes homeless prevention, outreach and assessment, emergency shelter, transitional housing, supportive services and permanent supportive housing.
- Serves as the Homeless Liaison Coordinator within the County OA EOC and provides information to County and OA EOC sections on homeless related issues and available resources.

## 6. Public Health Services

Health Care Agency Public Health Services (PHS) encompasses various divisions, including Communicable Disease Control, Public Health Laboratory, Community and Nursing Services, Clinical Services, Health Promotion and Community Planning, and Environmental Health Services.

- a. Communicable Disease Control Division (CDCD)

In an emergency impacting the public, CDCD program roles are as follows:

1. **Disease Surveillance and Reporting:** Conducts surveillance for communicable diseases and outbreaks, investigates the source of the infections, makes recommendations on infection control and other measures to decrease transmission, and participates in Public Health Assessment teams as needed. Surveillance may change over the course of the epidemic/outbreak to focus on particular groups, such as hospitalized or fatal cases, depending on the situation. Submits case reports and/or aggregate data will be submitted to California Department of Public Health as needed.
2. **Case and Contact Management:** Early in an outbreak, CDCD will provide and oversee case and contact management as per California Department of Public Health (CDPH)/Centers for Disease Control and Prevention recommendations (if available). CDCD will oversee implementation of isolation/quarantine measures as needed to contain or mitigate the level of transmission. As the outbreak evolves and more is known about the agent and/or more of the community is infected, case and contact management procedures may change.
3. **Health Care Provider Education/Guidance:** Disseminates information to and advises hospitals, clinics, other health care facilities, and health care providers on disease management and reporting.
4. **Public and Community Partner Education/guidance:** Provides information and technical expertise to the OAC regarding disease mitigation strategies for community partners and the general public.
5. **Public Information:** Serves as technical specialist to Public Information Officer (PIO) and or Joint Information Center (JIC) for public information and media requests related to communicable diseases. Reviews and assists in development of disease information for Health Referral line or other community guidance.
6. **Death Registration:** Addresses any surge in death registration by temporarily prioritizing registration of deaths over other activities through the Public Health Services Office of Vital Records. Maintains alternate locations available for death registration including the Coroner Division and a geographic spread of funeral homes (found on the State Electronic Death Registration System).
7. **Medical Surge:** Provides technical expertise to assist in request and allocation of community and Health Care Agency resource including personnel in the event of a communicable disease threat. Provides information to the Health Agency Operations Center and requests any resource needs, including medical mutual aid and staffing surge needs, through established channels, such as the State Emergency Operations Manual. Public Health Clinic and program staff may serve as surge to support Point of Distribution Sites or immunization clinics.
8. **Distribution of Vaccine During Disease Outbreak:** Family Health will be responsible for:
  - 1) Reviewing recommendations for the prioritization/targeted distribution of vaccine
  - 2) Assessing immunization infrastructure and assisting in the development of distribution strategies

b. Orange County Public Health Lab (OCPHL)

Routinely provides laboratory testing services for Orange County programs and provides reference services for Orange County hospital and clinical laboratories. During an emergency impacting the public, OCPHL coordinates their activities with CDCD and/or Environmental Health Services in regards to specimen submission and testing criteria.

- **Testing Capabilities:** The enhancement of testing capabilities during a disease outbreak will assist in:
  - 1) Rapid/early detection of a disease agent

- 2) Confirmation of suspected/probably cases
  - 3) Providing information to assist with case management
- Case Reporting: Specimen reports will be sent to CDCD, Environmental Health Services and/or to the California Electronic Laboratory reporting system (CalREDIE).
  - OCPHL ensures adequate staffing response to an emergency.
  - OCPHL provides data and information to the Health Agency Operations Center (AOC) and will request any resource needs, including medical mutual aid and staffing surge needs, through established channels.
  - OCPHL staff may serve as a technical specialist for the Joint Information Center (JIC) or in support of the AOC.

c. Community and Nursing Services (CNS)

CNS conducts assessments; assists with case management, referral and follow-up services; and provides disease education.

