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Sonia E. Melara
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
<http://www.sfdph.org>
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 3, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Melara called the meeting to order at 4:08 p.m.

Present: Commissioner Sonia E. Melara, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Margine A. Sako
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner James M. Illig, President (excused)

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 17, 2009

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of February 17, 2009 without modifications.

3) DIRECTOR'S REPORT

Gene O'Connell Announces Retirement

Congratulations to Gene Marie O'Connell, Chief Executive Officer of San Francisco General Hospital, who announced her retirement after 25 years of service to the medical center. Under

Ms. O'Connell's leadership as CEO over the past 11 years, SFGH has distinguished itself as one of the nation's top tertiary academic medical centers. Notable among her many accomplishments was her leadership role that led to the successful passage of Proposition A in November, overwhelmingly supported by voters that authorized \$887.4 million in general obligation bonds to fund the construction of a new acute care hospital.

While Ms. O'Connell prepares for her retirement in March, I am pleased to announce that Sue Currin, SFGH's long-time Chief Nursing Officer and current Chief Operating Officer, will serve as the new CEO.

I know the Commissioners share with all of us a deep gratitude to Ms. O'Connell and thank her for her many fine years of service.

Tangerine Brigham Wins MFAC Award

Congratulations to **Tangerine Brigham**, *Deputy Director of Health and Director of Healthy San Francisco*, who was among this year's recipients of the prestigious Mayor's Fiscal Advisory Committee Award (MFAC) on February 23. This event has evolved and grown over the last 28 years, but its purpose remains the same: to recognize and acknowledge exemplary job performance and leadership by San Francisco city employees.

MFAC was founded over 30 years ago under Mayor George Moscone as a select group of business representatives and community leaders committed to the idea of a fiscally responsible government in San Francisco. MFAC provides guidance and input to City staff on policy, management and fiscal issues. Through its members and volunteers, MFAC provides many hours of pro bono management and consulting services to the Mayor of San Francisco, saving the City millions of dollars in cost efficiencies and improved services.

Previous MFAC winners who are currently working for the Department have included Steven Koneffklatt, Gene O'Connell, Cheryl Austin, Nancy Wong, Sharon Kotabe, Sue Currin, Barbara Garcia, Diana Guevara, Sai-Ling Chan-Sew, Nelly Lee, Rajiv Bhatia, MD, Judith Klain and Marc Trotz.

Sobering and Medical Respite Program

The Sobering and Medical Respite program moved over the weekend of February 21st and has reopened in a new facility located at 1171 Mission Street. The program, formerly housed at 39 Fell Street and 101 Polk Street (Next Door Shelter), has been consolidated into a single location which will facilitate improved client care. This project is a collaboration between the Health Department and Community Awareness and Treatment Services (CATS). In addition to being a new home for the Sobering and Medical Respite program, the site is also housing CATS administrative offices. A grand opening celebration is being planned. I hope the Commissioners will join us for this event. We will provide more details once the plans have come together.

Laguna Honda Goes Live with Online Census

LHH made an efficient and technological leap recently when they began using a hospital-wide online census program to track the daily bed count. Prior to introduction of this new system, nursing supervisors spent hours each night getting head counts from each unit and then reconciling them for a daily total that frequently required counting and recounting. Moving to a centralized system required the work of many individuals—from installation of additional computer terminals to training to designing the reports—and signifies an important step towards a larger infusion of technical adaptation for the employees of LHH.

Many thanks to all of the LHH staff who worked diligently for years to bring the Online Census to reality. The Online bed count system will blend in well with other technological improvements we will be making when we move into the new facility.

Healthy San Francisco Updates

At last month's US Mayor's Conference in Washington, DC, President Barack Obama delivered remarks in which he referenced Healthy San Francisco. While not mentioning our program by name, here is what the President had to say about the City's first-of-its-kind universal health care program.

"You know, instead of debating the existence of climate change, mayors like Greg Nickels in Seattle are leading efforts to make cities greener and more efficient. Instead of just talking about health care, mayors like Gavin Newsom in San Francisco have been ensuring that those in need receive it. Instead of wringing your hands over poverty, you've got Antonio in Los Angeles making relentless efforts to alleviate it."

