



January 2025

MEDICAL AND HEALTH FUNCTIONAL ANNEX

**ANNEX TO THE MARIN
OPERATIONAL AREA
EMERGENCY
OPERATIONS PLAN
(EOP)**

Marin County Department
of Health and Human
Services

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APPROVAL AND IMPLEMENTATION

The County of Marin and the entire Marin County Operational Area (Marin OA) prioritize the safety and security of its residents. This is contingent on the continuity of public services before, during, and after an emergency or disaster strikes. The Medical and Health Functional (Med/Health) Annex to the *Marin OA Emergency Operations Plan* (EOP) provides a capability-focused approach to all hazard incident management. This Med/Health Annex describes the principles and methods to be applied as a part of a coordinated disaster response effort to address the medical and health-related needs of the public and responders.

Authority for emergency management in the County of Marin rests with the Marin County Office of Emergency Management (Marin County OEM). The Marin County Municipal Code authorizes the Director of Emergency Management (Marin County OEM Director) to manage the cooperation and coordination of services and staff of the emergency organization.¹

The Medical and Health Operational Area Coordinator (MHOAC)² is responsible for developing a medical and health disaster plan for the operational area in cooperation with emergency management, medical, health, and first responder stakeholders.³ The Marin County OEM Director has tasked the Marin County Department of Health and Human Services (Marin County HHS) with developing and maintaining this *Med/Health Annex* to the *Marin OA EOP*.

This *Med/Health Annex* was prepared under the oversight of the Marin County HHS and OEM to establish a comprehensive approach to managing the medical and health approach to emergencies as required by the California Health and Safety Code.

This *Med/Health Annex* and its supporting content supersede all previous versions and other iterations of this document and shall be effective immediately upon execution by all signatories below.



Steven Torrence
Marin County OEM Director

1-7-2025

Date



Lisa Warhuus
Marin County HHS Services Director

1-7-2025

Date



Sarah Jones
Marin County Community Development Agency

1/7/2025

Date

¹ https://library.municode.com/ca/marin_county/codes/municipal_code?nodeId=TIT2ADPE_CH2.99EMORFU

² HSC § 1797.153: In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC).

³ <https://codes.findlaw.com/ca/health-and-safety-code/hsc-sect-1797-153/>

RECORD OF CHANGES

Any approved additions or modifications to the *Med/Health Annex* are documented and noted in the table below. After modifying the *Med/Health Annex*, the Marin County HHS Director ensures the revised plan is uploaded to shared sites and/or webpages. In contrast, the Marin County OEM ensures that the updated version is distributed to all appropriate departments, agencies, and individuals.

Change Number	Date of Change	Section	Summary of Change	Change Made by (Title and Name)

Table 1: Record of Changes

1. INTRODUCTION AND OVERVIEW

PURPOSE

The Medical and Health Functional Annex (*Med/Health Annex*) to the *Marin County Operational Area (Marin OA) Emergency Operations Plan (EOP)* describes the provision of public medical and health services during a disaster or emergency within the County of Marin. This *Med/Health Annex* also explains the principles and methods to be applied as a part of a coordinated disaster response effort of Marin County Health and Human Services (HHS) and all medical and health system stakeholders to address the needs of the public and responders.

This *Med/Health Annex* will guide all County of Marin departments and other medical health system stakeholders in planning for escalated department operations or the Marin County OA Emergency Operations Center (Marin OA EOC) to respond to disaster response's medical and health needs. The document addresses the activation, operation, management, and staffing of public health emergency operations within the County of Marin Departments and the Marin OA EOC before and after the Marin OA EOC activation. This document also outlines how the County of Marin responds to medical health incidents, supports a surge of healthcare providers, supplements their operations, and helps health providers get back to normal operations.

The Marin OA medical and health response strategy is designed to:

- Actively identify, mitigate, and manage risks.
- Reduce illness or injury-related morbidity and mortality.
- Ensure the continuity of critical service delivery.
- Work in collaboration with stakeholders to implement effective mitigation strategies.
- Apply a health equity perspective in the creation of response policies, practices, activities, and partnerships.
- Deliver prompt, accurate, and accessible medical and health information and guidance to both impacted communities and organizations involved in the response.

The guidance throughout this document is based on best practices and procedures. However, depending on the situation at the time of an incident, they may be adjusted to better serve the public and responders. This *Med/Health Annex* is an operational response plan and does not cover response tactics. Tactics are described within the subject- or threat-specific plans that guide detailed response activities created and maintained by the relevant departments, divisions, and programs in the County of Marin.

This plan supports the processes and programs established in the *Marin OA EOP* and its other annexes. The *Marin OA EOP* is the overarching disaster response plan that establishes the overall emergency incident response structure for the Marin OA.

WHOLE COMMUNITY AND EQUITY

This document integrates cultural competency practices and whole community integration and equity efforts throughout the document.

While disasters can impact everyone, some individuals, such as those with access and functional needs (AFN) or from diverse populations, may be disproportionately affected. The County of Marin uses a Whole Community approach to address this issue in plan development. This approach aims to ensure that all individuals who live, work, or visit Marin County receive equitable access to policies, program services, and communications during

an emergency. Demographic-related factors associated with higher risks to medical health impacts during an incident are provided within the *Higher Risk Individuals* section of this document.

Adhering to the California Governor's Office of Emergency Services (Cal OES) requirements and federal best practices, the Whole Community planning process strengthens relationships within the Marin OA. Establishing a strong bond with community partners is crucial to strive for the best possible outcomes during times of crisis.

The Whole Community approach brings together community leaders, emergency management officials, residents, and organizations to understand and assess the needs of their respective communities, supporting stronger assets and capacities.⁴ This *Med/Health Annex* and the rest of the Marin OA EOP reflect this approach and provide operational approaches and communications strategies for equitable response to emergencies or disasters. The Marin County HHS and other County of Marin departments strive to provide inclusive and equitable program service development, delivery, and assessment. Therefore, this *Med/Health Annex* includes populations that may have special needs during an incident, disaster, or planned event. Additional Whole Community and equity efforts in the planning process are outlined in the Marin OA EOP.

ASSUMPTIONS

Assumptions made in the creation of this *Med/Health Annex* include:

- A disaster and its impacts may develop slowly over days and weeks or may occur suddenly and without warning.
- Any large-scale emergency will likely overwhelm baseline medical and health resources.
- Emergency measures to protect life and health during the first 12 to 24 hours after a sudden disaster are likely to depend exclusively on local and area resources.
- Public and private medical services in the Marin OA will be available during disaster situations. However, the disaster may impact many resources, including staffing capabilities.
- Any major disaster with health or medical implications in the San Francisco Bay Area will likely also affect the Marin OA, impacting mutual aid capabilities.
- This *Med/Health Annex* applies primarily to situations exceeding the capacity of the standard response entities. Departmental practices will continue until the situation escalates to warrant additional support.
- Individuals with AFN will likely experience additional impacts due to a disaster and, therefore, need extra medical and health resources directed to support their immediate and long-term recovery.
- The Marin OA EOC may not be fully activated or staffed during the early stages of a medical or public health incident.
- Volunteers (e.g., Marin Medical Reserve Corps, Community Resiliency Teams [CRT], etc.) will come forward to help perform essential tasks; their efforts must be anticipated and coordinated. Spontaneous volunteers vetted by the County of Marin may also be used.
- For localized disasters, resources available through regional and State medical and health mutual aid agreements will be available to support disaster response and recovery.
- State and federal support may not be available for the first 24 to 48 hours of a response.
- It may be necessary to relocate hospital facilities under austere conditions to field treatment sites (FTS) or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the disaster.
- Biological agents and toxins may contaminate or infect staff, equipment, and facilities, impacting the response of medical and health providers.

⁴https://www.fema.gov/sites/default/files/2020-07/whole_community_dec2011_2.pdf

2. SITUATION

Marin County is a rural county just north of San Francisco, accessible via the Golden Gate Bridge. The County is part of the metropolitan San Francisco Bay Area. The County covers a total area of approximately 828 square miles, with 520 square miles of land and 308 square miles of water. The county is a peninsula, with the Pacific Ocean to the west, San Pablo Bay to the east, and the San Francisco Bay and Golden Gate to the south.

The County features a diverse landscape that includes mountains, forests, creeks, wetlands, and ocean coasts, along with several protected areas such as national parks, state parks, and marine protected areas. Marin County includes vast areas of open space, including National Protected areas (such as Golden Gate National Recreational Area and Muir Woods National Monument), State and Local Protected areas (such as Marin County Department of Parks and Open Space and Stafford Lake County Park), and State Parks (such as Angel Island, China Camp, and Mount Tamalpais).

The County is split into 11 municipalities, 20 Census Designated Places, and 8 recognized unincorporated communities. Marin County has municipal utilities for water, power, telecommunications, and solid waste, with coordination within watersheds.

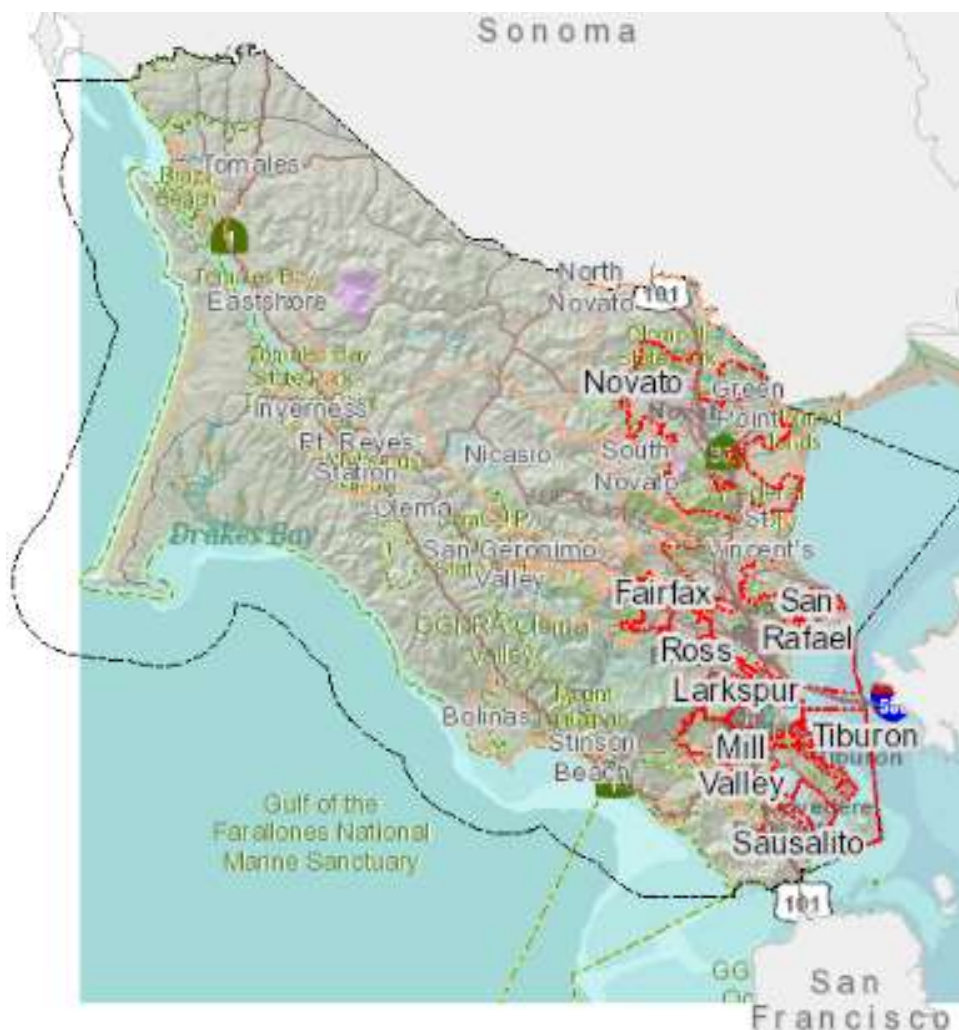


Figure 1: Marin County

The US Census estimated the total population to be 254,407, with 112,354 housing units in 2023.⁵ Much of Marin’s population lives along the Highway 101 corridor, creating an urban environment in the eastern-central part of the county and a more rural environment along the coast and the Highway 1 corridor in West Marin.

Marin County Demographics	Marin	California
Population (2023 estimate)	254,407	38,965,193
Persons under 5 years, percent	4.3%	5.5%
Persons under 18 years, percent	18.9%	21.8%
Persons 65 years and over, percent	24.5%	15.8%
Persons per household (2018-2022)	2.45	2.89
Persons per square mile (2020)	504.1	253.7
Persons without health insurance under age of 65, percent	4.8%	7.52%
Persons in poverty, percent	7.7%	12.2%
Population White (2022)	84.6%	70.7%
Population Black or African American (2022)	2.7%	6.5%
Population American Indian and Alaska Native (2022)	1.0%	1.7%
Population Asian (2022)	7.1%	16.3%
Population Native Hawaiian and Other Pacific Islander (2022)	0.3%	0.5%
Population Two or More Races (2022)	4.3%	4.3%
Population Hispanic or Latino (2022)	17.1%	40.3%
Population White (Not Hispanic or Latino) (2022)	69.7%	34.7%

Table 2: Marin County Demographics^{6,7}

Additional demographic-related factors associated with higher risks to medical health impacts during an incident are provided within the *Higher Risk Individuals* section of this document.