- Public Health Assessment Team
  1. Assess health and functional needs of displaced persons and assists with referrals and case management of higher risk individuals
  2. Assess living conditions in distressed neighborhoods and communities
- Serve as Public Health Liaison
  1. Provides disease and health information to groups
  2. Assists in coordination of public and private health care services
- Staffing Surge Support – Upon request, may provide public health nursing support to:
  1. Communicable Disease Control Division will follow up on suspected, probable or confirmed cases and contacts during a disease outbreak.
  2. Communicable Disease Control Division in serving isolation and quarantine orders and assessing the needs of those placed in isolation or quarantine.
  3. Provides Public Health Nursing support to:
    - Vaccination/medication dispensing sites
    - Point of Dispensing (POD) sites
    - Health Care Agency clinics
    - Other locations as requested and able
- Community Awareness and Outreach: Ensures the HCA Health Referral Line is adequately staffed and public information developed has been approved by the HCA PIO, JIC and/or HCA Executive Management.
- Assist in the coordination of any necessary hotlines that may be indicated in response to direct calls from the public related to a specific medical/health emergency. This function may be shared with other HCA programs, depending upon the nature of the event.

d. Clinical Services (CS)

May serve as a technical specialist or support AOC operations. During an emergency impacting the public, CS staff will assist with:

- HCA Clinic Operations: Ensures critical HCA clinic operations and any response operations are maintained to provide vaccination services to the community, HCA staff, and other healthcare providers.

- Staffing Surge Support – Upon request, may assist:
  - 1) CDCD with specimen collection, immunization or other clinical services for management of suspect cases and contacts during a disease outbreak.

e. Health Promotion and Community Planning (HPCP)

Responsibilities may include:

- Develop and/or disseminate health education materials
- Provide translation services
- Provide staff to address Health Care Agency personnel needs and requests

f. Environmental Health Services (EH):

The responsibilities of Orange County Environmental Health Services (EH) include ensuring safety of environmental conditions in an emergency. Every EH program has the potential to be required to respond in an emergency role, depending on the incident.

The responsibilities of EH during an emergency may include:

- Assembly and deployment of Environmental Strike Teams to the emergency zone
- Identification and mitigation of issues regarding food safety in retail and wholesale food facilities, safe drinking water, hazardous material, hazardous waste, and medical waste
- Identification and mitigation of issues regarding sewage spills, health hazards associated with waste and debris
- Assessment, sampling, posting and closures of public recreational beaches
- Identification and mitigation of issues regarding residential rental units, motels/hotels, and detention facilities
- Assessment, sampling, and closure of ocean and bay waters
- Assessment of Environmental Health Services safety at shelters
- Radiological and biological emergency response
- Assisting other response agencies in our areas of expertise

6. Medical Services (MS)

Emergency Medical Services

The function of Emergency Medical Services (EMS) is to coordinate emergency response functions related to all-hazards planning of health-related emergencies and other county health-related disasters. EMS participates in and supports ongoing all-hazards planning and preparedness activities undertaken by the Orange County Operational Area and is responsible for coordinating organized planning efforts with County departments, local cities and special districts to mitigate against, prepare for, respond to and recover from disasters.

EMS plays a supportive role to the County Emergency Operations Center by maintaining a continual state of readiness and by designing, conducting and evaluating periodic emergency staff training and simulated disaster preparedness and response exercises.

Emergency Medical Services responsibilities include:

- Ensure the Health Emergency Operations Center (AOC) and its systems are ready for emergency use 24/7

- Support the AOC structure and process to support Command and General Staff
- Support and coordinate hospital and ambulance information, resource requests, and triage of medical resources through the EMS Department Operations Center
- Provide or support the provision of status update to the HCA Executive Management, Operational Area, and Regional Disaster Medical and Health Coordination Program for further response planning
- Fulfill the Medical and Health Operational Area Coordinator (MHOAC) Program role and provide health and medical resource status updates to the HCA Executive Management, Operational Area, and Regional Disaster Medical and Health Coordination Program
- Oversee Point of Dispensing (POD) operations once activation requested by Health Officer/HCA Executive Management
- Facilitate logistics support and resource tracking for both HCA medical materials and supplies and items requested from the Operational Area.
- Liaison with outside health care providers to provide information from HCA on health impacts of disaster through the Health Care Coalition of Orange County (HCCOC).
- Carry out resource management priorities set by Policy Group
- Ensure communication capabilities with healthcare sector. Provides information to health care sector on prioritization of use of communication equipment.
- Provides interagency coordination of response activities
- Collect and disseminates information to key partners upon approval from HCA Policy Group
- Coordinate and distribute resources as well as determine resource availability
- Monitor information from and provide to the Operational Area through WebEOC
- Assist in coordination of the demobilization and recovery process
- Support Department Operations Center by collecting resource request and coordinating distribution of assets
- Conduct hot wash and debriefing for each event
- Gather and collect information for the Health Emergency Management After Action Report and Improvement Plan

