

A INTRODUCTION

A.1 OVERVIEW

A.1.1 DISASTER MISSION STATEMENT

The mission of the San Francisco Department of Public Health (DPH) in a disaster is to protect and maintain public health and safety and to ensure the implementation of the following response actions:

- **Situational Assessment.** Awareness and assessment of the situation to understand the threat/emergency, the public health impact, and the healthcare system's response capabilities.
- **Implementation of response actions.** Implementation of appropriate public health response measures, which may include:
 - **Coordination.** Coordination with other city, regional, state and federal agencies and other organizations.
 - **Continuity of public health services.** Continuity of critical public health services as defined in the DPH Continuity of Operations Plan.

A.1.2 EMERGENCY OPERATIONS PLAN

The San Francisco Department of Public Health (DPH) Emergency Operations Plan (EOP) addresses public health emergency roles and response actions to be implemented by the DPH Departmental Operations Center (DOC). This Plan supports the Human Services Branch of the City and County of San Francisco Operational Area Emergency Response Plan.

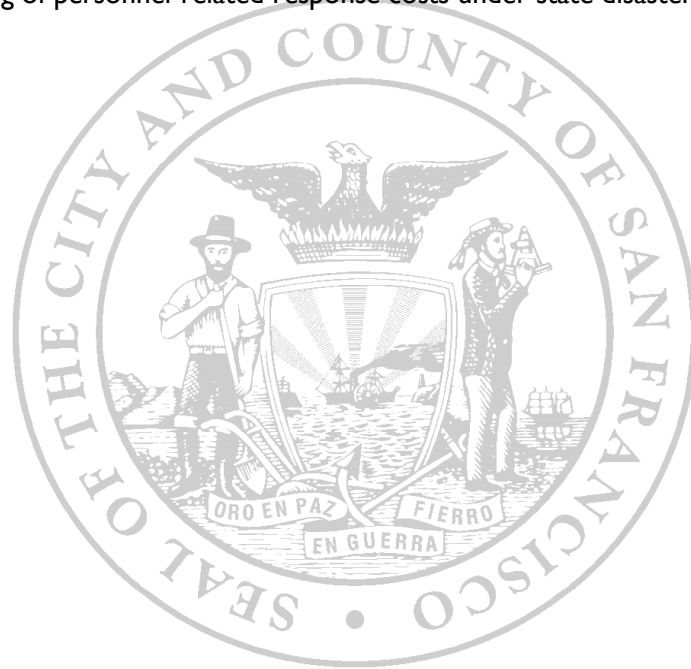
The EOP is an operational response guide for the DOC Commander and responders. The EOP includes organizational plans for the DPH response, disaster-specific guidance, and Appendices containing detailed instructions and tools to be used during a response. The EOP is modular and, depending on the situation, parts of the plan can be activated and deactivated as necessary.

The Annexes include disaster-specific recommendations for the following situations:

- Communicable Disease
- Bioterrorism
- Indoor Sampling Detection
- Outdoor Sampling Detection
- Multi Casualty Incidents
- Environmental Health
- Food Contamination
- Nuclear Threats
- Hazardous Materials
- Water Contamination
- Radiation
- Natural Disasters
- Earthquake
- Extreme Heat
- Extreme Cold
- Flood
- Tsunami
- Power Outage

The EOP is to be utilized in concert with the DPH Continuity of Operations Plan, the City and County of San Francisco Operational Area Emergency Response Plan and other City and County departmental emergency response plans.

This plan complies with the National Incident Management System (NIMS), in accordance with the National Response Framework¹, the California Standardized Emergency Management System (SEMS)², the Incident Command System (ICS)³, and the California State Emergency Plan. The use of SEMS/NIMS standardizes responses to emergencies involving multiple jurisdictions or multiple agencies. DPH must use NIMS/SEMS to be eligible for funding of personnel-related response costs under state disaster programs.



¹ The NRF presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. For further information on the NRF, visit: www.fema.gov/emergency/nrf.

² SEMS regulations are described in the California Code of Regulations, Title 19, Division 2, Chapter 1. More information about SEMS, visit: <http://www.calema.ca.gov/planningandpreparedness/pages/standardized-emergency-management-system.aspx>.