MEDICAL AND HEALTH SYSTEM

The resources listed below operate within the Marin OA and serve Marin County's population. In an emergency, medical facilities in neighboring counties may be available to increase capabilities.

Hospitals

There are three acute care receiving hospitals with limited licensed beds in Marin County. Hospital capabilities can vary based on construction, existing census, or other factors. Some of the known capabilities and restrictions for the hospitals within the Marin County OA are listed here.

⁵ <https://www.census.gov/quickfacts/fact/table/marincountycalifornia,losangelescountycalifornia,sanfranciscocountycalifornia,tularecountycalifornia,US/PST045223>

⁶ <https://www.census.gov/quickfacts/fact/table/marincountycalifornia,losangelescountycalifornia,sanfranciscocountycalifornia,tularecountycalifornia,US/PST045223>

⁷ <https://www.healthymarin.org/indicators/index/dashboard?alias=demographics&localeId=258>

	MarinHealth Medical Center	Novato Community Hospital	Kaiser Permanente: San Rafael Medical Center
Affiliate	*UCSF Health ⁸	Sutter Hospital	Kaiser Permanente
# Active Beds⁹	27 Intensive Care 7 Intensive Care Newborn Nursery 15 Perinatal 261 Unspecified General Acute Care	4 Coronary Care 4 Intensive Care 39 Unspecified General Acute Care	12 Intensive Care 104 Unspecified General Acute Care
# ER beds (stations)¹⁰	31	9	15
Trauma capabilities¹¹	Level III Trauma Center	Basic level receiving facility	Emergency Department Approved for Trauma
Pediatric Capabilities¹²	Advanced Pediatric Receiving Center	General Pediatric Receiving Center	General Pediatric Receiving Center
Helipad¹³	None	None	None
Stroke Capability¹⁴	Primary Stroke Center	Primary Stroke Center	Primary Stroke Center
STEMI Capability¹⁵	STEMI receiving center	None	STEMI receiving center

Table 3: Hospital Capabilities from within the Marin County OA

Federally Qualified Health Clinic (FQHC)

In Marin County, 4 primary FQHCs are established with multiple locations to provide comprehensive healthcare services throughout the community, regardless of an individual's ability to pay.¹⁶

- Marin Community Clinics
- Petaluma Health Clinics
- Ritter Center
- Marin City Health and Wellness Center

These FQHCs are part of a nationwide network of health centers that aim to improve access to healthcare services for people in underserved communities. The centers offer various services, including primary care, pediatrics, obstetrics and gynecology, dental, and mental health services. By providing sliding fee scales based on income, FQHCs ensure that all residents of Marin County have access to essential healthcare services, contributing significantly to the overall public health and well-being of the region.

Laboratories

The County of Marin relies on the Napa-Solano-Yolo-Marin-Mendocino (NSYMM) Public Health Laboratory in Fairfield, California, for regional public health testing. Additionally, two laboratories operated by the California

⁸ MarinHealth has a formal alliance with UCSF Health <https://www.mymarinhealth.org/about-us/partnerships/>

⁹ <https://lab.data.ca.gov/dataset/licensed-and-certified-healthcare-facility-bed-types-and-counts>

¹⁰ <https://data.chhs.ca.gov/dataset/emergency-department-volume-and-capacity>

¹¹ https://ems.marinhhs.org/sites/default/files/policy_procedure/GPC%204-%20Destination%20Guidelines%202024.pdf

¹² https://ems.marinhhs.org/sites/default/files/policy_procedure/GPC%204-%20Destination%20Guidelines%202024.pdf

¹³ <https://heliplates.dot.ca.gov/>

¹⁴ https://ems.marinhhs.org/sites/default/files/policy_procedure/GPC%204-%20Destination%20Guidelines%202024.pdf

¹⁵ https://ems.marinhhs.org/sites/default/files/policy_procedure/GPC%204-%20Destination%20Guidelines%202024.pdf

¹⁶ <https://funding.hcai.ca.gov/fqhc-site-search/>

Department of Public Health (CDPH) in Richmond, CA (Viral & Rickettsial Disease Laboratory [VRDL] and the Microbial Disease Laboratory [MDL]) can support as needed. Two local clinical laboratories are available at MarinHealth and Kaiser, San Rafael Medical Center. Additionally, out-of-county clinical laboratory capacity is accessed through UCSF Health, which provides access to its laboratory medicine and pathology services.

Pharmaceutical and Medical Supply

Pharmaceutical and medical supply inventories are maintained on a just-in-time basis. Marin County HHS maintains limited supplies, including PPE and medical first aid support supplies, which will provide limited initial support to first responders and front-line workers while awaiting receipt of additional medical supplies. Prioritization of first responders and front-line workers (i.e., law enforcement, fire, emergency medical services [EMS], public works, public health, community clinics, emergency management, hospital staff, and their immediate household members) is intended to help safeguard critical public safety, medical, and emergency medical infrastructure for management of the incident.

IMPACT ANALYSIS

Marin County's healthcare system faces challenges, including limited transportation corridors for medical supplies, a reliance on healthcare professionals from outside the county, and potential impacts from public health incidents in surrounding counties. The county also experiences staff, facilities, supplies, and equipment shortages and does not have specialized medical care services such as pediatric or burn treatment hospitals. In specialized cases, patients must be transported to the closest site to receive these services: UCSF Benioff Children's Hospital¹⁷ in Oakland and the Bothin Burn Center¹⁸ at Saint Francis Memorial Hospital in San Francisco.

Hazard Assessment

The County of Marin has a *Multi-Jurisdictional Local Hazard Mitigation Plan* that is regularly updated.¹⁹ That plan contains details about specific hazards and common threats to the Marin OA. For additional information about hazards affecting the MARIN OA or current projects to mitigate threats, the *Multi-Jurisdictional Local Hazard Mitigation Plan* can be accessed through the Marin County OEM.

Medical and Health System

Hazards and their cascading effects can impact medical and healthcare systems, which may provide augmented care situations or shift standard service expectations. The tables below explore some impacts on medical and healthcare systems based on the different types of hazards. This is not intended as a comprehensive list of impacts but as considerations when planning for a medical or healthcare response to a disaster.

Medical Health Impacts	Infectious Disease	Cyber threats	Power Outage	Acts of Violence	Earthquake	High Heat	Severe Storm	Wildfire
Canceled appointments and procedures	X	X	X		X		X	X
Casualties requiring patient care	X			X	X	X	X	X
Challenges managing climate conditions			X		X	X	X	X

¹⁷ https://ems.marinhhs.org/sites/default/files/policy_procedure/4613bPediatric%20Trauma%20Triage%20Tool%202024.pdf

¹⁸ <https://www.dignityhealth.org/bayarea/locations/saintfrancis/services/bothin-burn-center>

¹⁹ <https://marincounty.maps.arcgis.com/sharing/rest/content/items/f52ed461164c4a22924118d2cd08da5d/data>

Medical Health Impacts	Infectious Disease	Cyber threats	Power Outage	Acts of Violence	Earthquake	High Heat	Severe Storm	Wildfire
Decreased access to personnel and physical resources	X				X		X	X
Decreased access to prescription medications		X	X		X		X	X
Decreased function of electric- or internet-dependent medical devices at healthcare facilities		X	X		X		X	
Decreased use of telecom systems		X	X		X		X	X
Direct health/medical facility damage					X		X	X
Facility evacuation/isolation					X		X	X
Impacted use of at-home electric-dependent medical devices			X		X		X	
Increased need for behavioral and mental healthcare				X	X			
Increased need for infection prevention measures	X		X		X		X	X
Increased need for public health surveillance, investigation, mitigation, and containment services	X		X		X		X	X
Increased need for regulated facility inspections			X		X			
Increased need for residential inspections			X		X		X	X
Increased need for risk communication messaging	X		X		X	X	X	X
Increased patient load at non-impacted healthcare organizations (HCOs)	X	X	X	X	X	X	X	X
Loss of access to potable water					X		X	
Loss of access to solid waste disposal					X		X	
Loss of access to wastewater disposal					X		X	
Loss of refrigeration for food and medications			X		X		X	X
Multiday healthcare surge	X					X		
Restricted use of information technology platforms		X	X		X		X	
Shelter populations with medical and health needs			X		X	X	X	X

Table 4: Medical Health Impacts

Higher Risk Individuals

The hazards facing Marin County can result in medical and health impacts to all individuals within the county OA; however, some individuals are at greater risk for disproportionate medical and health implications, including individuals with temporary or permanent access and functional needs that interfere with their ability to maintain their health or access and receive medical care before, during, or after a disaster or public health

emergency and individuals from diverse cultures.²⁰ The Communication, Maintaining Health, Independence, Support & Safety, and Transportation (CMIST) framework provides a flexible, cross-cutting approach for planning to address a broad set of common access and functional needs without defining a specific diagnosis, status, or label. The list below reflects the use of the CMIST framework to explore the effects of hazards that can result in disproportionate medical and health impacts on individuals within Marin County. Considerations for planning for higher-risk individuals for any medical or health response to a disaster might include access to:

- Medical supplies and services
- Medications
- Translation and interpretation technology
- Translators and interpreters
- Transportation resources
- Culturally appropriate and translated public health guidance
- Services for supporting independence
- Power/data-dependent assistive technology, such as mobility devices
- Personal care teams or caregivers
- Guidance for those with low technology literacy

The analysis of county-wide and community-level data and factors related to categories of the CMIST framework provides valuable insights into planning for and supporting individuals at the greatest risk of the disproportionate impacts facing the Marin OA.^{21,22}

Marin County Demographics and Factors	Marin	California
Population Age 5+ with Language Other than English Spoken at Home (2022)	21.2%	43.9%
Overcrowded Households (2018- 2022)	4.2%	8.2%
Households with an Internet Subscription	94.9%	91.6%
Persons with an Internet Subscription	96.4%	93.4%
Linguistic Isolation (2018- 2022)	3.9%	8.4%
People 65+ Living Alone 2018- 2022)	27.8%	22.0%
Adults with a disability (2016)	17.6%	29.7%
Children with a disability (2018-2022)	2.7%	3.7%
Persons with a Vision Difficulty (2018 – 2022)	1.4%	2.1%
Persons with an Ambulatory Difficulty (2018 – 2022)	4.5%	5.8%
Persons with a Hearing Difficulty (2018 – 2022)	3.0%	2.9%
Persons with a Cognitive Difficulty (2018-2022)	3.8%	4.6%
Persons with a Self-Care Difficulty (2018 – 2022)	2.1%	2.7%
Adults with Likely Serious Psychological Distress (2021 – 2022)	8.2%	16.7%

Table 5: Marin County Demographics and Factors Related to Higher Risk

²⁰ https://aspr.hhs.gov/at-risk/Pages/at-risk_afn.aspx

²¹ <https://www.healthymarin.org/indicators/index/dashboard?alias=demographics&localeId=258>

²² <https://www.healthymarin.org/indicators/index/dashboard?alias=disparities>

Reflective of the hazards facing Marin County and individuals who are at the higher risk for medical and health impacts, the Marin OA has developed strategies for meeting the needs of individuals at higher risks contained through the plans and procedures referenced in this annex, examples of which include:

- Using a triage tool during registration at mass care sites to support referrals to resources for individuals without permanent safe housing.
- Conducting on-site vaccination clinics at independent living centers, residential care centers for the elderly, and skilled nursing facilities.
- Supporting adults with low technology literacy or limited access to technology by establishing a warm line/call center to respond to questions regarding vaccinations and schedule appointments.
- Using in-home supportive client data exports to identify and contact individuals at heightened risk of extreme weather conditions or power outages.

Historic Responses

Event	Description
2022/23 and 2023/24 Winter Storms	Marin experienced a significant winter storm season over several years. During the responses to several flooding and landslide events, medical and health functions were addressed without needing an EOC activation. The Marin County HHS took primary responsibility for coordination and information exchange. Staff from Marin County HHS were assigned to prioritize the public's immediate needs, but the response might have benefited from additional support from an EOC.
2023 Landslip	A landslide (slow-moving landslide) in the area north of Novato threatened infrastructure that could have impacted the Marin County OA. The landslide was predicted to impact gas lines and water supplies in Marin County. The Marin County HHS began enhancing normal operations to support medical and health partners in preparation for potential disruptions. Actions taken included conducting the initial notifications to healthcare partners, gathering information on the effects of gas and water outages, and planning for possible disruptions.
2023 Avian Influenza	Avian Influenza, or H5N1 or avian flu, mainly affects birds, but some strains can affect people. Those most vulnerable are the ones who work with poultry or cows, which may also get infected by bird populations. The avian flu response for the County of Marin was primarily through enhanced departmental operations and did not require an EOC activation to support it. The known human cases were closely monitored and ultimately treatable using known flu antivirals. The County of Marin supports biosecurity practices, deterrence measures, and targeted public communications. ²³
2023 Fairfax Mudslide	A mudslide in Fairfax impacted multiple apartment buildings after significant rains saturated the area. The slide breached two apartments in one building and two apartments in a separate building, leading to nineteen residents being evacuated from both buildings. ²⁴ The Marin County HHS provided support services for the evacuated victims and worked with partners to address the medical and health needs of the evacuees.
2022 Mpox	Mpox is a viral illness with flu-like symptoms, swelling of the lymph nodes, and a rash. Infections last 2 to 4 weeks and spread through contact with body fluids, sores, or

²³ <https://www.marini.com/2024/05/04/marin-officials-concerned-about-avian-virus-spread/#:~:text=In%20birds%2C%20the%20virus%20spreads,in%202022%2C%20according%20to%20Wise>.