b. Employee Health

Employee Health Services will continue to provide, or coordinate, occupational health services for all Agencies and Departments for the County of Orange following an emergency.

The responsibilities of Employee Health during an emergency include, but are not limited to:

- Provide information on first responder Personal Protective Equipment (PPE), as indicated
- Provide information on first responder prophylaxis, as indicated
- Provide first responder safety information, as indicated

#### IV. Notification and Activation Procedures

The Government Code declares that all county employees are Disaster Service Workers subject to activities as may be assigned them by their supervisors; therefore, in an emergency, HCA employees or other County employees may be reassigned to assist with the emergency response. (See Authorities and References in the Appendix)

Staff will be notified via AlertHCA, or other available communication methods when and where to report in support of the emergency operations.



A. Health Care Agency 24 Hour Contact Point

The Health Care Agency maintains a 24 hour contact point and continues to update an emergency contact lists including:

1. On-Call Health Official Schedule
2. Health Care Agency Disaster Response Call Down Directory

After business hours, the County's Orange County Communications (Control One) is the point of contact who will immediately notify the Health Care Agency On-Call Health Official for the affected service area.

B. Notification Process

Notification of an event may come from the following sources:

1. The Agency Director or designee
2. HCA Emergency Medical Services (includes EMS Duty Officer)
3. HCA Disaster Response Call-Down List
4. Control One
5. AlertHCA
6. California Health Alert Network (CAHAN)
7. Other email distribution lists

C. Activation:

The scale of the response, and the level of Health Care Agency and Health Care Agency Operations Center activation, will be situation specific and will be determined by the Agency Director in consultation with Health Care Agency Executive Management and Public Health Officer. Activation and deployment of Health Care Agency resources and personnel must be authorized by the Agency Director or designee. Health Care Agency prioritization including resource and personnel costs may be considerations in authorizing activation and deployment.

HCA follows the Incident Command System (ICS), which designates the Incident Commander (IC) as the person in charge of coordinating the response to an event. IC will be designated by Executive Management which consists of the HCA Director, Deputy Agency Directors (as appropriate) and other technical specialists. In the event of a full activation of the AOC, the IC will be in a Unified Command with the HCA EOC Manager who helps to manage the daily operations of the EOC.

Upon initial activation, Health Care Agency will submit an initial status report to the Operational Area Emergency Operations Center as soon as possible and the Regional Disaster Medical Health Coordinator (RDMHC) within two hours of an emergency event. This will be coordinated between the Health Emergency Operations Center and the Medical Health Operational Area Coordination Program (MHOAC).

HCA recognizes the significant challenges involved in the continuity of essential functions, services and internal business processes during an emergency. Any emergency that may significantly impact normal functions of the agency's services should trigger activation of the plan to continue critical operations. HCA's Business Continuity Plan focuses on the continuation of HCA's critical operations by identifying responsibilities and authorities, assessment of critical processes and inputs, identification of primary and alternate key staff and vendor and outlining communication process.

#### D. AOC Activation Levels

There are three AOC activation levels.

- Level 3: Minimal Staffing
- Level 2: Partial Staffing
- Level 1: Full Staffing

#### E. Communication

##### 1. DOC/AOC/EOC Communication

During an emergency, internal communication will be necessary to communicate essential information to the EMS DOC as well as AOC. This section describes how communication will transmit between the HCA operation centers and the OA EOC.