³ ICS is a management system used to organize emergency response. For further information on ICS, visit: <http://www.fema.gov/incident-command-system>.

A.2 SCOPE

The EOP is an operational response guide for the DOC Commander and responders. The plan contains the specific details necessary to plan and implement day-to-day emergency operations. The plan provides clarification of roles, responsibilities, and communication both within and outside of the DPH response.

This plan encompasses all hazards that may occur in the City and County of San Francisco in which DPH may play a response role. This includes hazards both natural and man-made, and range from planned events to large-scale disasters. Hazards for which DPH will likely play a critical response role include, but are not limited to: communicable disease, bioterrorism, earthquake, multi-casualty incidents, environmental health disasters, and nuclear threats.

Response procedures outlined in the EOP are scalable in order to address both incidents that develop over time and those that may occur without warning.

A.3 AUTHORITIES

In California, cities and counties have the responsibility to protect the public's health, and these duties fall under the responsibility and authority of the Local Health Officer. Specifically, "the Health Officer may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any state of war emergency, state of emergency, or local emergency, within his or her jurisdiction" as defined by California Government Code § 8558.

"Preventive measure" means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code, and from any other money appropriated by a County Board of Supervisors or a City governing body to carry out the purposes of Section 101040.

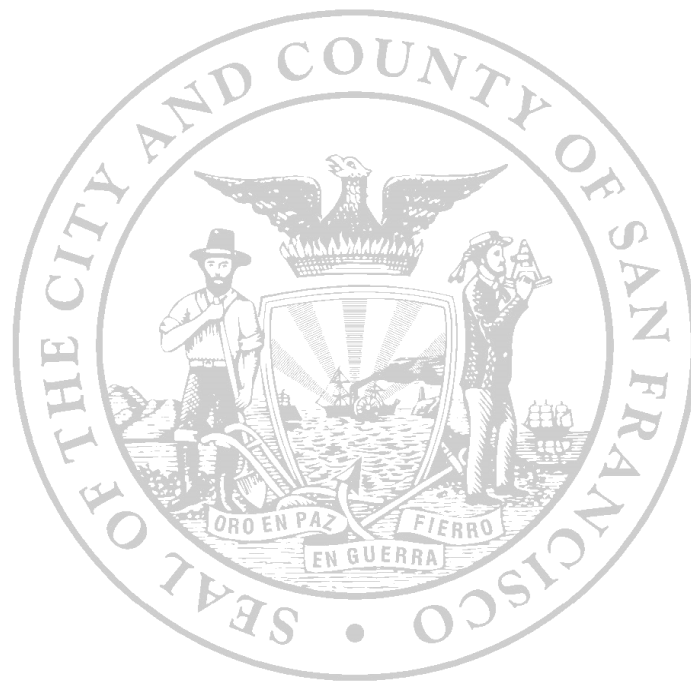
The Health Officer, upon consent of the County Board of Supervisors or a City governing body, may certify any public health hazard resulting from any disaster condition if certification is required for a Federal or State disaster relief program.

The Health Officer shall take measures to control the spread or further occurrence of any contagious, infectious, or communicable disease of which he/she is aware. The Health Officer may inspect any place or person when necessary to enforce health regulations.

Additional relevant authorities and codes are included in the Appendix and include:

- California Government Code, Title 1, Division 4, Chapter 8, Sections 3100, 3101, and 3102, and Declaration: Public Employees as Disaster Service Workers
- San Francisco Administrative Code, Chapter 7, Sections 7.1-7.19, Disaster Council Emergency Service Workers
- California Health and Safety Code, Section 458, Authority to Take Preventive Measures During Emergency by the County Health Officer
- Legal authorities for isolation and quarantine (IDER Appendix F)
- California Government Code, Section 8695, Immunity of Physicians and Nurses

- Business and Professions Code, Section 2727.5, Practice of Nursing in Emergency
- Business and Professions Code, Sections 4008 and 4227.1, Pharmacy



A.4 PLAN MAINTENANCE

The EOP is kept current through an ongoing revision that includes systematic review, training, and evaluation following planned emergency exercises and real events. Regular maintenance of the EOP is the responsibility of the Public Health Emergency Preparedness and Response Branch of the San Francisco Department of Public Health. However, ownership of the plan belongs to the Department of Public Health as a whole, and participation, input and collaboration in regard to plan maintenance and updates is regularly sought from the entire department.