²⁴ <https://www.marini.com/2023/01/13/fairfax-landslide-damages-homes-as-marin-storm-trials-continue/>

Event	Description
	prolonged face-to-face contact. ²⁵ Marin County HHS coordinated with other public health officers to provide a regionally synchronized response. The Mpox response was primarily through enhanced departmental operations supported by concurrent Marin OA EOC operations for COVID-19.
2020 COVID-19	COVID-19 is a highly infectious respiratory disease caused by the novel coronavirus SARS-CoV-2, first identified in December 2019 in Wuhan, China. It spreads primarily through droplets from coughs or sneezes of infected persons and can lead to severe respiratory problems, fever, cough, and, in serious cases, death. Due to the size and complexity of the COVID-19 response, the Marin OA EOC was fully activated for years. This extended response and integration of the Marin County HHS into the EOC operations has provided significant institutional knowledge, which remains an ongoing strength for the County of Marin.
Wildfire 2020	The Glass Fire, which burned within Napa and Sonoma counties, ultimately burned 67,000 acres and destroyed 1,555 structures. An estimated 70,000 people were under evacuation orders during the peak of the fire. ²⁶ Marin County activated an evacuation shelter at the Marin Fairgrounds, which reached full capacity and included 160 evacuees from a senior living facility.

Table 6: Historic Marin County OA Medical and Health Responses

²⁵ <https://www.marinhhs.org/mpox>

²⁶ <https://www.nbcbayarea.com/news/local/north-bay-glass-fire/2372445/>

3. CONCEPT OF OPERATIONS

PREPAREDNESS

Planning

The County of Marin upholds comprehensive planning processes to enhance the area's overall preparedness efforts. Each department is tasked with executing its internal planning procedures to bolster its preparedness programs.

Similarly, Marin County HHS has developed a robust healthcare preparedness plan, the *Marin County Healthcare Coalition Preparedness Plan*, to document the processes in which it collaborates with healthcare community partners within the County of Marin to improve the coordination of healthcare delivery during an emergency.

Training and Exercise

The Marin County OEM develops an annual training and exercise program to support emergency preparedness and response programs throughout the county. Marin County HHS works with the Marin County OEM to include training specific to the roles and responsibilities of medical and health responders in the Integrated Preparedness Plan (IPP) developed and integrated with the Marin County OEM. Training may include formal and informal classes, online seminars, and workshops. Exercises may include discussion-based or operations-based exercises.

Marin County HHS holds staff training that is aligned with their regular roles and can be used to support disaster response. State and national training programs host training that may be beneficial in improving the capability of staff in medical and health response. Some trainings to consider for staff might include:

State: California Specialized Training Institute (CSTI)	Federal: Center for Domestic Preparedness (CDP)
• Medical Health Operations Center Support Activities • Terrorism Liaison Officer • Hazardous Materials Investigations • Mass Casualty Decontamination	• Environmental Health Training in Emergency Response Awareness Course • Emergency Medical Response Awareness for (Chemical, Biological, Radiological, Nuclear, and Explosives) CBRNE Incidents • Radiological Emergency Management • Response Considerations During Outbreak or Pandemic • Hazardous Material Awareness • Healthcare Leadership for Mass Casualty Incidents

Table 7: State and National Training Recommendations

The County of Marin is committed to enhancing the skills and knowledge of diverse stakeholders through comprehensive training opportunities. These educational programs are designed to cater to County of Marin staff and healthcare stakeholders, providing them with the necessary tools and information to improve service delivery. Additionally, the training extends to regional support teams and non-governmental partners, aiming to foster a collaborative and well-informed community that can effectively respond to various challenges and needs.

Partnerships for Preparedness

Marin County Healthcare Preparedness Coalition

The Marin County Healthcare Coalition (HCC) is a voluntary, multidisciplinary, multiagency coalition coordinating healthcare mitigation, preparedness, response, and recovery for all-hazard emergencies. The primary role of the HCC is:

- To promote quality in delivering disaster patient care services through assessing the level of healthcare preparedness and making recommendations on activities that should be implemented to address any gaps.
- To promote interaction and collaboration across all sectors of the healthcare community to ensure an effective, coordinated response to emergencies and disasters.
- To ensure that the above activities consider the interests and equity of Marin County residents, industry, private and public agencies, and governmental bodies.²⁷

Coalition membership provides access to best practices, training, and opportunities to work closely with subject matter experts and other coalition members to improve planning and response capabilities. All organizations that provide health or medical services whose mission is related to delivering or assuring health services during disasters are welcome to join the Coalition.

The primary funding for HCC activities comes from the United States Department of Health and Human Services, Administration for Strategic Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) program. The HPP grant is awarded to local communities to develop collaborative system-wide health and medical disaster response capabilities.²⁸ Marin County HHS Public Health Preparedness (PHP) program accepts HPP funds, takes responsibility for grant work planning and fiscal requirements, and works in close partnership with the Marin County EMS and the Medical and Health Operational Area Coordinator (MHOAC) to determine and facilitate HPP grant and Coalition activities.

Partnerships for Equity

The County of Marin is committed to advancing health equity before, during, and after an emergency and relies on the establishment and maintenance of both formal and informal partnerships as a crucial strategy to promote and advance health equity. These partnerships are pivotal in fostering collaboration and ensuring all community members have fair and equal access to healthcare resources and services. The table below shows how the County of Marin is committed to improving the equity of service delivery by coordinating closely with partners.

Population Served	Targeted Strategy Example
AFN and other special needs	All Marin County HHS staff have basic AFN training to support the public. At registration, a triage tool is used to register for services, including screening for special needs, AFN, and other risk factors. The tool includes information on making referrals to support agencies based on the respondents' needs. Marin County HHS developed and implemented the tool, and the referrals are designed to include partner support.
Older adults and adults with disabilities	When older adults become the priority tier for distributing medical countermeasures (MCM), on-site vax clinics are established at independent living centers, residential care facilities, and skilled nursing facilities (SNFs) through public health provider

²⁷ Marin County Healthcare Preparedness Coalition Governance Approved 12/13/23

²⁸ <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx>

Population Served	Targeted Strategy Example
	partnerships. Aging and Adult Services identify high-risk in-home Supportive Services (IHSS) clients using data reports and target messaging and services to those most impacted by a disaster. This can include extreme weather conditions, public safety power shutoff (PSPS), or other extended power outages.
Non-English speakers	Marin County HHS leverages language interpretation tools when working with English language learners. This can include staff, community-based organizations (CBOs), and contracted services.
Persons experiencing poverty or unstable housing	Marin County HHS maintains a significant referral program to provide support services to individuals. Many of the services are targeted to individuals in unstable housing or those experiencing poverty. Support services such as CalFresh can help partners provide additional services.
Adults with low technology literacy	Marin County HHS provides support to those who may need assistance using technology to access services. For example, they have set up a call center to sign up individuals for vaccines even though there was a virtual option for getting the appointments.

Table 8: Partnerships for Equity

Equipment, Supplies, and Pharmaceuticals

The Marin County HHS has developed a comprehensive *Receiving, Storage, and Staging (RSS) Warehouse Plan*. This strategic document outlines a systematic approach to managing the procurement, storage, and distribution of essential supplies during a public health crisis. The plan details how resources can be acquired from various sources, including local stockpiles, neighboring areas, state-level provisions, and the Strategic National Stockpile (SNS).

The key to this plan is the activation protocol for the RSS Warehouse, which serves as the central hub for logistics operations. It also outlines the steps for demobilizing operations and efficiently managing the return or reallocation of resources that were not used.

The document delineates the responsibilities and authority of the Marin County HHS leadership team and the Marin OA EOC during such emergencies. It highlights the critical roles of the Public Health Officer (PHO) and the MHOAC, ensuring a well-coordinated response effort. Moreover, the plan elaborates on Marin County HHS's collaboration with various response partners, providing a unified and practical approach to public health emergencies.

RESPONSE

Roles and Responsibilities

During the activation of the Marin OA EOC, staff members are tasked with supporting response operations, coordinating mutual aid resources, and engaging in meetings with nongovernmental, local, state, and federal partners. The incident at hand determines the specific roles and responsibilities of staff members. It can change depending on the nature of the incident, the availability of staff, and the expertise of the employees available. Those working within the Marin OA EOC may also be called upon to undertake additional duties as dictated by the requirements of the response operations.

County of Marin Departments

All County of Marin departments maintain disaster-related responsibilities as assigned by the *Marin OA EOP* and as defined by their internal policies and procedures. Some duties that are shared across all County of Marin organizations include:

- Develop necessary plans, procedures, and attachments for emergency operations to support the implementation of the department's duties.
- Promote, protect, and advance healthy, safe, and equitable communities through preparedness and mitigation projects throughout the disaster cycle.
- Provide comprehensive preparedness, response, continuity of operations, and recovery plans to Marin County OEM for review. Ensure plans maintain operational consistency as these documents are developed, maintained, and updated.
- Assist with creating After-Action Reports and Improvement Plans (AAR/IPs) and cost documentation for financial recovery operations.

The following County of Marin departments, divisions, and agencies have identified roles and responsibilities for activating this *Med/Health Annex*.

Organization	Responsibilities
Marin County HHS	• Collaborate with the operational area, regional, and statewide partners on healthcare preparedness and resources to improve the Marin OA's overall resiliency. • Activate integrated enhanced response operations before an EOC activation is warranted to efficiently manage information, resources, and response actions. • Serve as the Marin OA Medical Health Coordinator. • Act as the primary lead organization for the Marin OA EOC's Public Health, Medical/EMS, and Behavioral/Mental Health Units. • Coordinate disaster and medical health resources, serving as a central point for medical and health-related response efforts. • Identify and implement medical and health response operations, including the medical health needs of sheltering support, family assistance center support, behavioral and mental health services, and the detection, investigation, surveillance, containment, and mitigation of public health threats. • Provide public medical and health guidance, including testing guidance and protocols, pharmaceutical needs, availability of beds in healthcare facilities, infectious disease surveillance, and appropriate PPE. • Verify considerations for HCO "increased patient accommodation request" submitted to CDPH.²⁹ • Conduct crisis communication and support, including communications with the public prior to an EOC activation. • Serve as a subject matter expert for medical and health-related risk communication for public information to the PIO and JIC after an EOC activation is established. • Coordinate resource support activities of personnel, commodities, and services in response to public medical and health assistance requests. • Provide for prophylaxis and/or vaccination of affected populations per the Marin Medical Countermeasures Emergency Response Plan.

²⁹ https://www.calhospitalprepare.org/sites/main/files/file-attachments/258_referencemanual.pdf PG 258

Organization	Responsibilities
	• Maintain critical services programs to the maximum extent possible consistent with the overall health situation. • Coordinate activating the Marin OA medical and health volunteers through the Medical Reserves Corps (MRC). • Coordinate Disaster Medical Assistance Team (DMAT) services. • Report all suspected or confirmed bioterrorism cases to law enforcement and the State of California per the notification algorithm in this Appendix. • Coordinate with CDPH, Centers for Disease Control and Prevention (CDC), and other public health partners as appropriate.
Marin County HHS; PHO	• The PHO acts as the health subject matter expert and policy lead for the EOC and all HHS staff. • Take preventive measures necessary to protect the public from public health hazards. • Proclaim a local emergency with the Marin County OEM Director if the Board of Supervisors is not in session. • Certify any public health hazard resulting from any disaster condition upon consent of the Marin County Board of Supervisors or a City governing body. • Control the spread or further occurrence of any contagious, infectious, or communicable disease. • Inspect any place or person to enforce health regulations. • Determine when infectious disease prevention and control strategies are required. • Coordinate with Local, State, and Federal officials, as well as non-governmental entities such as CRT and other CBOs. • Use PHO authorities to institute protective measures in the Marin County OA. • Maintain communication with Marin County OA agencies, hospitals, clinics, and the medical community to institute protective measures. • Ensure that appropriate and accurate information is provided to the public. • Provide public medical and health guidance, including testing guidance and protocols, pharmaceutical needs, availability of beds in healthcare facilities, infectious disease surveillance, and appropriate PPE. • Assist in setting medical and health objectives for the Marin OA EOC.
Marin County HHS; MHOAC	• Collaborate with the operational area, regional, and statewide partners on healthcare preparedness and resources to improve the Marin OA's overall resiliency. • Serve as the Marin Medical Health OA Coordinator. • Coordinate disaster and medical health resources, serving as a central point for medical and health-related response efforts. • Coordinate resource support activities of personnel, commodities, and services in response to public medical and health assistance requests.
Marin County Community Development Agency (CDA); Environmental Health Services (EHS)	• Act as the lead for the Environmental Health Unit of the Marin OA EOC. • Guide personal protective measures. • Manage safe access to potable water/wastewater and solid waste disposal. • Manage food safety program and security programs. • Identify environmental hazards about regulated facilities and businesses, including (but not limited to) food facilities, water wells, onsite sewage systems, solid waste facilities, and housing.