Another Healthy SF item in the news was the Mayor's recent announcement that Pfizer will provide free medicines for Healthy SF enrollees through Pfizer's *Sharing the Care* program. This program will allow patients who participate in Healthy San Francisco at *Sharing the Care* registered clinics to have access to free Pfizer medicine as long as they meet standard program eligibility criteria: Patients must be registered members of the health care center, have an income at or below 200% of the federal poverty level and not have prescription drug coverage.

Children's Dental Health Month

Because it's Children's Dental Health month, I wanted to provide the Commissioners with an inside look at a program that has been highly successful in providing dental care to underserved children in the community. It also reveals important findings in what we need to know about the children and the families we serve and the challenges dental care professionals face in meeting the needs of these families. Here is an overview of the Children's Oral Health Clinic.

The Family Health Center (FHC) at the San Francisco General Hospital runs an oral health screening clinic for children 0-5 years with grant funds from First Five California, California Dental Association Foundation, and Molina Healthcare. The program is unique in that it trains family physicians and pediatricians to conduct oral health screenings. The goals are to reduce early childhood caries (ECC) for young children, improve dental access for low-income families, and to train UCSF Family Medicine resident physicians in oral health prevention in primary care settings. An oral health screening visit includes caries risk assessment, oral exams to identify visible ECC, applied fluoride varnish, and dental referrals to a Department of Public Health (DPH) dental clinic. Children also receive an age-appropriate toothbrush, fluoride toothpaste, and parents are given bilingual health education pamphlets. Residents are trained to do oral health visits, complete billing for Medical and Children Health Disability Prevention forms, and refer children based on the child's urgent (UCSF School of Medicine) or non-urgent dental needs (DPH dental clinics).

Since the summer of 2006, the clinic has screened 348 children. Ninety-four percent had Medi-Cal, 71% were under 2 years old, and 70% were Latino/Hispanic. By age two, 64% were found to have evidence of ECC, and 91% did not have a dental home. In this underserved immigrant community 54% of the children were preferentially consuming bottled water instead of fluoridated tap water. Caries is a common FHC health problem among children under three, and fluoride varnish is an important and easy intervention to coordinate with regular health visits.

Training family physicians and pediatricians to conduct oral health screenings is crucial to identifying untreated caries, assist families to navigate existing DPH dental clinics, and reinforce preventive oral health messages in primary care settings.

Study on Behavioral Health Court Released

A study of San Francisco's Behavioral Health Court that began in 2005 is concluding its first phase, showing positive outcomes. The study sought to determine the effectiveness of mental health courts (MHC) in improving public safety outcomes and access to treatment among people enrolled in these specialty courts. The study includes 4 sites – San Francisco and Santa Clara Counties in California, Hennepin County (Minneapolis) in Minnesota, and Marion County (Indianapolis) in Indiana collected for all subjects in the study.

Preliminary findings indicate that arrests in the 18 month follow-up period are significantly reduced for MHC clients as compared to the Treatment as Usual (TAU) clients. This is especially true for arrests involving an individual as distinguished from a property crime. MHC clients also spend significantly less time in jail and access more community treatment. While it is not possible at this time to form a cause/effect relationship between treatment and improvement in public safety outcomes for MHC clients, the relationship is important and being further explored.

Two of the researchers will present findings with a spotlight on San Francisco on May 20, 12 noon - 1:30 p.m. at the Sheriff's Conference Room - County Jail # 8, 425 7th St., 1st floor, San Francisco.

Continued funding has been received from the John D. and Catherine T. MacArthur Foundation for the second phase of the research to study the costs of mental health courts, comparing the costs and benefits of the specialty courts with typical criminal court procedures for these defendants.

African American Issues in Health IX Conference

The African American Issues in Health IX conference convened over 400 participants on February 20 at the St. Mary Cathedral's Event Center. The conference included special welcome addresses from Commissioner Catherine Waters and Barbara Garcia, Deputy Director of DPH. The conference offered an overview of five presentations that focused on best practices and innovative practices, with an emphasis on cultural competency and cultural wellness, in the areas of children and youth services, HIV/AIDS services, community-based programs, and consumer wellness and recovery in the African American community. The goal of the conference was to highlight cultural competency for African Americans throughout a continuum of care, with reflection on how historical and personal beliefs impact the engagement and treatment of African American clients and their overall plan of care.