Training is an essential component of preparedness and response. The Department of Public Health's capability to respond to a major disaster is dependent, in part, upon the knowledge and experience of Department personnel with potential emergency response assignments and responsibilities. Emergency training program objectives include:

- Disaster Service Worker responsibilities
- Safety drills/instructions for emergency evacuation
- Clinician public health alerts
- ICS, SEMS, and NIMS training
- EOP drills and exercises
- Just-in-time training during exercises and/or real activations

Emergency response exercises allow emergency response personnel to become fully familiar with the procedures, facilities, and systems used during an actual emergency. The EOP, or components of the plan, will be exercised yearly (if not activated for an actual event) or more frequently if needed. An evaluation of each exercise or event will be completed and revisions will be made to the EOP as warranted.

B CONCEPT OF OPERATIONS

B.1 LOCAL EMERGENCY SUPPORT FUNCTIONS

The DPH is the lead agency for Emergency Support Function (ESF) #8 Public Health and Medical Services in the City and County of San Francisco. DPH also coordinates with various other city agencies on ESF #6 (Mass Care, Housing and Human Services) and any other ESF that may require direct input or support from public health and medical experts.

Within San Francisco, public health and medical response activities are primarily coordinated within the Department Operations Center (DOC). Coordination with other city agencies and with non-medical regional and state entities is primarily managed through the City and County of San Francisco Emergency Operations Center (EOC). Some pre-arranged or intensive coordination and communication activities may also occur directly between the DOC and other partners.

B.2 DEPARTMENT OPERATIONS CENTER

The San Francisco DPH DOC is the central coordination point for public health emergency management coordination in the City and County of San Francisco (CCSF). It is an operational/logistical entity that is designed to serve as a departmental coordinating body in support of incident management. The role of the DOC encompasses two broad functions: to lead the public health emergency response and to maintain internal departmental operations (continuity of operations). The DOC exchanges information with the EOC and other governmental and non-governmental agencies. It is staffed with specially trained personnel and is equipped with a variety of systems and tools that aid in data collection and sharing, resource allocation, and other critical functions.

B.3 SAN FRANCISCO EMERGENCY OPERATIONS CENTER

The CCSF EOC is the central coordination point for multi-agency emergency management coordination and a location to collect and disseminate information, provide a common operating picture of citywide response activities, and facilitate actions necessary to protect residents and property of CCSF during a citywide event. The EOC exchanges information with DOCs and other governmental and non-governmental agencies in order to maintain a comprehensive situational analysis.

The EOC includes a Human Services Branch, within the Operations Section, which is responsible for public health and medical service coordination in addition to housing, human services, animal response, and mass fatality. Depending on the event the DPH DOC will have one or more representatives in this Branch. Other health personnel may be included in the Policy Group or in other consultative positions as needed. For additional details on the EOC see the City and County of San Francisco Emergency Response Plan.

The City and County of San Francisco EOC provides coordination and support for all city departments, regional, state and federal disaster response partners. The San Francisco EOC also maintains contact

and coordination with other local government EOCs, the Regional Emergency Operations Center (REOC), and/or the state operations center.

The San Francisco EOC, along with each city agency Department Operations Center (DOC), uses NIMS/ICS/SEMS throughout the response operations. The DPH DOC Commander will communicate with liaisons at the San Francisco EOC as necessary in order to inform key departmental and political leaders regarding the scope of the response and the rationale for decisions with large impact to the public.

B.4 LOCAL OPERATIONS COORDINATION

Within San Francisco, public health and medical response activities are primarily coordinated within the Department Operations Center (DOC). Coordination with other city agencies and with regional and state entities is primarily managed through the City and County of San Francisco Emergency Operations Center (EOC). Some pre-arranged or intensive coordination and communication activities may also occur directly between the DOC and other partners.

B.4.1 CCSF JOINT INFORMATION CENTER

The CCSF JIC provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across San Francisco. A key priority is also coordination of messaging, as much as is able, with other regional counties, state, and federal entities. DOC Information Officers, Media Officers, and other public information and policy leaders play important roles in the JIC. For additional details on the JIC see the City and County of San Francisco Emergency Response Plan.