Organization	Responsibilities
	• Provide input in the development of crisis and emergency risk communication messages. • Support public works and hazardous materials (HazMat) operations as necessary.
Marin County Fire Department	• Manage operations for fire-responsible functions, including wildfire, HazMat, and search and rescue incidents. • Provide decontamination assistance to hospitals and medical facilities.
Marin County Fire Department; OEM	• Establish and share expectations through comprehensive mitigation, preparedness, response, and recovery programs. • Activate the Marin OA EOC. • Provide logistics support to the response. • Disseminate public health information through the Public Information Officer (PIO)/Joint Information Center (JIC). • Disseminate urgent protective action messages through AlertMarin. • Facilitate the Policy Groups' input on medical health response objectives.
Marin County Sheriff's Office	• Provide law enforcement services (such as security, traffic, and crowd control) at critical emergency medical sites. • Work with Marin County HHS to enforce isolation and quarantine restrictions. • The Coroner Division conducts timely death investigations pursuant to California Government Code §27491 specific to establishing the true and accurate cause of death; mode / manner of death; completing scientific based positive decedent identification; sheltering of decedent remains; searching, locating, and contacting legally recognized next of kin (NOK); and safeguarding decedent property until NOK may assume control of secured / collected items. • The Coroner Division will partner with regional resources / assets to establish temporary sheltering and forensic examination morgue facilities as needed. • The Coroner Division will request mutual aid as needed through OES Region II to include neighboring medicolegal death investigation resource support in addition to federal assistance utilizing Disaster Mortuary Operational Response (DMORT).

Table 9: Roles and Responsibilities County of Marin organizations

Health Sector Partners

The importance of health sector partnerships in disaster activation is critical for effective response and recovery efforts. The health sector's role includes treating injuries or illnesses directly caused by the event but also encompasses public health surveillance, mental health support, disease prevention, and coordination of care among various entities. This can support enhanced coordination and efficiency, resource sharing and capacity building, public health surveillance and response, mental health and psychosocial support, and inclusive and equitable response. All health sector partners must maintain internal disaster planning and response programs. Expected responsibilities of all health sector partners include:

- Develop necessary plans, procedures, and attachments for emergency operations.
- Promote, protect, and advance healthy, safe, and equitable communities throughout the disaster cycle.
- Communicate with Marin County HHS Public Health regarding mandated reports of infectious diseases, unusual health outbreak information, case or contact information, etc.
- Participate in community-wide medical surge response.
- Request assistance from the MHOAC when all other available resources are expected to be exhausted.

- Communicate with the MHOAC program through established information systems to exchange situation information, identify needs, and request additional support.
- Activate MOUs and other existing partnerships to support the response.
- Assist with creating AAR/IPs and cost documentation for financial recovery operations.
- Use the ReddiNet platform to update facility status and bed availability, submit resource requests, and to track patient movement (as appropriate for each facility type).
- Increase temporary bed capacity as approved by CDPH Licensing and Certification.³⁰

The following supporting departments include specific roles and responsibilities as it pertains to the activation of this *Med/Health Annex*.

Partner	Responsibilities
Receiving Hospitals	• Notify the PHO immediately of any suspected infectious disease or bioterrorism-related patient symptoms, public health outbreak, and laboratory test results for which immediate reporting is required. • Decontaminate patients within capabilities. • Coordinate with Marin OA EOC for additional support as needed. • Provide chemoprophylaxis and vaccination within capabilities. • Isolate victims and institute other infection control measures within capabilities. • Implement internal surge plans as necessary. • Inform Marin OA EOC when/if operational status changes. • Perform laboratory testing of biological specimens and suspicious materials consistent with established biosafety protocols. • Properly package and forward samples to CDPH or CDC, with appropriate notification, for further characterization. • Activate internal emergency response plans. • Activate MOUs and other existing partnerships to support the response. • Request assistance from the MHOAC when it is reasonably anticipated that all other available resources will be exhausted. • Communicate with the MHOAC program through established information systems to exchange situation information, identify needs, and request additional support. • Communicate with the public health department regarding mandated reports of infectious diseases, unusual health outbreak information, case or contact information, etc. • Participate in Multi-Agency Coordination (MAC) Conference Calls when requested by the MHOAC. • Participate in the JIS when requested. • Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by the Marin OA EOC.
Private Ambulance Providers	• Conduct operations based on the current Marin County EMS policies and procedures for coordinating patient destinations and treatment protocols. • Provide transportation for evacuation of medical facilities or inter-facility transport of patients.
Emergency Medical Service Providers	• Conduct EMS operations based on the current County of Marin EMS policies and procedures for coordinating patient triage, destinations, and treatment protocols. • Activate internal emergency response plans as needed.

³⁰ https://www.calhospitalprepare.org/sites/main/files/file-attachments/258_referencemanual.pdf

Partner	Responsibilities
	- Participate in MAC Conference Call when requested by the MHOAC. - Participate in the JIS when requested.
Outpatient Care Providers (Primary Care, Urgent Care, Community Clinics, Home Health, Dialysis, Surgery Centers)	- Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by Marin HHS or the medical and health units of the Marin OA EOC. - Amplify public health messaging. - Activate internal emergency response plans as needed.
Congregate Care Providers (Skilled nursing facilities, long-term care facilities)	- Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by the medical and health units of the Marin OA EOC. - Amplify public health messaging. - Activate internal emergency response plans as needed. - Accept patients who are evacuated from facilities that provide equivalent services. - Participate in MAC Conference Call when requested by the MHOAC. - Communicate with the MHOAC program through established information systems to exchange situation information, identify needs, and request additional support.

Table 10: Roles and Responsibilities Health Sector Partners

Non-Government Organizations (NGO)

The expertise and resources of NGOs, with their specialized knowledge, agility, and community-based networks, can significantly address immediate healthcare needs, provide psychological support, and facilitate long-term recovery. These organizations are particularly adept at reaching underserved and vulnerable populations. Their involvement augments local health systems' capacity and fosters community engagement and empowerment, which are vital components for sustainable recovery and the mitigation of future health crises.

The *Marin OA EOP* references additional roles and responsibilities for all County of Marin departments and partners. When developing incident-specific response plans, consider capabilities such as transportation, equity, medical support, communications, and outreach.

State and Federal Resources

State and federal entities listed here are identified based on their policies. This is not a task list but a reference list to identify state and federal partnerships that can be requested to support the Marin OA EOC response.

State Department	Responsibilities
CDPH	- Serve as the lead State agency for public health matters. - Provide State-level leadership and is responsible for State-level communicable disease. - Coordinate with Marin County HHS to investigate and control infectious diseases and directly support Marin County HHS when requested. - Ensure the integrity of the laboratory, epidemiology, and surveillance processes/strategies supporting response efforts. - Support and coordinate statewide investigation and response activities, particularly for emergencies involving multiple OAs.

State Department	Responsibilities
	- Collaborate with Marin County HHS and subject matter experts to develop guidance (e.g., community mitigation activities and infection control) for the Marin OA and its healthcare providers. - Coordinate with other states and federal agencies and programs to provide access to subject matter expertise. - Support surveillance, outbreak detection, and outbreak investigation. - Maintain pharmaceuticals and medical caches and coordinate access to additional resources such as the SNS.
California Emergency Medical Services Authority (CalEMSA)	Serve as the lead State agency for medical services, including EMS and MRC/medical volunteers.
Cal OES	Maintain and operate the state operations center (SOC) to coordinate and support medical and health activities.
Federal Bureau of Investigation (FBI)	- Lead agency in the event of a known terrorist incident or threat against the food supply. - Coordinates with the CDPH Food and Drug Branch to investigate tampering, extortion, and terrorism related to food products.
CDC	Provide national-level communicable disease expertise/resources, including CDC laboratories.
Department of Homeland Security (DHS)	Respond to all biological and radiological/nuclear incidents and emergencies by controlling exposure and assessing health hazards, including unexpected radiation releases from nuclear power plants, terrorist attacks, transportation accidents, weapons of mass destruction, lost or stolen radioactive sources, and contamination of a facility or the environment.
ASPR	- Distribute MCM from the SNS. - Provide crisis response funding to support the HCO response.
FDA	- Facilitate the availability and use of MCMs. - Administer the Emergency Use Authorization authority.
EPA	- Provide federal emergency response coordination during events with environmental impacts, such as oil spills and chemical, biological, and radiological releases. - Provide support to large-scale national declared disasters when state and local first responder capabilities have been exhausted or when additional support is requested.

Table 11: State and Federal Roles and Responsibilities

Priorities, Objectives, and Critical Tasks

In any incident, the Marin OA EOC sets response priorities for the preservation of life, relief of human suffering, restoration of services, and preservation of property, the environment, and local culture and heritage. The objectives are established during each operational period and used to provide direction for members of the Marin OA EOC to ensure a coordinated response.

In addition to priorities and objectives, the medical and health units of the Marin OA EOC are tasked with several critical responsibilities to ensure the well-being of both the public and healthcare professionals during an incident. These vital tasks include enhancing the coordination and integration of medical and public health

services across different agencies to ensure a seamless and efficient response. Some of the priority critical tasks are described below.

Critical Task	Medical and Health Actions
Assessment of Medical and Health Impacts	- Obtain and evaluate available information at the onset of an incident to identify current and projected medical health impacts. - Notify medical and health organizations of an incident that has or could impact their operations. - Assess the operational status of healthcare organizations. - Assess the state of environmental and behavioral and mental health systems.
Public Health Risk Messaging	- Support coordinated public information efforts, including developing and disseminating guidance about risks and protective measures. - Respond to public health inquiries.
Medical/Health Resource Management	- Assess medical health resources needs. - Assess available Marin OA medical equipment, personnel, and supplies. - Activate County of Marin disaster service workers (DSWs) and MRC to support medical and health operations. - Deploy local medical and health supplies, including local CHEMPACK containers. - Submit resource requests for unmet needs to Regional Disaster Medical Health Specialists (RDMHS). - Coordinate with CDPH for medical supplies as needed. - Monitor and update electronic health information exchange systems.
Multi-agency Response Coordination	- Establish Medical and Health MAC Group. - Prioritize healthcare organization needs. - Develop and implement strategies to address the healthcare surge. - Coordinate with CRT, and CBOs to support medical health response efforts as feasible.
Information Collection, Management, and Sharing	- Activate and maintain information-sharing processes between the Marin OA EOC's medical and health units and healthcare organizations. - Disseminate guidance to healthcare organizations. - Share medical/health information between the Marin OA EOC's medical and health units and impacted jurisdictions/response agencies. - Identify health equity metrics and track services that address equity.
Support the Medical and Health Needs of Impacted Individuals	- Support partners in establishing Alternate Care Sites and/or Field Treatment Sites - Perform psychological first aid (PFA) and coordinate behavioral and mental health referrals for short- and long-term recovery. - Provide behavioral and mental health assessment and support to those most impacted and for those requesting behavioral and mental health support. - Conduct public health surveillance, investigations, and monitoring. - Establish testing sites. - Establish Points of Dispensing (POD) sites for distribution of MCM. - Coordinate the provision of medical and health services at shelters. - Use data and health equity as driving factors in critical decision-making for response actions.

Critical Task	Medical and Health Actions
Responder Health and Safety	- Identify and prioritize the safety of staff. - Identify and share recommended personal protection measures. - Identify potential mental and behavioral and mental health support needs. - Maintain an incident safety plan.
Mass Fatality Management Processes	- Coordinate with the coroner and hospitals for fatality needs. - Monitor hospital capacity and storage ability for decedents. - Coordinate PPE guidance and safety for those handling the deceased, including responder health and safety. - Coordinate vital statistics, including burial permits and death certificates. - Consult on post-mortem testing criteria.
Service Delivery Equity	- Consider the impact of all activities on AFN populations. - Identify opportunities to improve equitable service delivery. - Provide additional support for targeted populations with barriers to service.

Table 12: Medical and Health Services Critical Tasks

Activation and Mobilization

The complexity and nature of the emergency determines the phase of response activation and the types of mobilization processes.

Medical and health-related disasters can be slow forming or never escalate to the need for a full EOC activation. The Marin County HHS and Marin County CDA EHS may activate internal response activities through expanded departmental procedures, also called an enhanced steady state, before a Marin OA EOC activation. Once the threat escalates and requires additional coordination support from the Marin OA EOC, Marin County HHS will request a Marin OA EOC activation.

Activation Indicators and Considerations

Departmental or Marin OA EOC activation for response coordination will be initiated in reaction to a disaster or an incident that has the potential to significantly impact or threaten public health, environmental health, behavioral and mental health, and/or the healthcare system and is expected to require support and coordination from the Marin OA. A change in the activation phase will be based on the current circumstances of the disaster, the anticipated impacts on the public or the operations of government entities, and the resources or coordination needed to address the situation.

Indicators for a change in activation phases may include:

- An incident that involves complex coordination across departments.
- An incident that is of increased complexity or may need additional coordination support beyond normal operations.
- An incident that significantly impacts or is anticipated to impact public health or safety at the local, regional, or state level.
- An incident that disrupts or is anticipated to disrupt the public medical and health system.
- An incident that disrupts or is anticipated to disrupt infrastructure (e.g., wastewater, power outage).
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the Marin OA.
- An incident that occurs outside the area but requires mutual aid assistance from the Marin OA.
- An incident that produces significant media attention or is politically sensitive.