The keynote speaker, Dr. Joy DeGruy, a professor at School of Social Work at the Portland State University, provided an eloquent and dynamic presentation on her theoretical, clinical, and cultural formation of "Post-Traumatic Slave Syndrome." This theory proposes that centuries of slavery followed by systemic racism and oppression have resulted in multi-generational adaptive behaviors, some of which have been positive and reflective of resilience, and others that are detrimental and destructive. In brief, Dr. DeGruy presented facts; statistics and documents that illustrate how varying levels of both clinically induced and socially learned residual stress related issues were passed along through generations as a result of slavery. Dr. DeGruy captivated her audience and received overwhelming counts of positive feedback and praises for her work, observations, analysis, and commitment to the healing of all peoples of color.

Program on Health, Equity and Sustainability

The Program on Health, Equity, and Sustainability (PHES) recently completed a five year partnership between La Raza Centro Legal's Day Labor Program and Women's Collective. *Jornaleros Unidos con el Pueblo* (Day Laborers United with the Community,) or UNIDOS, was funded by the National Institute of Environmental Health Sciences and is one of the first attempts by a local health department to engage with day laborers, domestic workers and their supporting community organizations to address work-related health disparities.

The collaboration produced a number of important outcomes. Among them was the recovery of over \$330,000 in unpaid wages, the introduction of statewide legislation requiring overtime pay for personal attendants, and documentation of domestic workers' working conditions and day laborers' access to health care. Challenges for this diverse partnership were numerous and the lessons learned can provide valuable suggestions for future researchers and others planning government-community partnerships. The UNIDOS Final Report and other UNIDOS products are documented at: http://www.sfpbes.org/work_unidos.htm.

PEHS also held a successful training on its Healthy Development Measurement Tool (HDMT) in early February at the American Institute of Architects in San Francisco. Over 40 participants attended. The training provided an introduction to the HDMT, demonstrated how HDMT indicators and data could be used and illustrated how HDMT development targets could be applied to land use projects. The HDMT is an evaluation metric to consider health needs in urban development plans and is publicly available at www.TheHDMT.org.

Change Agents Celebrate Fourth Year in Community Behavioral Health Services (CBHS) Integration

Over four years ago, CBHS recruited a number of staff from mental health and substance abuse services to serve as "Change Agents." A big part of their mission is to implement the "Comprehensive Continuous Integrated System of Care" model. The Change Agents meet monthly with a focus on improving system-wide services to individuals and families with co-occurring psychiatric and substance disorders. In other words, clients who tend to have the poorest outcomes at the highest cost.

Change Agents help staff acquire new attitudes, knowledge and skills related to treatment of these individuals with co-occurring disorders and function as a "systems change agent," providing and creating a system that is more welcoming, integrated, and comprehensive. Change Agents work across disciplines and the strong and lasting partnerships that have been established between mental health and substance abuse providers have flourished into meaningful cross training and referral.

A recent example of how effective the Change Agent's work has been is evidenced by children's providers who formed their own subgroup to address issues such as whether the system is welcoming to parents who may be out of a child's life due to substance abuse. Change Agents have also been looking at ways the system can be more inclusive of families in general. The success of the Change Agent's role in working within the system to make critical changes to meet the needs of families and individuals is not only commendable but has become a significant factor in the integration of our services throughout the system of care.

Health Dialogues Focuses on Men's Health

The February 19th "Health Dialogues" show on KQED FM 88.5, hosted by Scott Shafer, looked at how men deal with personal health issues. Guests on the show agreed that, as compared to

women, it is much harder to get men to even talk about their health which leads to men being less likely and reluctant to seek medical care. As part of the line up for the show, Jeff Klausner, MD, Director of STD Prevention & Control, and Deb Levine, who is a partner with the STD program as the provider of Internet Sexuality Information Services, Inc. (ISIS), had a frank discussion with Scott Shafer about men's sexual health and the challenges of reaching diverse populations. To listen to a podcast of the show, go to <http://www.kqed.org/radio/programs/healthdialogues/> and click on Segment 4.

San Francisco Asthma Task Force

The San Francisco Asthma Task Force has partnered with SF Environment, Breathe California and Californians for Pesticide Reform to survey area residents about the type of cleaning products and pesticides found in homes that may cause respiratory triggers for individuals with asthma. Although these products are typically stored out of sight, many household products emit toxic chemicals that can aggravate asthma and cause other health symptoms. The Health Commission is invited to complete these short surveys as part of the feedback from the public that will help us learn how these products are being used and provide a platform for advocating for healthier alternatives.

