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 endeavors (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 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
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 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;
- SLOPHD plans, trains, exercises and responds to emergencies;
- SLOPHD must maintain its responsibilities 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;

- o Develop plans, procedures, and guidelines for public health information and risk communication;
- o 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);
- o 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);
- o Participate in the planning, design and conduct of exercises to evaluate public health preparedness and response;
- o Participate in after-action reviews of exercises and actual incidents; and
- o 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 the 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: 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;
- Oversite 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);
- Oversite of all Emergency Medical Services (EMS); and
- Oversite 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;
- 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 *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, 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, Fish and Game, 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 and updated quarterly 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

San Luis Obispo Volunteer Organization Active in Disaster (SLO VOAD) is the lead agency for managing spontaneous volunteers in SLO County. Information and volunteer registration can be accessed at www.slovoad.org   The *Spontaneous Volunteer Center Plan* provides guidance for training and coordinating volunteers.

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, 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 meeting 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 longer 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

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; and
- 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 three 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

ATTACHMENT 1: 4 PHASES OF EMERGENCY PREPAREDNESS

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 will 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 (OES). Key agencies involved in the response operations, including the County Health Agency and the 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: 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 All Hazard 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 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):

- 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 BT Drive and Health Agency Page on County Intranet
Alternative Care Site (ACS) SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
CERC Plan	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
County Health Agency Department Operations Center (CHADOC) SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
CHEMPACK SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Communicable Disease Response Plan	Epidemiologist	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Emergency Communications Plan	IT Contractor	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Emergency Medical & Health Notification Protocol	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Emergency Triage SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
FR POD SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet

Health Agency-COOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Isolation and Quarantine SOP	Program Manager & Pan Flu Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
JIC Plan	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Medical Shelter Plan	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
MHOAC SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Pandemic Flu Plan	PHEP ASO & Pan Flu Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
P POD SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Plan & SOP Maintenance SOP	PHEP ASO	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Recall and Notification SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
RSS - Receiving, Staging and Storing SOP	Temp ESC	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
SNS Plan	Pan Flu Coordinator	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet
Surge Capacity SOP	Program Manager	Hard copies in PHEP and CHADOC Electronic copy on internal BT Drive and Health Agency Page on County Intranet

ATTACHMENT 6: KEY MEDICAL/HEALTH PARTNERS

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

Ada's Lodges: Monterey Lodge & Mission Lodge
Arroyo Grande Community Hospital
Bella Vista Transitional Care Center
Cambria Community Healthcare District
Central Coast Home Health
Coast Ambulatory Surgery Center
Coastal Surgical Institute
Community Health Centers of the Central Coast
Compass Health
Country Care Health Center
French Hospital Medical Center
Galileo Surgery Center
Garden House Residential Care Home – Elderly
Long Term Care Ombudsman
Oak Park Surgery Center
OPTIONS Family of Services
San Luis Ambulance
San Luis Obispo Surgery Center
Sani Eye Center
Sierra Vista Regional Medical Center
Stephen Sigmund M.D.
Twin Cities Community Hospital
United Blood Services

ATTACHMENT 7: OFFICE/PROGRAM LOCATIONS

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 58 hazards and calculates risk based on the relationship of probability, severity, impact and preparedness/mitigation resources. The HVA identifies the top 3 public health hazards in 2017/20018 as: catastrophic earthquake, pandemic flu, and electrical failure.

ATTACHMENT 9: VULNERABLE POPULATIONS & MASS CARE

The San Luis Obispo Public Health Department (SLOPHD) *Medical Shelter 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.

The *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* is available at http://www.fema.gov/pdf/about/odic/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.

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 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; and
- 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	§§2515, 2516, 2518, 2520	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
Disaster Service Worker (DSW)	CA Government Code	§§3100-3109	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	§2501 (a)	The local health officer has the duty to investigate diseases, conditions or outbreaks.
Enforcement	CA Health and Safety Code	§§101025-101030	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	Article 11, §7	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	§2.80.080	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.   National public health department accreditation consists of adopting of a set of standards, establishing a process to measure health department performance against those standards, and developing a method of recognizing those departments that meet the standards. Public health accreditation standards define the expectations for all public health departments that seek to become accredited. The accreditation aims to improve the quality of practice and performance within public health departments. A national public health department accreditation system has been developed as a result of the desire to continuously improve the quality of service and accountability of health departments to their stakeholders. Accreditation provides a means for the public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. The accreditation process may challenge the staff to think about the roles and responsibilities and how to fulfill them. It can encourage and stimulate quality and performance improvement throughout the health department.