- An incident that leads to a Regional or State request for information.
- Whenever increased information flow from the Marin OA to the State will assist in managing or mitigating the incident's impact.
- Any other reason identified by Marin County HHS or OEM leadership.

Similar factors should be considered for de-escalating activation phases. Activation can be de-escalated to the next lower phase of response as staff can safely handle the situation using processes from that activation phase.

Please refer to the *Marin OA EOP* for more information regarding general activation procedures.

Activation Phases

Activation phases involve escalating levels of response to a potential disaster. County of Marin departments manage incidents with normal daily operations, if possible, progressing to a full Marin OA EOC activation if additional coordination is needed. In the case of medical and health incidents (which may never escalate to require an EOC activation) a modified activation phase system is used to describe the departmental and EOC response functions for such incidents.

Activation Phase	Description
Normal Operations	The County of Marin has standard operations that enable staff members to be reassigned within their organizational structures to manage increased workload related to a burgeoning event. These operational functions can support the additional tasks without outside coordination or communication support beyond normal operational expectations.
Enhanced Steady State	A proactive operational mode to respond to escalating situations that may not yet warrant a full Marin OA EOC activation. This mode allows for heightened departmental operations to support and enhance the response capabilities in anticipation of or during the early stages of an incident. The primary goal is to manage and mitigate the situation effectively with increased resources and coordination while operating within a framework one step above normal daily operations but not yet at the phase of a partial or complete EOC activation.
Partial EOC Activation	A phase of an intermediate number of staff to operate the Marin OA EOC when an incident or planned event is imminent or otherwise less than severe or catastrophic. This activation phase typically includes the incident command systems (ICS) Command and General Section leadership assignment.
Full EOC Activation	Full activation involves a complete activation of most organizational elements or Marin OA EOC positions determined by the needs of the incident, which may include multiple shifts for different operational periods.

Table 13: Response activation phases for a medical or health incident

Identification

Identification of a medical- or health-related situation that may require an activation can be initiated from different sources. Each source has a different type of disaster that will originate through their organization and internal plans to support the notification process.

Dispatch

The Marin County dispatch (Fire Emergency Communications Center or Sheriff Communications) will likely be the first to become aware of an active assailant, Mass Casualty Incident (MCI), or other sudden-onset Medical or Health incidents. Dispatch is staffed and monitored at all times. Once aware, the dispatch will notify all Marin OA first responder duty officers, MHOAC, the Marin County OEM Duty Officer, and the PHO.

The Marin County OEM duty officer will notify the Marin County OEM Director and Cal OES. The MHOAC will notify the PHO and inform all HCOs using the California Health Alert Network (CAHAN) and ReddiNet. The MHOAC will also inform the RDMHS.

Public Health

The PHO will likely be the first to identify a slow-onset public health incident in consultation with epidemiological staff. Suspected public health incidents will be reported directly to the PHO. A callback system is in place for public health support after hours for a situation identified, but no immediate on-call person is available. The PHO will notify the Marin County OEM and the MHOAC of an escalating incident and begin response procedures based on the type and severity of the situation. The PHO will consider whether a public health emergency exists and declare a local health emergency if appropriate.³¹³²

Environmental Health

Marin County CDA EHS staff may be involved in an escalating issue that requires the support of an activation. This may include a need for first responders for a situation such as a sudden chemical release or the PHO in an outbreak through food handling facilities. Marin County CDA EHS staff will first assess the situation. If a situation requires first responder support, will contact dispatch, and dispatch will follow normal procedures. For a situation that does not require first responder support, Marin County CDA EHS staff will notify Marin County HHS to follow their established processes.

Behavioral and Mental Health

Marin County Behavioral Health and Recovery Services (BHRS), a division of Marin County HHS, can activate internal response protocols and request support through the Marin County HHS to address the behavioral and mental health needs of the public or responders. Marin County HHS BHRS receives requests directly from community organizations and cities or towns to support community responses. These responses can impact their regular departmental operations, escalate them into an internal response protocol, and may involve additional support from other organizations, such as dispatching MRC. Marin County HHS BHRS does not have an on-duty officer for an after-hours response, but their regular operations managing a mental health facility means staff is available to support 24 hours a day operations. In addition, the MRC can be dispatched for behavioral and mental health support after hours using the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system.

Notification

Once an official determines the need to activate an escalated incident response, they notify appropriate partners of the situation and expectations. Depending on the situation, different officials are accountable for informing different partners.

Position	Notifies
PHO	• Marin County OEM • MHOAC
Marin County OEM Duty Officer	• Marin County OEM Director • First responder duty officers • Cal OES State Warning Center • Operational Area Partners (as appropriate)

³¹ <https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/HOResplnEmergencies1998.pdf>

³² https://library.municode.com/ca/marin_county/codes/municipal_code?nodeId=TIT2ADPE_CH2.99EMORFU_2.99.035%20PODUDIEMMACODEHEEMPOM_ACOOPAREMPL

Position	Notifies
MHOAC	- All HCOs (using CAHAN and ReddiNet) - RDMHS

Table 14: Notification Responsibilities

Mobilization

Mobilizing activates the enhanced response capabilities through enhanced steady state or EOC activation processes. Depending on the severity and requirements of the situation, this involves a swift transition from normal departmental operations.

Enhanced Steady State Structure

In this phase, when applicable, the Marin County HHS and the Marin County CDA EHS implement enhanced operational procedures within their department. These may include extended working hours, activation of special response teams, pre-deployment of resources, activation of a situational status update process, or increased coordination with other departments and agencies. Some considerations for when to escalate from normal operations to another phase may include:

- Increased need for cross-division coordination within Marin County HHS.
- The need for departmental resources to be shared across divisions.
- The need for additional MRC staffing and coordination support.
- If response needs have surpassed normal programmatic activities.
- The need for additional PIO support with public messaging campaigns.

The Marin County HHS and the Marin County CDA EHS may use this enhanced steady state to activate staff to support developing situation reports and information-sharing protocols. Information sharing may include Marin County OEM, other county departments, state partners, medical care providers, and relevant non-government stakeholders. The Marin County HHS will initiate standard documentation of activities and decisions for clear situational awareness, the liability of decisions made, and potential reimbursement opportunities if the situation escalates. Marin County OEM and HHS will coordinate appropriate documentation management and retention structures depending on the situation.

The Marin County HHS and Marin County CDA EHS may identify an internal incident response team structure to support the response. This will be made up primarily of internal departmental staff but may also include staff support from Marin County OEM or other departments.

The Marin County HHS may assess and prepare resources for quick deployment by inventorying supplies, ensuring personnel are on standby, and identifying additional resources that may be needed if the situation escalates. The Marin County HHS and the Marin County CDA EHS will monitor the situation and recognize the need for an escalated response if the situation worsens. Even though the Marin County OA EOC is not activated, there will be an increase in communication between the Marin County HHS and the Marin County OEM duty officer. This ensures that the transition to additional support is seamless should the situation worsen.

The system and organization used in this state may align similarly to how some of the other departments operate Departmental or Divisional Operations Center (DOC) structures.

EOC Emergency Operations Structure

An escalating event may transition from the enhanced steady state phase to a partial EOC activation. Marin County HHS will consider the following when requesting an EOC activation to support a medical or health-initiated response:

- Substantial impacts on departmental operations.

- The budgeted cost of response exceeds normal operational budgeting expectations.
- Standard procurement processes hinder response capabilities.
- Staff from departments outside of Marin County HHS are needed to deploy to meet a mission.
- There is a lack of assets within Marin County HHS to resource a task entirely.
- There is a likelihood of duplication of efforts across different departments without Marin OA EOC coordination support.
- There is a lack of greater County-wide situational awareness that may impact the actions/lack of actions in Marin County HHS to best serve the health needs of the community.
- Marin County HHS staff need to be shifted from support functions to focus on direct response activities.

Within the Marin OA EOC, medical and health response is primarily operationalized through the Operations Section under the Community Support Operations Staff. Medical and health planning is conducted within the Planning Section, and resource acquisition and management are conducted within the Logistics Section. Operationally, The medical and health units under the Community Support Operations Staff will work closely together to coordinate a response. The most relevant units include Public Health, Behavioral/Mental Health, Medical/EMS, and Environmental Health.

Based on the severity and the type of incident, the Marin OA EOC may activate selected functions in partial activation or activate the whole response structure in full activation. A partial activation may include specific Operations Section Units relevant to the response along with support selected functions under logistics, finance, and planning.

Figure 2 depicts selected sections of the Marin OA EOC. All EOC positions can have some health and medical responsibilities or support health and medical missions. The primary Health and medical positions in the organization chart are highlighted. A complete organizational chart, position descriptions, and expectations are located within the *Marin OA EOP*.

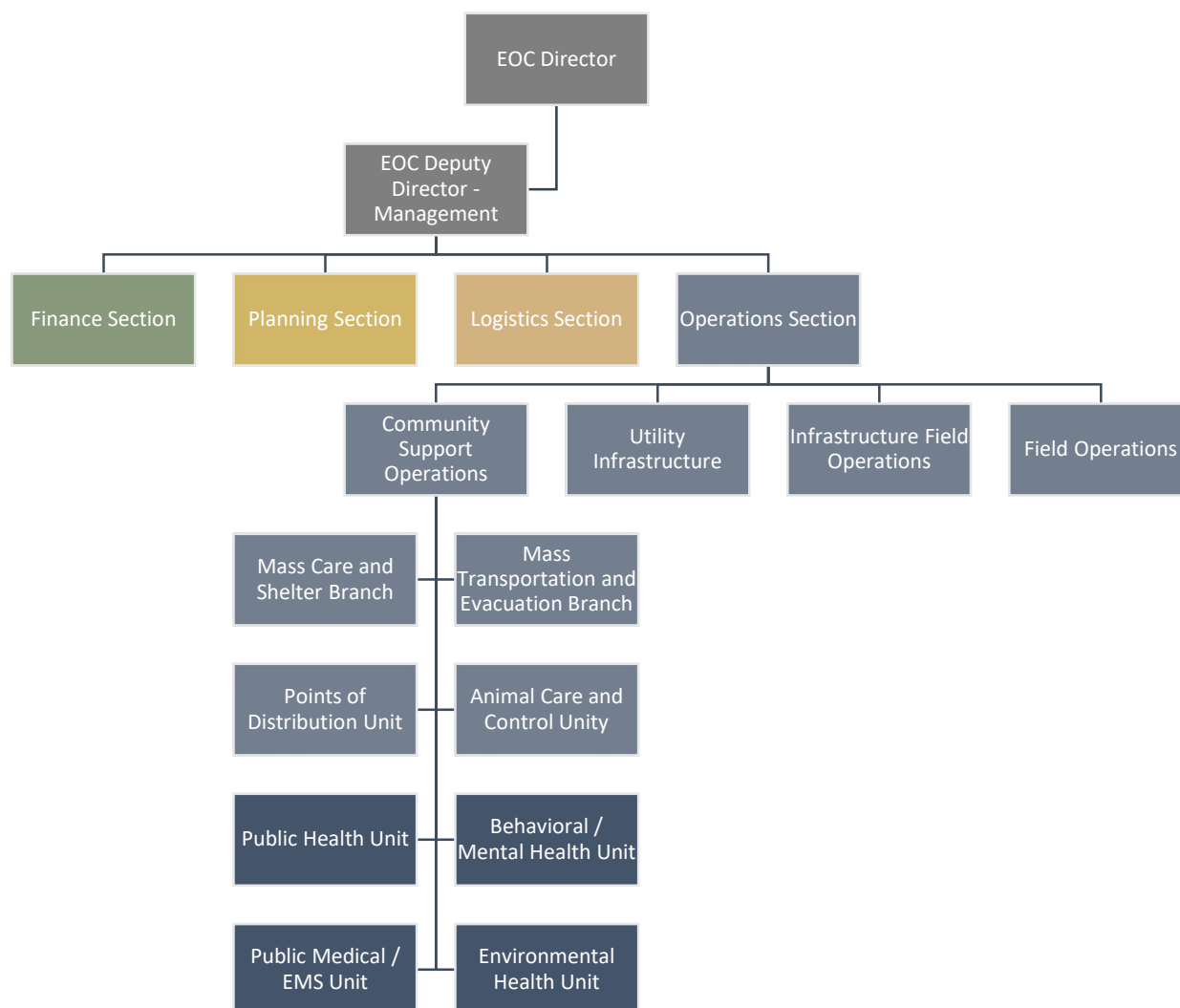


Figure 2: Marin OA EOC Organization Chart Highlighting Medical and Health Associated Units

EOC Positions

When the Marin OA EOC is activated in response to an emergency, a structured set of positions is implemented to facilitate efficient coordination of the response efforts. These critical roles are staffed by subject matter experts in their respective fields, ensuring the response is effective and informed. The decision to activate specific positions within the Marin OA EOC is driven by the nature and severity of the threat, and the emergency response needs at that time.

To ensure comprehensive management of the situation, the Marin OA EOC can include several specialized roles and units focused on medical and health coordination. These positions are crucial for managing the healthcare aspects of the incident. The activation and staffing of these roles are adaptable, allowing the response to scale according to the evolving demands of the emergency. Expected responsibilities of all Marin OA EOC assigned positions include:

- Review everyday responsibilities for all personnel.
- Coordinate with other positions to assess immediate public health needs.
- Coordinate the mobilization and transportation of all resources through the Logistics Section to ensure proper entry and tracking in WebEOC.