B.4.2 MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC)

The MHOAC is a 24 hour a day, 7 days a week, point of contact for disaster medical and health operations. In an emergency the MHOAC is responsible for coordinating disaster medical resources and communicating with the State Office of Emergency Services, Region II Regional Disaster Medical Health Coordinator (RDMHC), to request medical supplies, personnel, and equipment, and manage distribution in the Operational Area. For additional details on the MHOAC see the City and County of San Francisco Emergency Response Plan.

B.5 REGIONAL COORDINATION

San Francisco, along with other Bay Area counties, is part of the California Coastal Region (Mutual Aid Region II).

When a disaster event has a regional impact, affected operational areas will coordinate activities through the following entities and programs:

B.5.1 COASTAL REGIONAL EMERGENCY OPERATIONS CENTER (REOC)

The State Office of Emergency Services (OES) coordinates the regional level response to emergencies and disasters through the REOC. Key REOC priorities are to optimize the medical and health response across the region, provide coordination for consistency in medical care and public health disease control measures, and acquire, prioritize, and allocate medical and health resources. The CCSF EOC will communicate and coordinate directly with the CalEMA Coastal REOC. See the Bay Area Regional Emergency Coordination Plan (RECP) for additional details.

B.5.2 MEDICAL HEALTH MUTUAL AID SYSTEM

California operates a statewide system of non-financial mutual aid for medical and health resources. Typically, mutual aid consists of labor, materials, and/or equipment. A local emergency must be declared to qualify for assistance. EMSA and the CDPH coordinate the Medical Health Mutual Aid System through the MHOACs and the RDMHC in each region. Under SEMS, if the Operational Area is unable to provide the necessary requested assistance, the MHOAC will request assistance from the regional level RDMHC. If resources are not available from other Operational Areas within the mutual aid region, the RDMHC will forward the request to the state. The state will seek the requested resources from: other state agencies, unaffected areas within the state, other states, or the Federal Government. See the California Public Health and Medical Emergency Operations Manual for additional details.

B.5.3 REGIONAL DISASTER MEDICAL HEALTH COORDINATOR (RDMHC)

The RDMHC is charged with coordinating medical and health resources at the direction of the state. The RDMHC, manages the provision of medical or public health mutual aid among the counties within the region, coordinates with the MHOACs from the affected Operational Areas to manage sharing of mutual aid resources, and for disasters outside the region, coordinates provision of mutual aid resources to those areas. See the California Public Health and Medical Emergency Operations Manual for additional details.

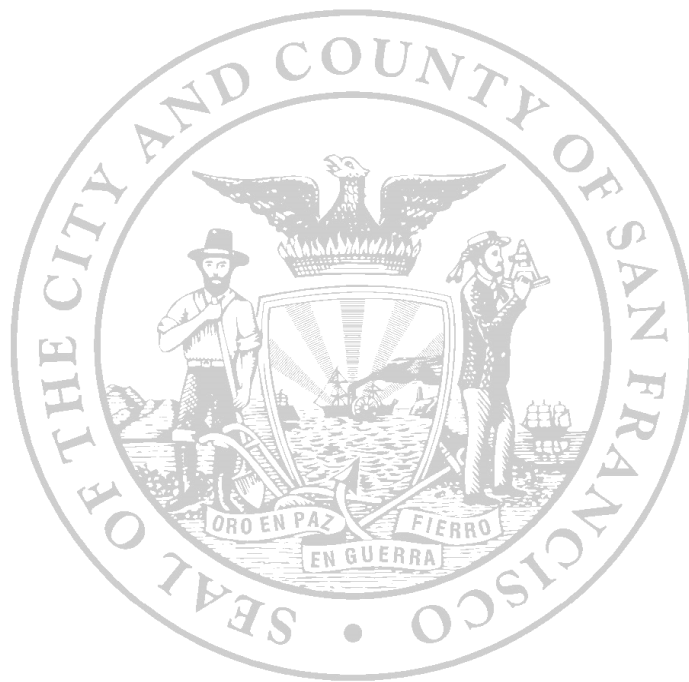
B.5.4 ASSOCIATION OF BAY AREA HEALTH OFFICIALS (ABAHO)

ABAHO is an association of county health officers and other leadership that meets monthly to share and coordinate public health policies and strategies. In an emergency, ABAHO members may consult via the REOC or more informally through regional teleconferences and emails.