Cleaning Products Survey: <https://sftoxicsreduction.wufoo.com/forms/household-cleaning-products/>

Pesticide survey:

<http://www.surveymonkey.com/s.aspx?sm=3jZBKA4jTpxEv%2bHcLiVN7A%3d%3d#q2>

The San Francisco Asthma Task Force has planned a daylong "Asthma Update" symposium on Friday, April 3, 8 a.m. – 4 p.m. at Kaiser Permanente SF Medical Center. Continuing education units for physicians and nurses are available. For more information contact Gloria Thornton at gloria.thornton@wellpoint.com.

Commissioner Comments/Actions for Follow-Up:

Commissioner Chow asked about the City being sued on the basis of care to the indigent. Dr. Katz responded that Bay Area Legal Aid has sued the City as to whether San Francisco is fulfilling its Section 17000 obligations. He added that they and the Department agreed not to bring publicity to the suit as both sides agree that they can come to settlement.

Commissioner Waters asked about funds for prevention in the Stimulus package and requested to meet with Prevention Section on the requests that the Department will put forward. Dr. Katz responded that the Department will arrange for a meeting.

4) GENERAL PUBLIC COMMENT

None

5) FINANCE COMMITTEE REPORT

Commissioner Steven Tierney, Ed.D. reported on the actions of the Finance Committee.

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Calendar of the Finance Committee.

6) **RESOLUTION HONORING GENE MARIE O'CONNELL FOR THE CONTRIBUTIONS SHE HAS MADE TO THE CITY AND COUNTY OF SAN FRANCISCO**

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Resolution honoring Gene Marie O'Connell for the contributions she has made to the City and County of San Francisco.

Commissioner Comments:

Commissioner Sanchez thanked and congratulated Ms. O'Connell for her hard work, her years of service and her well-deserved awards over the years.

Commissioner Chow stated that it has been his privilege to have worked with Ms. O'Connell over the years, and wished her well in her retirement.

Commissioner Tierney thanked Ms. O'Connell for her hard work on passing the SFGH bond.

Commissioner Waters thanked Ms. O'Connell on behalf of the nursing staff.

Commissioner Melara stated that it has been her pleasure to have worked with Ms. O'Connell and thanked her for her work.

7) **REPORT ON ST. FRANCIS MEMORIAL HOSPITAL INSTITUTIONAL MASTER PLAN UPDATE**

Alicia Neumann, Senior Health Program Planner, reported to the Institutional Master Plan Update as updated by St. Francis Memorial Hospital. A copy of her presentation is attached and incorporated as a part of these minutes.

Commissioner Comments/Requests for Follow-up:

Commissioner Sako asked about the charge to the Department under the IMP legislation. Ms. Neumann responded that this is in response to legislation from Supervisor Maxwell that there be a health impact analysis of IMPs submitted by hospitals in San Francisco. The Department has 90 days following submission of an IMP to complete a health analysis.

Tony Jackson, Chief Operating Officer of St. Francis Memorial Hospital spoke about the changes that the hospital will be making.

Commissioner Chow stated that his understanding of the legislation is that it provides an opportunity for the Health Commission to provide input in the planning process when hospital IMPs are submitted. He asked about the process involved. Ms. Neumann and Ms. Kronenberg responded that there is no action required by the Commission, but that the Commission's feedback would be incorporated into the report provided by the consultant.

Commissioner Chow requested that the Commission receive a hard copy of the IMPs as they come forward. Ms. Kronenberg responded that the Department would request that hospitals provide copies of the IMPs to the Commission.

Commissioner Chow noted that signage in the hospital should be in the Traditional Chinese characters and not the Simplified Chinese characters.

Commissioner Melara noted that most of the organizations contacted were not organizations in the immediate vicinity of the hospital. She requested that with the next IMP that organizations in the immediate vicinity of the facility be contacted. This will be especially important with St. Luke's Hospital.

Commissioner Chow requested that in the future the medical staff be consulted as part of the assessment process.

Commissioner Sako noted that only 58 percent of patients are from San Francisco, so the community of interest is larger than just San Francisco.

Alice Barkley, Project Attorney for St. Francis Memorial Hospital noted that the impetus for the legislation was the acquisition of St. Luke's by CPMC, and that the legislation does not require action by the Health Commission, only that the Department provide an analysis of the health impacts to the Planning Commission.