- Provide the Operations Deputy Manager for the Community Support Operations and the Planning and Intelligence Section Manager with a summary of medical and health operations periodically or as requested during the operational period.

EOC Unit and Staffing	Unit Description	Selected Critical Functions
Public Health Unit Staffed by Marin County HHS Public Health Division Communicable Disease and PHP	The Public Health Unit supports the public health needs of individuals affected by the incident, disaster, or planned event and facilitates recovery and return to resiliency for survivors, responders, and the community.	• Conduct an assessment of immediate medical and health-related needs. • Coordinate public health resource requests, as necessary, through the Medical Health Operational Area Coordinator. • Coordinate out-of-hospital medical care providers along with the Medical/EMS Unit. • Conduct health surveillance and epidemiological analyses of community health status. • Provide public information on medical and health issues and protective action recommendations. • Investigate and control communicable diseases. • Develop a system for the distribution of drinking water, as required. • Coordinate public health functions including but not limited to mass vaccination or prophylaxis, contact tracing, MCM, and Non-pharmaceutical Interventions (NPI). •
Behavioral/Mental Health Unit Staffed by Marin County HHS BHRSD	The Behavioral/Mental Health Unit supports the behavioral and mental health needs of individuals affected by the incident, disaster, or planned event and facilitates recovery and return to resilience for survivors, responders, and the community.	• Conduct an assessment of immediate medical and health-related needs. • Coordinate behavioral and mental health resource requests, as necessary, through the Medical Health Operational Area Coordinator. • Provide public messaging for behavioral and mental health issues to the affected community in coordination with the PIO. • Assist disaster survivors who need referrals to the behavioral and mental health system for trauma-related behavioral and mental health services after an incident, disaster, or planned event. • Mobilize behavioral and mental health specialists to provide disaster behavioral and mental health support to adults, children, and response staff in shelters, Local Assistance Centers (LACs), and other locations. • Coordinate with MRC and other community-based organizations to provide behavioral and mental health services to vulnerable populations in the Whole Community.

EOC Unit and Staffing	Unit Description	Selected Critical Functions
		• Provide immediate and long-term behavioral, mental, and substance use health services to directly impacted populations and responders. • Activate and support the critical response team.
Environmental Health Unit Staffed by Marin County CDA EHS	The Environmental Health Unit is responsible for a coordinated environmental health response to an incident, disaster, or planned event causing potential public and environmental health problems.	• Conduct an assessment of the sanitation system and other immediate medical and health-related needs. • Continuously monitor the incident's status to determine the population(s) at risk, the effect(s) on environmentally sensitive areas, and the impact(s) on economically sensitive areas. • Coordinate with the County of Marin Certified Unified Programs Agency (CUPA) to conduct environmental surveys that identify hazardous material(s) and waste(s) released during a disaster. • Establish and maintain communications with field teams to receive updates on the status of hazardous material(s) cleanup and impact(s) on the environment. • Coordinate environmental health resource requests, as necessary, through the Medical Health Operational Area Coordinator. • Provide assurance of food safety. • Provide assurance of drinking water safety. • Act as an environmental health expert by being a subject matter expert (SME) about environmental health hazards that may affect an individual's health. • Provide or coordinate vector control services. • Provide assurance of the safe management of liquid, solid, and hazardous waste.
Medical/EMS Unit Staffed by Marin County HHS, Emergency Medical Services Agency	The Medical/EMS Unit ensures adequate medical and health resources to support response operations and coordinate medical and health mutual aid provision.	• Conduct an assessment of immediate medical and health related needs. • Coordinate disaster medical and health resources, with the Medical Health Operational Area Coordinator. • Coordinate patient distribution and medical evaluations. • Coordinate with inpatient and emergency care providers. • Coordinate out-of-hospital medical care providers along with the Public Health Unit. • Coordinate and integrate with fire agency personnel, resources, and emergency fire pre-hospital medical services.

EOC Unit and Staffing	Unit Description	Selected Critical Functions
		• Coordinate providers of non-fire-based, pre-hospital emergency medical services. • Coordinate the establishment of temporary field treatment sites. • Manage exposure to hazardous agents, with Environmental Health. • Provide public information on medical and health issues and protective action recommendations. • Establish and maintain contact with EMS agencies, hospitals, and other healthcare facilities. • Coordinate patient distribution and medical evaluations among available healthcare locations. • Support EMS providers, hospitals, and other healthcare facilities with resource requests, as necessary.

Table 15: Marin OA EOC Medical and Health Positions Descriptions

Communication and Information Management

The Marin OA EOC will develop a common operating picture and always maintain situational awareness. The Marin OA EOC and all other Marin OA partners follow overarching information management processes described in detail in the *Marin OA EOP*.

Considerations regarding information technologies and systems should include healthcare technology, information sharing, the Health Insurance Portability and Accountability Act (HIPAA), and cybersecurity.

Internal Communication Systems

Integrated responder communications systems enable connectivity and facilitate information sharing between responders. Communications include information to staff and operational partners in the Marin OA. This may include communication with county partners, cities or towns, special districts, and other organizations with a direct role in the response. The Information and Technology Unit Coordinator in the Logistics Section ensures communication equipment, systems, and other necessary software are functioning and available to support internal communications in the Marin OA EOC. Methods of communication may include:

Communication Type	Description
Face-to-Face	In-person communications are always a part of activations and may be briefings, meetings, or one-on-one meetings. Face-to-face meetings will primarily be a system used for in-person activation. If the response is due to an infectious disease outbreak, reasonable precautions should be in place for face-to-face interactions.
Shared Documents	Written documentation records the situation, decisions made, and information shared throughout the event. Some documentation, such as situation reports, will be developed on a standard rotating schedule. Others, such as resource requests, may be developed based on the situation. All written documents will follow Marin OA EOC data sharing and tracking protocols.

Communication Type	Description
Voice/Video Communication Systems	The Marin OA EOC has access to multiple redundant communication networks, including phone systems, video teleconference systems, satellite communications, radio, and the Auxiliary Communications Service - Radio Amateur Civil Emergency Service (ACS-RACES).
WebEOC	Emergency management-specific software provides real-time information sharing of operational details from across the Marin OA in response to incidents, disasters, or planned events. WebEOC is the single definitive record of the response and contains final documentation that can be accessed by response and recovery partners, even after the response has concluded. In the Marin OA EOC, WebEOC is primarily used for resource requests, tracking, fulfillment, documentation support, activity recording, disaster finance documentation, and distributing information to other response partners.
Microsoft Teams	Microsoft Teams (Teams) is a collaborative virtual communication platform that offers workspace chat and videoconferencing, file storage, and application integration. In the Marin OA EOC, Teams is primarily used for in-progress document collaboration, internal communications between staff within the same section and section-to-section communications.
Online Collaboration Platforms	Collaboration platforms such as Microsoft products and Google Workspace can provide a collection of collaborative online file creation and storage tools. In the Marin OA EOC, Google Workspace or Microsoft SharePoint is primarily used for in-progress document collaboration.
GIS Mapping	The County of Marin has internal GIS capabilities. The GIS system has pre-established overlays that can help with situational awareness and planning. Preestablished overlays include critical facilities, non-medical facilities of interest to medical and health planning, such as schools and jails, and medical facilities, such as clinics, long-term care facilities, congregate care facilities, and adult care facilities.
Other Web Based Communication	The Marin OA EOC can utilize County of Marin staff to develop additional web-based systems to support the individualized needs of a response. These custom-built platforms can be used as tools to provide additional information to responders about the situation and can help support decision-making. They can take the format of other status boards, inter/intranet communications, or visual information systems.
ReddiNet	ReddiNet is a comprehensive communication system designed for use in the healthcare and emergency response sectors. It is a critical tool in managing and facilitating the exchange of information during emergencies, disasters, and day-to-day hospital operations. ReddiNet provides a secure, reliable, and real-time platform that connects hospitals, EMS, public health departments, and other essential agencies, enabling them to communicate efficiently and make informed decisions quickly. The system supports various functionalities, including tracking hospital bed availability, managing patient transfers, sharing emergency alerts and notifications, and coordinating resource requests and allocations. ReddiNet helps streamline operations, enhances coordination among different entities, and improves the overall response to emergencies, ensuring that the needs of affected populations are addressed promptly and effectively.
CAHAN	CAHAN, or the California Health Alert Network, is critical for public health communication, preparedness, and response. It facilitates rapid, efficient, and secure communication among public health departments, healthcare providers, emergency management agencies, and other partners involved in public health activities and emergency responses. CAHAN enables disseminating essential health alerts, advisories,

Communication Type	Description
	and updates on various issues, including disease outbreaks, bioterrorism events, environmental health threats, and other public health emergencies. The system can deliver messages in multiple formats, including email, fax, SMS, and voice messages, ensuring that vital information reaches the intended audience quickly and effectively.
CalREDIE	The California Reportable Disease Information Exchange (CalREDIE) is a secure system implemented by CDPH for electronic disease reporting and surveillance of specified diseases and conditions mandated by State laws and regulations to be reported by healthcare providers and laboratories to the public health authorities. CalREDIE improves the efficiency of surveillance activities and the early detection of public health events through the collection of complete and timely surveillance information on a 24/7/365 basis that's accessible to Local Health Departments (LHDs), and CDPH in near real-time for disease surveillance, public health investigation, and case management activities. ³³
ESAR-VHP	The ESAR-VHP is a federal initiative managed by the State of California designed to standardize registration programs for volunteer health professionals in preparation for disasters and emergencies. This program ensures the quick verification of health professional volunteers' identities and credentials, allowing for a more efficient response during crises. The ESAR-VHP enables the rapid mobilization of qualified health professional volunteers, overcoming the challenges of verifying credentials and skills in emergencies. ³⁴
myCAvax	myCAvax connects LHDs and other vaccination providers with tools and functionality for managing and administering vaccines. All providers who offer public or privately funded vaccinations can participate. ³⁵
California Immunization Registry (CAIR)	CAIR is a statewide computerized immunization information system for California residents.

Table 16: Internal Communications Systems

Essential Elements of Information (EEI)

Essential elements of information (EEI) are established to make sure the common operating picture for responders contains critical information needed for decision-makers. EEIs can be tailored based on the incident's needs and the response leadership's expertise. EEIs can be used to inform resource needs and can assist in responder safety. The following are medical and health-related EEIs that may be prioritized during a response:

Information Element	Description
Impacted Population	Information on the number of individuals affected, including casualties (injuries and fatalities), evacuees, and those at risk, categorized by age, special needs, and other demographics, is critical to tailoring the medical response.

³³ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE.aspx>

³⁴ <https://www.phe.gov/esarvhp/pages/about.aspx>

³⁵ <https://mycavax.cdph.ca.gov/s/>

Information Element	Description
Medical Needs	Detailed information on the types and severity of injuries or illnesses, including any outbreaks of infectious diseases, mental health concerns, and the need for pharmaceuticals or specialized medical treatments.
Healthcare System Status	Status reports from hospitals, clinics, and other healthcare facilities within the incident area, including their operational capacity, bed availability, medical supplies status, and any need for additional support or resources.
Public Health Concerns	Specific issues such as contamination of water or food supplies, environmental hazards, sanitation challenges, or vector control could pose additional public health risks.
Resource Availability and Needs	A detailed account of available medical and health resources, including personnel (e.g., medical professionals and support staff), equipment, supplies (e.g., personal protective equipment, medications), and facilities (e.g., treatment centers, isolation units). This also includes identifying gaps and the need for external support.
Evacuation and Sheltering Needs	Information on the need for and availability of evacuation services and shelter facilities, especially for vulnerable populations, including considerations for those with medical and functional needs.
Protective Actions	Information regarding the actions response personnel or the public can take to preserve their health and safety during an emergency.

Table 17: Essential Elements of Information

Documentation

Documentation management is critical for the safety and security of workers and residents, the support of a smooth recovery transition, and the support of state and federal cost reimbursement requirements.

Documentation that should be maintained includes:

- Administrative records
- Personnel and labor hours
- Borrowed or mutual aid resources
- Medical documentation
- Case management documentation
- Cost reimbursement documentation

All documentation will be primarily maintained by the Marin OA EOC. Documentation at field sites will be used as a reference for tactical operations and site decision-making. The information maintained by the Marin OA EOC will be utilized for overall incident- or disaster-based functions and complete disaster records.

Resource Acquisition

If the Marin OA's resources are insufficient to respond to a disaster, they may seek assistance from other health system stakeholders and government entities through mutual aid agreements. The Marin OA is a Cal OES Mutual Aid Region II member and participates in the Cal OES mutual aid system throughout the region. The Region facilitates coordination among Cal OES, Marin OA EOC, state agencies, local and tribal governments, and special

districts. The mutual aid system in Region II includes established mechanisms for law enforcement, fire and rescue, coroner/medical examiner, and RDMHS.

Medical and Health Personnel

The initial staffing allocation for disaster response will primarily be through the existing medical and health county staff in Marin County HHS and CDA EHS. If the county's primary staffing resources fall short, additional County of Marin staff or other community support can be asked to provide specialized support tailored to the unique demands of the situation. This could include leveraging the expertise and skills of first responders, DSWs, volunteers, and members of the MRC, using mutual aid agreements or other available resources, and making temporary/emergency hires.