###### a. Department Operations Center (DOC) and Health Emergency Operations Center (AOC)

Initial communication between the DOC and the AOC will be conducted primarily by email. If email is unavailable, the other communication methods include telephone, fax, and Operational Area, 800 MHz, and Hospital Emergency Administrative Radio (HEAR) radio communications, and ReddiNet

###### b. Health Care Agency Operations Center and Operational Area Emergency Operations Center

Communication between the AOC and the OA EOC will be conducted via telephone and email. Alternate methods of communication include 800 MHz radio, WebEOC, and the Operational Area Radio. WebEOC is the Health Care Agency's method to manage resource request, coordinate information sharing, and provide agency's status updates. Orange County Radio Amateur Civil Emergency Service (OC RACES) may also be enlisted to support communications.

##### 2. Risk Communication

The Public Information Officer, in coordination with the Agency Director and Health Emergency Operation Center staff, Incident Commander and Joint Information Center (when activated), will determine the need for direct communication with the public and community partners utilizing Health Care Agency Risk Communication Plan and/or Operational Area hotlines, telephone, email, websites, social media, and fax groups. All contacts with response partners and the community will be logged and reviewed to identify trends and determine information needs as well as rumor control.

##### 3. Internal Communication

The Health Care Agency has developed message templates to distribute to staff following an emergency. The primary method for notifying staff is AlertHCA. On-going communication during the emergency will be coordinated through the Health Emergency Operations Center.

## Section Three: Recovery Operations

### I. Recovery Process

The goal of recovery is to return the general public and infrastructure to pre-emergency conditions. Health Care Agency's focus in recovery is the restoration and maintenance of the public's health and the continuum of care to meet the needs of the affected community partners. Health Care Agency will also support employees who may have experienced emotional or physical hardships. Recovery planning efforts may occur simultaneously with those of emergency response.

Recovery planning, for the purposes of this Emergency Operations Plan, encompasses the external functions of supporting the Operational Area Emergency Operation Center (OA EOC) recovery efforts, as well as supporting the recovery of the healthcare system. This function depends on each program's ability to expand their activities to meet the recovery objectives.

The Health Care Agency recognizes the significant challenges confronting all recovery efforts including continuity of essential functions, services and internal business processes.

### II. Recovery Roles and Responsibilities

Divisions/programs will support the Health Care Agency/Health Emergency Operations Center recovery efforts, if able and requested.

#### A. Administrative Services

1. Collect all emergency-related documentation and associated costs from the response and recovery efforts. The Administrative Service will collaborate with Operational Area Emergency Operation Center to coordinate reimbursement process if it is needed
2. Assist programs to ensure resources are available for recovery activities
3. Contract for temporary staff

#### B. Director's Office, Health Care Agency Communication

HCA Communications will be responsible for all Agency emergency public information functions. The Crisis and Emergency Risk Communications Plan will be adhered to during an emergency. The Agency Public Information functions include:

1. Formulate communications policy and objectives relating to the emergency
2. Issuance of press, radio, television, internet, and/or social media announcements or instructions to the public in coordination with Health Care Agency service areas
3. Focus on all aspects of emergency media relations related to Agency functions

#### C. Mental Health & Recovery Services

Provide basic psychological care and support as well as provision of crisis intervention to employees and consumers.

#### D. Human Resources

1. Reassign personnel to essential or prioritized functional areas as needed to maintain business continuity
2. Assist programs with developing and coordinating shifts
3. Maintain a message board(s) for employees and family members

E. Epidemiology and Assessment

1. Communicable disease surveillance, case management and investigation activities will be de-escalated as the situation warrants, while monitoring for any second waves or changes in the pathogen or epidemiology
2. Continue notifications and communications as needed, apprising partners of the current situation. Partners will also be kept abreast of current recommendations, including de-escalation of testing and treatment strategies as the situation evolves.
3. Continue to prioritize death registration if the situation warrants

F. Environmental Health Services

1. Evaluation of applicable facilities in the emergency impacted areas
2. Increased environmental monitoring in the emergency impacted areas
3. Increased inspection and evaluation at emergency impacted sites
4. Expedited permits and approvals for impacted regulated facilities and entities
5. Coordinate with state and local partners to manage landfill tonnage restrictions
6. Consultation with applicable facilities and entities regarding best management practices to ensure safe handling of materials
7. Coordinate with federal, state and local partners on the removal of solid wastes and hazardous wastes
8. Consultation, monitoring, and oversight assistance of emergency-created hazard remediation activities