8) DPH DISASTER PREPAREDNESS UPDATE

Rebekah Varela, Senior Health Program Planner, provided the Department's disaster plan update. A copy of her presentation is attached and incorporated as a part of these minutes.

Commissioner Comments/Request for Follow-up:

Commissioner Sako asked about the availability of clinical personnel in an earthquake that happened in the middle of the night. Ms. Varela responded that given the planning that we have done, related to use of volunteer medical personnel and review of where medical personnel reside, San Francisco would have access to sufficient numbers of clinical personnel.

Commissioner Chow commended the City on its neighborhood planning in disaster preparedness.

9) CONSIDERATION OF A RESOLUTION APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2009-2010 BASE BUDGET

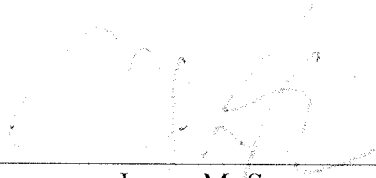
Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the amended resolution, approving the submission of the Department of Public Health's FY 2009-2010 base budget.

10) OTHER BUSINESS

None.

11) **ADJOURNMENT**

The meeting was adjourned at 5:23 p.m.



James M. Soos
Acting Health Commission Executive Secretary

Attachments (2)

Saint Francis Memorial Hospital,
2008 Institutional Master Plan:
Analysis of Effect on Citywide Health
Needs by The Lewin Group

San Francisco Health Commission
March 3, 2009
Alicia Neumann

1

Overview

This presentation provides an update on review process and findings for The Lewin Group's analysis of the 2008 Saint Francis Memorial Hospital (SFMH) Institutional Master Plan (IMP), which is required by Section 304.5 of the City and County of San Francisco Municipal Code Planning Code.

- SFMH submitted the IMP in the fall of 2008 when the Department of Public Health had one firm, The Lewin Group, in its pool of available contractors.
- The project was budgeted at a cost of \$41,500 to SFMH with scheduled delivery to the Planning Department before May 4, 2009.
- Currently, the review is under cost and ahead of schedule, largely due to the small scope of the changes proposed in the IMP.
- Once input is received from the San Francisco Health Commission, The Lewin Group will finalize the report for delivery to the San Francisco Planning Department and Commission.

2

Review Process

To determine the effects of proposed changes on citywide health needs, The Lewin Group studied the following qualitative and quantitative data sources:

- Interviews with seven Community Stakeholders and two representatives from SFMH
- 2007 Hospital Utilization and Financial Data from the California Office of Statewide Health Planning and Development (OSHPD)
- 2007 Inpatient Staffed Bed Survey and Market Assessment and Benchmarking Project by The Lewin Group
- 2007 Non-Profit Community Hospitals Community Benefit Report by the Hospital Council of Northern and Central California.
- 2007 Audited Financial Statements from SFMH


3

Review Findings

The draft report from The Lewin Group concludes that the proposed changes will not diminish capacity or alter the current service mix at SFMH. Moreover, the report finds the following for each of the three proposed changes:

Proposed Change	Finding
Renovate the east wing to meet SB 1953 seismic compliance standards	Since SB 1953 is a State mandate, the east wing renovation is a proactive measure to ensure the long term viability of the inpatient units
Implement a master signage program that will improve way-finding and provide information in English, Spanish, Russian and Mandarin text.	The master signage program is not only improving the patient experience, but is also addressing a dialect/ethnicity, Russian, that does not yet represent a significant number of persons accessing care at SFMH.
Renovate and upgrade the existing surgical suites to maximize capacity, improve efficiency and minimize damage to mobile medical technology	Since only six operating rooms are currently in-use at SFMH, surgical capacity will increase when dormant operating rooms and in-use rooms are renovated and reconfigured into nine multipurpose surgical suites.



4



Public Health Preparedness Update



March 3, 2009

San Francisco Department of Public Health
Office of Policy and Planning



Vision

The San Francisco Department of Public Health and planning partners will work towards having the most efficient, integrated and coordinated public/private health disaster response system in the country.