Marin County HHS and CDA EHS

Marin County HHS staff will provide primary staffing for the Marin OA EOC Public Health Unit, Medical/EMS Unit, and the Behavioral/Mental Health Unit. The Marin County CDA EHS staff will provide primary staffing for the Environmental Health Unit. Marin County HHS or CDA EHS will also oversee health and medical field operations identified by the Marin OA EOC. County of Marin staff may be expected to take on additional responsibilities in line with their existing job descriptions and is aligned with training and expertise. or in an unrelated role when needed. Should there be a need for more hands, County of Marin can bring in extra support from within its resources or request additional support using mutual aid agreements and processes.

DSW

DSWs play a critical role in emergency response efforts. All County of Marin Workers can be called upon as a DSW. These DSWs can be mobilized to provide staffing support for various activities, from logistical support and administrative tasks to more direct roles in emergency medical services, shelter operations, and crisis communications. By leveraging the skills and dedication of DSWs, emergency management agencies can significantly enhance their operational capabilities and resilience in the face of adversity.

DSWs can only be activated after a local emergency proclamation is in place and can be requested through the Logistics Section of the Marin OA EOC.

MRC

The MRC was established to enlist citizen volunteers to assist in establishing an organized pool of resources capable of being deployed to support existing emergency management systems during a major disaster. The MRC has developed a partnership with the Marin County medical professionals (active and retired) to aid in the education, training, and deployment of citizen volunteers and resources in the event of a large-scale local emergency. The MRC serves in a support role by providing volunteer medical professionals and resources to augment those services in the community that are engaged in the health and welfare of the citizenry. In addition to the MRC's medical mission, its members conduct community outreach and disaster preparedness education. The MRC coordinator is embedded within the logistics section during a Marin OA EOC activation to support fulfilling resource requests for medical and health personnel.

Volunteer

Volunteers can boost the effectiveness of response personnel by expanding staffing capabilities during an incident. The Marin OA EOC matches volunteers to suitable roles based on their skills and experience. Responsibilities may vary depending on the situation, such as the nature of the incident, potential for spread, and confidentiality concerns. Many response efforts can benefit from general volunteers in tasks, such as

staffing call centers, managing parking, data entry, and warehouse operations. Volunteers are accessed through the Marin OA EOC Logistics section using established *Marin OA EOP* personnel request procedures.

Emergency Hire

Emergency hire procedures may be implemented when specialized staffing is required and cannot be fulfilled by existing staff capabilities. Emergency hires can help support surge capabilities and can remain constrained to a specific response or specific skill. Emergency hires should be considered for positions that may require specialized training and can reduce the impact of a disaster through their employment, such as epidemiologists or laboratory technicians. Emergency hires will need to be coordinated through the Marin OA EOC and follow County of Marin established procedures.

Medical and Health Materials and Supplies

Medical and health materials and supplies provide the necessary resources to treat injuries, prevent disease outbreaks, and ensure the continuity of care for those with chronic conditions. They enable healthcare professionals to respond effectively to the increased demand for medical services, providing timely and appropriate care for victims. Having a well-stocked and readily available supply of medical resources can significantly reduce the overall impact of a disaster on the affected population's health and well-being.

The characteristics of the medical and health resources requested, including type, size, quantity, storage requirements, handling considerations, direct delivery capabilities, and intermediary warehousing requirements, will all factor into the logistical support needs.

Marin HHS Materials and Supplies

The *Marin County Department of Health and Human Services RSS Warehouse Plan* provides a comprehensive RSS warehousing plan for the Marin County HHS. The strategic document provides a systematic approach for supply procurement, storage, management, and distribution. More information can be found in the *Marin County Department of Health and Human Services RSS Warehouse Plan*.

Marin OA EOC Materials and Supplies

The Logistics Section of the Marin OA EOC is tasked with maintaining and assigning materials and supplies. Additional materials and supplies can be procured through the Logistics Section of the Marin OA EOC. The *Marin OA EOP* describes the processes required to maintain logistical support for a disaster operation. This includes assigning County of Marin-owned or purchased materials and supplies and acquiring resources from outside of the County of Marin once the capabilities are surpassed. The *Marin County Department of Health and Human Services RSS Warehouse Plan* and the *Marin OA EOP* guide how resources can be acquired from various sources, including local stockpiles, neighboring areas, state-level provisions, and the SNS.

Fair Allocation of Scarce Medical & Health Resources

In the event of significant and long-lasting medical and health impacts, there may be a shortage of resources to provide medical and health services. In such a scenario, the Marin OA will use epidemiological data and consult with the Region II Medical/Health MAC Group and Marin Healthcare Sector MAC Group to make informed decisions about allocating scarce resources equitably. Decisions about scarce resource allocations will be communicated to the EOC Director and used to guide EOC objectives and strategies.

Mutual Aid

The MHOAC Program is responsible for planning and coordinating the sharing of information among healthcare entities as well as the deployment of emergency medical and health resources. Deployment can include sharing resources within the Marin OA, deploying resources from within the Marin OA to neighboring jurisdictions, and coordinating the deployment of resources into the Marin OA to support operations. In the event of an incident

that requires medical and healthcare resources, personnel, supplies, or materials that exceed or are expected to exceed the capacity of Marin OA's medical and healthcare stakeholders, the MHOAC will collaborate with the PHO to fulfill resource requests among stakeholders. If this is insufficient, the MHOAC will request resources through California's Public Health and Medical Mutual Aid System to the RDMHS or designated staff. The RDMHS will forward the request to the state if regional resources are inadequate or delayed. If in-state resources cannot promptly fulfill the request, the state will request assistance through other state or federal partnerships.

Incident Management Team support for the Marin OA EOC operations is one mutual aid request that should be considered early in response. Incident management staffing support for the Planning and Logistics Sections, especially for staff familiar with medical and health response, can help to improve overall operations.

Critical Functions

Critical functions are the core activities that must be prioritized and executed to manage and mitigate the crisis effectively. These functions include situation assessment, action items, and coordination efforts that support the overall response efforts and the continued efficacy of the medical and health systems. The specific critical functions of a response will depend on the type of hazard and the situation and may shift throughout the incident. This plan highlights the following critical functions:

- Surveillance and Epidemiology
- NPI
- MCM and Therapeutics
- Behavioral and Mental Health
- Mass Fatality Management
- Mass Care
- Risk Communications
- Healthcare Surge
- Staff Safety and Resiliency

The table below depicts a framework for responsibilities for each of the critical functions based on the incident's response phase. These functions will generally include multiple tasks managed across multiple organizations with shared responsibilities. This table is intended as an initial reference point, but activities may be tasked out to organizations based on the incident.

	Planning and Preparedness Phase	Enhanced Steady State	EOC Activation
Surveillance and Epidemiology	• Marin County HHS Public Health • Marin County HHS Communicable Disease • Marin County HHS Epidemiologists	• Marin County HHS Public Health; Communicable Disease and Epidemiologists	• EOC Planning Section • EOC Operations Section, Public Health Unit
NPI	• Marin County HHS Public Health • Marin County HHS Communicable Disease	• Marin County HHS Public Health; Communicable Disease	• EOC Operations Section, Public Health Unit
MCM and Therapeutics	• Marin County HHS Public Health; Public Health Preparedness • MHOAC	• Marin County HHS Public Health; Public Health Preparedness • MHOAC	• EOC Planning Section • EOC Logistics • EOC Operations Section, Public Health Unit

	Planning and Preparedness Phase	Enhanced Steady State	EOC Activation
Behavioral and Mental Health	Marin County HHS BHRS	Marin County HHS BHRS	- EOC Operations Section - Behavioral/Mental Health Unit
Mass Fatality Management	- Sheriff's Department; Coroner - Marin County HHS Public Health (support)	- Sheriff's Department; Coroner - Marin County HHS Public Health (support)	EOC Operations Section
Mass Care	- Marin County OEM - Marin County HHS Public Health Preparedness	- Marin County OEM - Marin County HHS Public Health Preparedness	EOC Operations Section
Risk Communications	- Marin County HHS Public Health - Marin County HHS Communicable Disease - Marin County HHS Public Health Preparedness	- Marin County HHS Public Health - Marin County HHS Communicable Disease - Marin County HHS Public Health Preparedness	- EOC PIO positions - EOC Operations Section
Healthcare Surge	- Marin County HHS Public Health - MHOAC - Marin County HHS Public Health Preparedness	- Marin County HHS Public Health - MHOAC - Marin County HHS Public Health Preparedness	- EOC PIO positions - EOC Operations Section, Public Medical/EMS Unit - EOC Operations Section, Public Health Unit
Staff Safety and Resiliency	Office of the County Executive	- Office of the County Executive - Marin County HHS Public Health Preparedness	EOC Safety Officer Positions

Table 18: Primary and Support Organizations for Critical Functions

Surveillance and Epidemiology

Public health surveillance and epidemiology play vital roles in safeguarding community health by enabling the proactive identification and mitigation of public health threats. Through the methodical and continuous collection, analysis, interpretation, and dissemination of health-related data, these fields empower public health officials to effectively recognize, confirm, describe, and tackle public health threats, hazards, risks, or incidents both during and after their occurrence. The Marin County HHS is a data-driven organization that uses information sources to drive equity decision-making processes.

Type of Monitoring	Surveillance Systems Utilized
Communicable Disease	- CalRedie - Wastewater Surveillance - EMS Data
Non-Communicable Disease	- Overdose Alert Systems - Wastewater Surveillance - EMS Data
Incident Specific Surveillance	- PHO Monitoring - Epidemiological Data

Type of Monitoring	Surveillance Systems Utilized
	Case Investigation and Contact Tracing

Table 19: Surveillance Systems

These surveillance mechanisms are made available to responders to make informed decisions. For example, infectious diseases are tracked through wastewater surveillance to assess mitigation efforts. In conjunction with the wastewater surveillance system, EMS data is used to monitor overdoses and increase crisis communications efforts. Frontline nurses monitor CalRedie for information about infectious disease outbreaks.

Surveillance mechanisms may also be used for public information and sharing of current public threats. For example, during the COVID-19 response, efforts included community-level weekly data meetings to review public-facing data, share data-driven actionable information with the community, and tailor the responses to target equity in service delivery.

Refer to the *Marin County Infectious Disease Emergency Response (IDER) Plan* for a comprehensive understanding of epidemiology and surveillance in the context of an infectious disease event. This document details the fundamental elements of an infectious disease emergency response, including defining roles and responsibilities, establishing procedures, and coordinating with partners and stakeholders.

Mandated Reporting

Beyond County-wide surveillance mechanisms, state law mandates that healthcare providers and laboratories in Marin County OA report certain diseases. Specifically, Title 17 of the California Code of Regulations (CCR) specifies the reporting requirements for active human or animal cases or suspected cases of significant diseases or conditions. Mandated reporters under this regulation include laboratories (Section 2505), healthcare providers (Section 2500), school officials (Section 2508), and individuals aware of potential rabies cases (Section 2606). The term “healthcare provider” encompasses a wide range of professionals, from physicians and surgeons to veterinarians, nurses, medical examiners, and dentists.³⁶

Case Investigation and Contact Tracing

Case investigation and contact tracing are disease control measures that can stop or slow the spread of an infectious disease. In case investigation, the assigned case investigator will work with a patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious. Next, contact tracers begin contact tracing by warning these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible. To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the patient's identity who may have exposed them.

Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, and how to monitor themselves for illness. Sometimes, contacts may be provided with supportive supplies to help them quarantine/isolate, such as monitoring equipment (like thermometers) or household support (such as food).

The *Marin County Infectious Disease Emergency Response Plan* addresses case investigation and contact tracing.

Epidemiological Investigation

The Marin County HHS before activation, or the Marin OA EOC medical and health units after an activation, leverages the data collected via surveillance systems to conduct epidemiological investigations. These

³⁶ [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I94E0B3505A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I94E0B3505A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

investigations aim to pinpoint the origin of a disease, injury, or exposure outbreak and its contributing factors within a population, considering aspects such as timing, location, individuals involved, and vital statistics. The findings from these investigations are critical in guiding the recommendation, enactment, and evaluation of public health measures designed to reduce the impact of identified public health threats, hazards, risks, or incidents. Within the Marin OA EOC, epidemiological specialists may be asked to support the response either through the Planning Section or within the Operations Section under the Public Health Unit.

Non-Pharmaceutical Interventions (NPI)

NPIs are actions that can be taken to help slow the spread of illness or reduce the adverse impact of public health emergencies. The implementation of NPIs is in response to the specific needs of an incident or threat and may include:

- Public health guidance and orders
- Movement Limitations
- Case investigation and contact tracing
- Isolation and quarantine
- Decontamination

County-Issued Public Health Guidance and Orders

The PHO may issue guidance (non-mandatory) or orders (mandatory) to protect public health and welfare. Guidance and orders may contain directions for general or specific populations (i.e., schools, congregate living facilities, workplaces) and may contain specific NPIs. When creating orders, the PHO and other decision-makers should consider health, medical, and economic impacts and enforcement considerations. Guidance and orders should be written in plain language whenever possible. Efforts should be made to communicate effectively to the Whole Community using trusted CBOs to inform the public about the language used and disseminate public health guidance.