G. Medical Services

1. Continue to operate the Health Emergency Operations Center as needed for coordination of recovery efforts
2. Provide logistical support
3. Conduct debriefings, collect information and develop Agency After Action Report (AAR) and corrective action plan. After Action Reports will be completed within 90 days of any exercise involving the AOC, and for major health emergencies that involve full activation of the AOC and OA EOC.
4. Conduct hot wash, debriefs, and After Action Conference
5. Assess and coordinate the return to normal operations of the pre-hospital care system
6. Employee Health will continue to assess and monitor personnel health issues

## Appendix A: Legal Basis

Emergency response, like all governmental action, is based on legal authority. This plan follows local, state, and federal guidelines for conducting emergency planning, training, emergency response, and recovery.

### I. Authorities

#### 1. Federal

- *Stafford Disaster Relief and Emergency Assistance Act of 1988* (Public Law 93-288, as amended)

The President authorizes a major disaster declaration to speed a wide range of federal aid to states determined to be overwhelmed by hurricanes or other catastrophes. The basic provisions outlined in the Stafford Act give FEMA the authority to administer Federal disaster assistance; define the extent of coverage and eligibility criteria of the major disaster grants to the States; and define the minimum Federal cost-sharing levels.

#### 2. State

- *Standardized Emergency Management System (SEMS)*, Government Code Section 8607. (Chapter 1 of Division 2 of Title 19 of the California Code of Regulations).

SEMS provides an effective response to multiagency and multi-jurisdiction emergencies in California. SEMS is based on the Incident Command System (ICS) adapted from the system originally developed by the Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) Programs.

- *National Incident Management System (NIMS)*. California Government Code Section 8607.

NIMS, based on the Incident Command System (ICS), is a unified approach to incident management; standard command and management structures with an emphasis on preparedness, mutual aid and resource management.

- *California Emergency Services Act* (Chapter 7 of Division 1 of Title 2 of the Government Code).

The California Emergency Services Act provides the basic authorities for conducting emergency operations following a proclamation of Local Emergency, State of Emergency or State of War Emergency by the Governor and/or appropriate local authorities, consistent with the provisions of the act.

- *County Proclamation of Local Emergency* (California Government Code Section §8558, 8607, 8630 and California Health and Safety codes §101040, 120175, 120200, 120210, and as prescribed by County Ordinance No. 3915, Section 3-1-6.

A County Proclamation will be coordinated with the Operational Area EOC, County Counsel and must be ratified by the Orange County Board of Supervisors within 7 days and continuation (renewal) of the proclamation must be done every 30 days.

- *Public Health Officer Powers and Authority* (California Health and Safety Code Government Code) §§120100, 120105 and California Code of Regulations, Title 17, §2501, 2561, 2518, 2522, 2624.

The Public Health Officer of the Health Care Agency is designated as the Director of Emergency Services for emergencies where there is a threat of an epidemic or a declared epidemic or a bioterrorist threat or actual incident.

- *California Natural Disaster Assistance Act* (Chapter 7.5 of Division 1 of Title 2 of the Government Code).
- Orders and regulations that may be selectively promulgated by the Governor during a **STATE OF EMERGENCY**.
- Orders and regulations promulgated by the Governor to take effect upon the existence of a **STATE OF WAR EMERGENCY**.

3. Local

- *Orange County Codified Ordinance (OCCO)*, Title 3, Division 1 (Emergency Services).

II. References

1. Federal

- *Federal Disaster Relief Act of 1974* (Public Law 93-288) - Section 406 Minimum Standards for Public and Private Structures.

2. State

- *California State Emergency Plan*. The State Emergency Plan defines the emergency management system used for all emergencies in California. It describes the California Emergency Organization, which provides the Governor access to public and private resources within the State in times of emergency. This plan is supported by other contingency plans and operating procedures.
- *Disaster Assistance Procedural Manual* (published by the California Office of Emergency Services).
- *California Master Mutual Aid Agreement*.
- *California Code of Regulations, Title 1, Division 4, Chapter 8, Sections 3100-3109*: All government employees are designated response personnel in the event of a disaster or emergency. Regulations state that the protection of the health and safety and preservation of the lives and property of the people of the state of California is of paramount importance requiring the responsible efforts of public and private agencies and individual citizens. **All public employees are declared to be disaster services workers subject to such disaster service activities as may be assigned to them by their superiors or by law.** (Stats. 1950 3d Ex. Sess., Ch. 7, as amended by Stats. 1971, Ch 38.)