B.6 STATE AND FEDERAL COORDINATION

If the emergency event has a regional impact, coordination with the State will primarily occur through the REOC. If the event is local, and the REOC is not activated, coordination with the State will occur via the CCSF EOC.

There are some instances in which a Federal or State agency will have a field response role, due to the jurisdictional responsibility of the event. For example, the FBI would have a jurisdictional responsibility in a terrorist event. When a Federal or State agency is involved in field operations, coordination will be established with the CCSF EOC and any appropriate CCSF emergency response departments. Federal or State agencies operating in the field may be incorporated in the incident command structure or as part of a Unified Command. The event type will determine their location and scope of involvement.



C ACTIVATION AND NOTIFICATION

C.1 ACTIVATION

The Department of Public Health activates the Emergency Operations Plan (EOP) and the DOC when it is necessary to manage and coordinate a public health and emergency medical response. The Department of Public Health may activate the DOC to manage limited emergency response activities, such as disease investigation, without activation of the EOC.

Only authorized staff may direct the activation/deactivation of the EOP. The Department's Emergency Response Activation and Notification Protocol should be utilized (see Appendix). DPH staff authorized to initiate activation/deactivation include the:

- Director, San Francisco Department of Public Health (SFPDH)
- Deputy Directors, SFPDH
- Health Officer, SFPDH
- Deputy Health Officers, SFPDH
- Communicable Disease Control and Prevention On-Call Physicians, SFPDH
- Public Health Emergency Preparedness & Response (PHEPR) Director, SFPDH

One or more of the following criteria must be met for activation of the EOP:

- Event with significant public health impact

And, one or more of the following:

- Inability to complete essential functions and respond with existing staff
- Operational period is greater than 8 hours per day
- Significant logistics/resource allocation or tracking required
- Normal daily operations are compromised
- Finance tracking/FEMA documentation required

Events that may have a significant public health impact include the following:

- Natural disaster (e.g., earthquake, tsunami, flood) requiring a public health response
- Possible or confirmed terrorism requiring a public health response
- Communicable disease outbreak and/or first or initial case(s) of an emerging infectious disease with potential for significant illness or death
- High profile situation that requires a public health or medical response
- Waterborne outbreak or threat
- Hospital/clinic/long term care surge, evacuation or extended closure
- Mass casualty or fatality event
- Mass gathering with potential for health impact
- Hazardous materials release
- Chemical, biological, radiological, or nuclear event (CBRNE)

If the San Francisco EOC is activated (with or without DPH DOC activation) one or more DPH staff may be required to staff the EOC to provide public health input, coordination, and guidance.

C.2 NOTIFICATION

An activation of the DPH DOC triggers implementation of the EOP and notification of responders. The Department's Emergency Response Activation and Notification Protocol should be utilized (see Appendix). In general, the following leaders must be notified when the DOC is activated:

- Director, San Francisco Department of Public Health (SFDPH)
- Health Officer, SFDPH
- Deputy Director, SFDPH Office of Policy and Planning
- Public Information Officer, SFDPH
- Duty Officer, California Department of Public Health
- Duty Officer, Department of Emergency Management (DEM)
- Director, SFDPH Public Health Emergency Preparedness & Response Branch

The need to notify other internal and external partners will be determined by the circumstances of the event including: the anticipated scope of the response, the size of the impacted populations, and whether the situation is confirmed or suspected. See the situation specific Annexes for guidance. Specific external partners to be notified are addressed in the EOP Annexes and the Activation and Notification Protocol (see Appendix).