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. Thus, the accreditation gives reasonable assurance across the range of services that a health department should provide.

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

Requirement	Reference
Measure 2.2.2 The health department must provide <u>protocols that specifically address environmental public health hazards</u> and that describe the process for determining when the All Hazards Emergency Operations Plan will be implemented. (5 years)	EOP Section 2.5
Measure 2.2.3 The health department must provide a <u>written description of how it determines if an event has risen to the level of significance requiring an AAR.</u> Not every event will require an AAR. For example, a food borne outbreak may have 10 positive cases before being designated as significant enough to require an AAR. The process must address infectious disease outbreaks, environmental public health hazards, natural disasters, and other threats. (5 years)	EOP Section 4.5

Measure 5.4.1.3 The health department must document <u>collaboration in revising emergency plans</u> including: (5 years)	
a. A collaborative review of the All Hazards Emergency Operations Plan by those responsible for its implementation. Documentation could be, for example, meeting agendas and minutes or attendance rosters or other written report or record.	EOP Section 4.6
b. A contact list of responders. Documentation could be the most current contact list or previous listings that have been updated.	EOP Attachment 6
c. The delineation of roles and responsibilities in the Emergency EOP and the various roles that partners play in responding to a public health emergency or hazard.	EOP Section 3.5
d. A copy of the revised emergency operations plan to document the result of the work to maintain the plan and ensure that it is up-to-date and reflects current practice and information. Updates must be indicated in some way (e.g., underlined) and the date of the change must be noted.	EOP page ii
Measure 5.4.2.1. The health department must <u>provide its public health emergency operations plan</u>. The plan must be written as defined by national, Tribal, or state guidelines. The guidelines may be defined for local health departments by the state health department or may be defined for both state and locals by a Federal or another state agency, such as an office of emergency management. Project Public Health Ready (PPHR) is a national model that could be used. The plan may be a standalone document that delineates the health department's roles and responsibilities, or it may be a section within a larger plan. The plan must address emergency operations for the entire population (including special needs and vulnerable populations, e.g., those with disabilities and non-English speaking people). The public health EOP must include all of the following:	
a. The health department staff position responsible for coordinating a response within the department in an emergency. This position may have various job titles.	CHADOC SOP
b. The roles and responsibilities of the health department and its partners.	CHADOC SOP
c. A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders; or an emergency communication plan. The plan may be a separate plan, a defined section within the emergency operations plan, or it may be incorporated within the emergency operations plan.	HEALTH AGENCY COMMUNICATIONS PLAN
d. Description of how the health department will manage continuity of operations during an emergency.	CONTINUITY OF OPERATIONS PLAN
Measure 5.4.2.2. The health department <u>must document that the plan has been reviewed or tested through the use of exercises and drills, and revised as needed</u> and must include:	EOP Section 4.6

a. A description of the process for testing and evaluating the Emergency Operations Plan. Documentation could be, for example, a written procedure, a memo stating the process, meeting minutes that document the procedure, or other written report or record. b. An After-Action Report (AAR) developed after an emergency or exercise/drill.	CHADOC SOP; TESTED EVERY YEAR DURING SWMHE.
Measure 5.4.2.3. The health department <u>must document that the public health emergency operations plan has been revised as indicated by review of the AAR.</u> a. Documentation of a review meeting. Documentation could be, for example, meeting minutes, a list of items discussed, a memo documenting review and decisions, or other written report or record. b. A public health EOP that has been revised as indicated through review, evaluation, and/or drills.	TO BE COMPLETED APRIL 2018 SWMHE 2013 AND 2014 AARS AND IPS

ATTACHMENT 13: 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 14: ACRONYMS

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

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