3. Local

- *County of Orange Resolution, November 28, 1950*, which adopts the California Master Mutual Aid Agreement.
- *County of Orange Operational Area Emergency EOP*. The OAEOP serves as a basic reference and training document for emergency preparedness, response, recovery and mitigation, and provides the authority and basis for the development of more detailed department/agency plans

or standard operating procedures for the County of Orange. The Operational Area Emergency Operations Plan provides government with emergency authorities to conduct and/or support emergency operations. When dictated by the situation, County authorities will enact additional ordinances or other emergency regulations.

## Appendix B: Glossary and Definitions

**Alert HCA:** Alert HCA is a mass notification system designed to keep Health Care Agency staff informed of emergencies and certain events.

**AOC (Health Care Agency Operations Center):** serves as the centralized point to manage the Health Care Agency's response to major health emergencies. The Health Care Agency Operations Center is responsible for coordinating Health Care Agency program response activities, implementing Health Care Agency policy directives, determining the mission and priorities of response, coordinating field response operations, engaging in long-range planning and coordination with external partners and agencies, and providing direction and authority to act.

**MHRS (Mental Health & Recovery Services):** Provides a culturally-competent and client-centered system of Mental Health & Recovery Services for eligible county residents in need of Mental Health & Recovery Services care and/or treatment for alcohol and other drug abuse. Services are provided countywide via county-operated and contracted programs.

**BCP (Business Continuity Plan)** focuses on the restoration of Health Care Agency's essential functions, services, and internal business processes.

**CAHAN (California Health Alert Network):** The California Health Alert Network (CAHAN) is the State of California's web-based information and communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).

**CDC (Centers for Disease Control and Prevention):** A component of the U.S. Dept. of Health and Human Services responsible for the prevention and control of threats to public health. Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks including bioterrorism, implement disease prevention strategies, and maintain national health statistics.

**CDCD (Communicable Disease Control Division):** Monitors for occurrence of outbreaks, provides information, and makes recommendations for prophylaxis on communicable diseases; counters inaccurate information related communicable diseases during an emergency, and ensures a healthy work environment.

**CDPH (California Department of Public Health):** The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California and is the lead State agency for coordinating State-level support for public health and/or Environmental Health Services incidents.

**CNS (Community and Nursing Services):** Provides community and in-home public health nursing assessments, health education, case management, referral and follow-up services to people at high risk for health problems associated with the aging process, communicable disease, active tuberculosis, and adverse outcomes of pregnancy and childbirth.

**CS (Clinical Services):** Provides specialty clinical services to target populations and conducts disease surveillance of HIV, STDs and TB.

**DOC (Department Operation Center):** An Emergency Operations Center specific to a single department or agency. The focus is on internal agency incident management and response. DOCs are usually linked to, and in most cases are physically represented within, a combined agency EOC through authorized representatives for the department or agency.



**EH (Environmental Health Services):** Monitors and effects correction of harmful conditions in the environment, in order to protect public health and promote the wellbeing of all Orange County residents, workers, and visitors. EH enforces laws and regulations and uses education to inform the community about Environmental Health Services issues.

**EOP (Emergency Operation Plan):** The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

**EMS (Emergency Medical Services):** Provides oversight to all providers of emergency medical services, including fire departments, medical transportation providers, base hospitals, emergency departments, trauma centers, and to the emergency medical technician and paramedic training programs in the County. EMS plans, implements and coordinates Pre-hospital care include medical disaster planning throughout the County and monitors the availability of a countywide system to ensure a pattern of readiness and response of pre-hospital, hospital emergency services and disaster response and recovery services.

**HAvBED:** HAvBED is a federally-mandated program that requires states to collect and report local hospital available bed data. HAvBED data helps identify healthcare system capacity and demand during a public health emergency or mass casualty incident. In California, the CDPH EPO manages the HAvBED program in partnership with the California Emergency Medical Services Authority (EMSA).