C.3 LEADERSHIP SUCCESSION

In any emergency or disaster, management of the Department of Public Health is delegated to the following persons in the order of succession shown below:

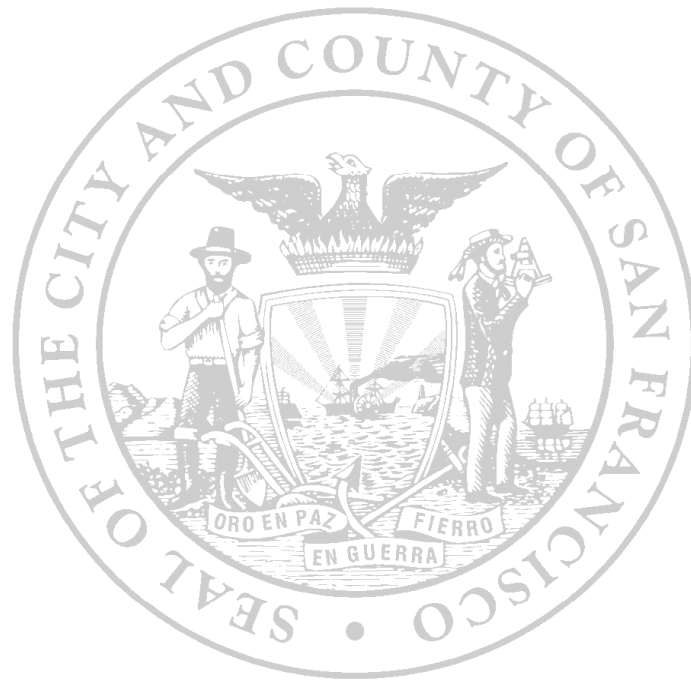
- Director of Health
- Health Officer
- Deputy Director(s)
- Deputy Health Officer(s)

If a designated individual is unavailable, authority will pass to the next individual on the list. "Unavailable" is defined as:

- The designated person is incapable of carrying out the assigned duties by reason of death, disability, or distance from/response time to the operations facility.
- The designated person is unable to be contacted within 15 minutes.
- The designated person has already been assigned to other emergency activities.

The designated individual retains all assigned obligations, duties, and responsibilities until officially relieved by an individual higher on the list of succession. These individuals are authorized to perform the following functions:

- All operational tasks normally performed by the Director of Health, Department of Public Health.
- Expenditure approval consistent with established City and County of San Francisco procedure.
- Personnel task and work assignments.



D DEPARTMENT OPERATIONS CENTER

D.1 DOC PRIMARY FUNCTIONS

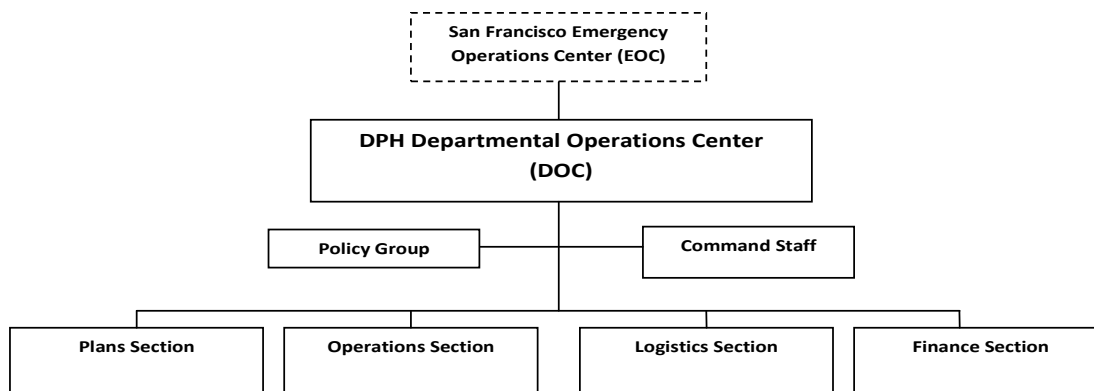
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Primary roles and responsibilities of the DOC include:

- Directly support the incident(s) as appropriate
- Receive and respond to resource requests
- Prioritize and manage department resources
- Maintain essential department operations in accordance with the DPH Continuity of Operations Plan
- Manage resources for incident-level activities
- Serve as a point of contact for the CCSF Emergency Operations Center

D.2 ORGANIZATIONAL STRUCTURE: OVERVIEW

The DOC is organized following SEMS and ICS structure, which provide DOC staff with a standardized operational structure and common terminology based on five major functional areas – Management, Planning, Operations, Logistics and Finance. This plan uses a structure for Operations that accounts for the role of specific public health functions such as disease containment and epidemiology and surveillance.



* See organizational chart for fully expanded response modules.

For a detailed DOC organizational chart, please see the following page.