Mission

- To prepare the public health, pre-hospital and healthcare facility disaster response system for a mass casualty incident or infectious disease event, whether the result of human action (e.g. terrorism) or natural event (e.g. earthquake) by:



Mission

- Coordinating a comprehensive healthcare surge system which integrates acute, sub acute, long term care and pre-hospital provider response.
- Leading and coordinating infectious disease control, prevention planning and policy development;
- Developing a robust environmental health response,
- Anticipating the need for a comprehensive behavioral health response,
- Preparing for the special considerations of a chemical, biological, radiological, nuclear or explosive (CBRNE) incident, and
- Planning for the special needs of various communities and individuals including maintaining culturally competent services during disaster response


Medical Surge


- Hospital Council Emergency Preparedness Partnership (EPP)
 - In 2008 the regular working group of hospital, DPH and additional partners created a comprehensive work plan for hospital preparedness activities.
 - This work plan takes into consideration the system wide planning priorities of Hospital CEO's as well as ongoing priorities identified by Partnership members and state planning bodies.

Medical Surge



- EPP Work Plan Items addressed by DPH
 - Volunteer Management Toolkit (April 2008 to March 2009)
 - Integrates Volunteer Health Professional requirements from CDPH, HHS and Joint Commission standards
 - Provides ICS compliant organizational management
 - Merges Department of Human Resources and Department of Emergency Management plans for volunteer processing and distribution
 - Funded by the Assistant Secretary for Preparedness and Response (ASPR). Will be distributed nationally by ASPR as a best practice.







Medical Surge

- Other EPP Projects led by DPH:
 - Healthcare focused mass fatality planning in partnership with the Office of the Medical Examiner
 - Evacuation plan writing workshops
 - Surge plan writing workshops
 - Ongoing tabletop exercises including topics such as materials management, unified command and infectious disease
 - Pharmaceutical Cache policy development and MOU development



Medical Surge

- Additional Projects Funded by ASPR
 - Alternate Care Sites
 - Continuity of Provider Care
 - HUB Project Management Plans



Medical Surge

- Continuity of Provider Care
 - Completed assessments and focus groups of community providers in Chinatown and Bayview Hunters Point discovered the need for targeted personal preparedness and continuity of operations planning for providers at the outpatient level
 - DPH has begun an ongoing planning group for clinics focused on continuity of operations as of February 2009
 - DPH will create a parallel planning process for Long Term Care facilities in FY 2009-10
 - DPH has secured funding for communications and ICS compliant command equipment for outpatient and long term care providers through grant funds



Medical Surge

- HUB Plan
 - Originally developed as a primary care based neighborhood coordination plan
 - Transitioned to DEM oversight to facilitate inter-agency collaboration
 - Transition allows health facilities to focus on medical services while maintaining the planning processes and concepts of operations developed in the HUB plan.
 - DPH will continue to play a major role in the HUB plan development as a major service provider to the community


Medical Surge

- Mass Casualty Incident Plan
 - Operational plans for a mass casualty incident at the pre-hospital level
 - Addresses patient distribution, coordinated field operations for patient care and coordinated mass casualty incident command operations at DPH, SFFD and DEM
 - Currently in draft form

Infectious Disease Response

- Infectious Disease Response Planning Accomplishments
 - Completion and national presentation of the IDER plan
 - Plan outlines operation and policy direction for an infectious disease outbreak
 - Available for review online at www.sfdph.org/iderplan.htm
 - Addresses naturally occurring outbreaks (e.g. measles, mumps), emerging infectious disease (e.g. SARS, pan flu) and bio-terrorism





Infectious Disease Response

- Accomplishments Continued...
 - Production and distribution of a pandemic influenza training video for San Francisco City and County employees
 - Educates the viewer on healthy habits to prevent the spread of disease and what to expect from a flu pandemic
 - Available online at www.sfdcp.org/pandemicvideo.html



Environmental Health

- 2007-2009 Accomplishments
 - Continuing to develop and improve the Environmental Health disaster response plan by evaluating and revising it annually
 - Expanding and maintaining staff training opportunities such as technical trainings on the safe management of waste, food and water at shelters and mass care sites.



Training and Exercises

- DPH leads multi-agency exercises twice a year, including drills involving city partners and private healthcare entities
- DPH sections have increase engagement in training to include:
 - Department wide DSW training
 - ICS, NIMS and HICS training at LHH
 - Disaster Preparedness training for Childcare Providers



Big Rumble

- Annual event series aimed at promoting a culture of preparedness
- Will offer meaningful opportunities for hands-on experience to help make the concepts of disaster preparedness more tangible
- Planned for the week of October 14-17 to include Shake Out 2009 and a commemoration of the 20th anniversary of the Loma Prieta earthquake