**HCA EOP (Health Care Agency Emergency Operations Plan):** Provides guidance for all of the Health Care Agency's preparedness, response, and recovery to emergencies by establishing guidelines, procedures and assigning responsibilities to meet the health care needs of our community when confronted by the impact of a natural or technological emergency.

**HCCOC (Health Care Coalition of Orange County):** A voluntary, multidisciplinary, multiagency group that assists in the coordination of medical and health preparedness, response, recovery and mitigation activities.

**HEM (Health Emergency Management):** EMS Section that coordinates emergency disaster planning, preparedness, response, training and exercises internally within HCA and externally through the Health Care Coalition of Orange County.

**HPCP (Health Promotion and Community Planning):** Builds the capacity of individuals, organizations, and communities in Orange County to promote optimal health and prevent disease, disability, and premature death. Coordinates community-wide nutrition programs and HIV prevention and care services.

**IAP (Incident Action Plan):** The Incident Action Plan (IAP) includes the overall incident objectives and strategies established by the Health Care Agency Executive Management, Health Emergency Operations Center Command and General Staff, and/or the Operational Area. The Incident Action Plan also addresses tactical objectives and support activities for one operational period. The Incident Action Plan contains provisions for continuous incorporation of new information and changes to tactics due to resource needs and evolving situations.

**ICP (Incident Command Post):** The field location where primary response functions are performed. The ICP may be co-located with the incident base or other incident facilities.

**ICS (Incident Command System):** A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexities and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, communications, operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

**JIC (Joint Information Center):** Physical location, usually established in the Emergency Operations Center, where information management activities are performed.

**LDC (Local Distribution Center):** A warehouse within the county where medical and health items are received, stored, shipped and distributed from during an emergency.

**MHOAC-P (Medical Health Operational Area Coordination Program):** A comprehensive program under the direction of the coordinator that supports the 17 functions outlined in Health and Safety Code 1797.153.

**NIMS (National Incident Management System):** Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

**OA EOC (Operational Area Emergency Operation Center):** The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place.

**OCPHL (Orange County Public Health Lab):** provides microbiology and environmental testing services for Orange County health programs; provides reference services for Orange County Laboratories for micro bacteriology (including rapid diagnosis of TB), rabies, botulism and bacteriology.

**PHS (Public Health Services):** Monitors the incidence of disease and injury in the community and develops preventative strategies to maintain and improve the health of the public.

**PHN (Public Health Nursing):** Provides community and in-home public health nursing assessments, health education, case management, referral and follow-up services to people at high risk for health problems associated with the aging process, communicable disease, active tuberculosis, and adverse outcomes of pregnancy and childbirth.

**PIO (Public Information Officer):** Prepares news releases, information, interviews, and publications of public safety or health-related information to enhance awareness of the public. The Public Information Officer is responsible for communications with media and may field questions at press conferences.

**POD (Point of Dispensing):** Mass dispensing sites that are designed to dispense medical countermeasures (i.e. medications, vaccines, medical supplies, etc.) quickly and accurately to exposed populations in the event of a disease outbreak.

**RACES (Radio Amateur Civil Emergency Service):** The specifically trained Orange County volunteer amateur radio operators (HAM) who assist with communications during a situation where traditional methods (phone, radio, internet) are disrupted.

**RDMHC (Regional Disaster Medical and Health Coordination):** A comprehensive program under the direction of the Regional Disaster Medical and Health Coordinator that supports information flow and resource management during unusual events and emergencies.

**REOC (Regional Emergency Operation Center):** Regional facilities representing each of Cal EMA's three administrative Regions (Inland, Coastal and Southern). Regional Emergency Operations Center's provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and State level.

**SEMS (Standardized Emergency Management System):** The official method for emergency response management in California. The use of SEMS standardizes the response to emergencies involving multiple jurisdictions or multiple agencies.

**SNF (Skilled Nursing Facility):** Non-acute health care facility that provides health care to special needs populations.

**SONGS (San Onofre Nuclear Generating Station):** Nuclear generating center that provides electricity for public consumption, jointly owned by Southern California Edison (SCE), San Diego Gas and Electric (SDG and E), and cities of Riverside and Anaheim.

**SOP (Standard Operating Plan):** A standard set of procedures to follow under specific circumstances, in an attempt to execute a coordinated and organized response.