The *California Public Health and Medical Emergency Operations Manual, July 2011*, addresses California's Public Health and Medical Emergency Powers.

Movement Limitations

Preventing and controlling communicable diseases that threaten public health may require strategies that involve limiting the movement of individuals and groups and utilizing general and specific statutory authorities. These strategies may include isolation and quarantine, closure of public gatherings, evacuation, and (less likely) curfew. The strategies seek to balance constitutional protections such as individual liberty and due process and the need to protect the public's health.³⁷ The California Health & Safety Code authorizes local public health officers to control contagious, infectious, or communicable diseases and "take measures as may be necessary to prevent the spread of disease or occurrence of additional cases."³⁸

Social distancing is a term used to describe some types of movement limitations. Examples include closing schools or daycares, limiting public meetings and gatherings, and encouraging workers to telecommute whenever possible. Congregate living facilities such as skilled nursing facilities and prisons might consider temporarily suspending visitors. Social distancing also involves recommendations for minimal spacing between individuals to reduce aerosol transmission.

³⁷ <https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/HO%20Practice%20Guide%20for%20Communicable%20Disease%20Control%20in%20CA%202013.pdf>

³⁸ https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=120175.&lawCode=HSC

Isolation and Quarantine

Isolation and quarantine are measures used to decrease the spread of an illness by cases and contacts. Isolation separates individuals with a contagious disease from those who are not sick. At the same time, quarantine is the separation or restricted movement of healthy but exposed individuals to determine if they are ill.

There is no express content or method of service statutorily mandated for isolation and quarantine orders. However, the PHO orders must be consistent with applicable constitutional requirements. As with any other PHO order, the content and appropriate procedures for isolation and quarantine orders are fact-dependent and must be determined by circumstances.

Enforcement of involuntary quarantine and isolation orders will trigger the application of constitutional safeguards such as notice, a pre- or post-confinement hearing within a reasonable time, and other procedural protections. Isolation and quarantine orders cannot be “arbitrary, oppressive, and unreasonable.” These orders must have documentation supporting the justification for the proposed isolation and/or quarantine.

Decontamination

Decontamination is the process of removing or neutralizing contaminants that have accumulated on personnel and equipment and are critical to health and safety at hazardous waste sites. Decontamination protects workers from hazardous substances that may contaminate and eventually permeate the protective clothing, respiratory equipment, tools, vehicles, and other equipment used on site; it protects all site personnel by minimizing the transfer of harmful materials into clean areas; it helps prevent mixing of incompatible chemicals; and it protects the community by avoiding uncontrolled transportation of contaminants from the site. Depending on the nature of the incident, the number of victims, input from the HazMat Group Supervisor, and available resources, the IC will determine the appropriate level of decontamination.

Medical Countermeasures and Therapeutics

Distributing and administering MCMs to targeted populations and healthcare organizations is critical to prevent, mitigate, or treat the adverse health effects of a public health incident.³⁹ The term MCM encompasses the medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear threats and can include:

- **Biologic products:** vaccines, blood products, and antibodies
- **Drugs:** antimicrobials and antivirals
- **Devices:** diagnostics test to identify threat agents and personal protective equipment (PPE)⁴⁰

MCMs may be accessed through the SNS, overseen by the ASPR, or through the CDPH Center for Preparedness and Response. Initial requisitioning of MCM will occur when County of Marin health officials identify an actual or potential problem they believe will threaten the health of those within the Marin County OA. MCMs will be requested as described in the resource management section of this plan. Once situation information has been appropriately communicated, the decision to deploy will be a collaborative effort between local, state, and federal officials. Please refer to the California Public Health and Medical Emergency Operation Manual for more information.

The PHO will ultimately decide to request MCMs locally in conjunction with state health officials. As every emergency is unique, the following are general criteria that describe situations in which MCMs may be requested:

- A medical emergency brought on by a natural disaster.

³⁹https://www.cdc.gov/orr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

⁴⁰ <https://www.cdc.gov/orr/readiness/mcm2->

[508.html#:~:text=Medical%20countermeasures%20\(MCMs\)%20are%20medicines,Drugs%20%E2%80%93%20antimicrobial%20or%20antiviral%20drugs](https://www.cdc.gov/orr/readiness/mcm2-508.html#:~:text=Medical%20countermeasures%20(MCMs)%20are%20medicines,Drugs%20%E2%80%93%20antimicrobial%20or%20antiviral%20drugs)

- The overt release of a biological or chemical agent or knowledge of a release through law enforcement intelligence.
- Clinical or epidemiological indications:
 - Large number of ill persons with similar disease or symptoms.
 - Large number of individuals with unexplained disease, syndrome, or death.
 - Higher than normal morbidity or mortality from a common disease or syndrome.
 - Failure of a common disease to respond to typical therapy.
 - Presence of atypical infectious disease within the local population.
 - Unusual, antiquated, or genetically engineered strain or a biological agent.
 - Simultaneous clusters of similar life-threatening illnesses in non-contiguous areas.
 - Death or illness among animals that precedes or accompanies human death.
 - Unexplained increase in EMS requests.

MCMs may be distributed and dispensed through existing avenues and channels within the healthcare system, such as retail pharmacies, hospitals, outpatient clinics, or establishing Points of Dispensing. For more information on MCMs, including the setup and use of Points of Dispensing (POD), please refer to the *Infectious Disease Emergency Response Plan* and the *Medical Countermeasures Response Plan*.

Behavioral and Mental Health

The *Mental Health Services Emergency Response Plan* is designed to offer guidelines for emergency mental health services for individuals affected by the disaster in the Marin County OA. Its goal is to provide services that help mitigate disaster-related stress responses and speed up citizens' recovery from disaster-related psychological reactions.

The State of California mandates Marin County HHS BHRS to provide community mental health services to people affected by disasters. Marin County HHS BHRS partners with local, state, and federal mental health providers to offer mental health services and crisis counseling in response to a disaster.

When the behavioral and mental health impact of a disaster is significant, and the need for behavioral and mental health services exceeds the capacity of the County of Marin and its community partners to provide the services, Marin County HHS BHRS will work with the Marin County HHS and the Marin OA EOC to coordinate the provision of behavioral and mental health services. During an emergency response, the behavioral and mental health needs of individual disaster victims and the community as a whole will be assessed, and the following services may be provided:

- Disaster recovery support groups
- Individual and family crisis counseling
- Outreach to school staff and students
- Outreach, education, and information to community groups
- Education, training, and consultation with community professionals who may be serving disaster victims
- Public information (media contact, brochures, etc.) regarding common disaster reactions, recovery process, self-help approaches, and mental health resources
- Critical Incident Stress Management (CISM) and intervention
 - Demobilization consultation
 - Staff consultation
 - Crisis management briefing
 - Defusing
 - Critical Incident Stress Debriefing
 - Individual crisis intervention, follow-up, and referral

Marin County HHS BHRS may be asked to target services for responders and other County of Marin support staff, survivors, and community members. It is crucial to ensure that all DSWs have access to mental health support services, particularly those who work in high-pressure environments. Such workers may experience stress, burnout, and other mental health challenges, negatively impacting their work performance and overall well-being. Therefore, it is recommended to develop and offer specialized mental health programs and resources, such as counseling, therapy, and support groups, to help DSWs manage their mental health and cope with the demands of their job. Providing comprehensive mental health support can promote a healthier and more productive work environment for DSWs, ultimately benefiting the individuals they serve.

Mass Fatality Management

The Marin County Sheriff's Office Coroner Division is the specialized entity that is responsible for managing and overseeing mass fatality incidents in the Marin County OA. In addition, they serve as the Marin OA Coroner/Medical Examiner Mutual Aid Coordinator. They coordinate with other regional agencies and jurisdictions to ensure a synchronized and efficient approach to managing mass casualty incidents and other emergencies. Their role is critical in ensuring the safety and well-being of the community during times of crisis.

During a mass fatality event, the medical and health units of the Marin OA EOC provide an equity lens in decision-making related to the following public health mass facility roles:

- Develop and disseminate guidance for communicable disease prevention and safety for those handling decedents, including responder health and safety.
- Coordinate with Marin County CDA EHS for consultation for infected deceased bodies in contact with water and technical assistance, including hazardous waste disposal.
- Hospital coordination, including liaising between the coroner and hospitals, monitoring hospital capacity and storage ability for the deceased, and maintaining communication.
- Epidemiological analysis to track deaths, assess ongoing risks, and determine the impact on the community.
- Issue burial permits and death certificates.
- Provide consultation for post-mortem testing criteria and coordinate access to testing supplies and laboratory services.
- Issue Health Officer Declarations and consider involuntary cremations.
- Provide information and guidance for communicable disease, chemical, biological, and nuclear MCIs.
- Provide behavioral and mental health support for community members during DNA testing and/or identifying remains, involuntary cremations, and next of kin notifications.

Mass Care

Mass care operations refer to providing congregate sheltering, feeding, distribution of emergency supplies, and reunifying children with their parent(s)/legal guardians and adults with their families. Mass care services may provide other human service needs, including disaster assistance programs that help survivors address unmet disaster-caused needs, supplemental nutrition assistance, crisis counseling, disaster case management, disaster unemployment, and disaster legal services.⁴¹ Mass care and shelter plans guide an organized system of providing shelter, feeding, and sanitary accommodations for many temporarily displaced from residences due to an incident or disaster.

The Marin County OEM and HHS developed a *Mass Care and Shelter Annex* to the *Marin OA EOP* to provide a functional framework for a mass care and disaster-related emergency sheltering program within the Marin OA.

⁴¹ https://www.fema.gov/sites/default/files/2020-07/fema_ESF_6_Mass-Care.pdf

It is intended to improve coordination among organizations involved in mass care and sheltering and outline roles and responsibilities within the preparedness and response network.

When mass care operations are conducted, an activation will support coordination with partner agencies to address the public health, healthcare, and behavioral and mental health needs of those impacted by an incident. Key mass care actions for medical and health services include:

- Performing environmental health and safety evaluations specific to each congregate location.
- Carrying out health screenings to identify medical needs and the access and functional needs related to CMIST.
- Identifying the impacted communities' public health, healthcare, and behavioral and mental health requirements.
- Implementing infectious disease monitoring.
- Assessing environmental health and safety.
- Providing support for addressing the access and functional needs of at-risk individuals
- Ensuring the safety of food and water supplies in congregate settings.
- Providing healthcare, mental, and behavioral and mental health services, as well as resources such as medications, immunizations, consumable medical supplies, and durable medical equipment.
- Facilitating the integration of human services with the necessary medication and devices for at-risk individuals disproportionately affected by the incident.
- Setting up tracking systems and aiding in decontaminating individuals who may be contaminated with radiological, nuclear, biological, or chemical agents upon entering congregate locations.
- Distributing accessible, culturally, and linguistically appropriate information about mass care health services to the public.
- Aiming to return individuals displaced by the incident to their pre-incident medical environments, including their former medical care providers, skilled nursing facilities, or homes.

Risk Communications

Medical and health incidents have the potential to cause significant fear among the population due to misinformation or a lack of understanding about complex medical situations. Therefore, appropriate and timely communication of credible information will help calm public fears and promote proper health actions during a public health crisis. How people behave determines the course of a medical and health emergency. Hence, a credible and aggressive public information program before, during, and after a public medical and health event is an integral part of the response. Public health risk communication principles include trust, transparency, announcing early, listening, and planning.

The Marin OA EOC, in coordination with the PHO, is responsible for developing risk communication talking points and messages that achieve public information objectives. These objectives can include:

- Disseminating accurate information promptly to key target audiences appropriate to the event's level.
- Facilitating coordination of public information activities among all involved parties, including neighboring jurisdictions, to ensure consistency of key messages.
- Correcting false or misleading information.
- Promoting informed decision-making about the acceptability of known risks.
- Persuading and directing the behavior of individuals or communities to reduce exposure or harm.

Public health information will be disseminated as directed in other risk communications plans. Communications plans should incorporate a network of systems and aim to target the most relevant communities. In general, communications will occur in coordination with the PIO or through the JIC, with additional information coordinated through the CRT, or other trusted partners working with targeted communities.

Healthcare Surge

A healthcare surge occurs when an emergency results in demand for healthcare services that exceeds the healthcare system's capacity within a specific geographic area. This can happen suddenly after a no-notice incident like an earthquake or build over time during a slow-onset event like a pandemic. Large-scale disasters can potentially affect the entire continuum of care system, including pre-hospital care, hospitals, skilled nursing facilities, home health agencies, and community clinics.⁴²

Healthcare surge is distinct from the increased demand for services attributed to day-to-day conditions. A healthcare surge is when an authorized local official, such as a local health officer or other appropriate designee, uses professional judgment to determine that the healthcare delivery system has been affected by a significant emergency or circumstances. This results in excess demand over capacity in hospitals, long-term care facilities, community clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services. The local health official uses situation assessment information from healthcare delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.⁴³

Different components of healthcare surge plans may be activated based on the incident. Some of the factors to consider when activating surge plans include:

- Number of patients
- Severity of illness or injuries
- Local and regional health system capacity
- Public perception of risk

The severity of the surge and its impacts on the Marin Medical Health System and surrounding jurisdictions will determine which response actions and structures are used to manage a healthcare surge within the Marin OA. A healthcare surge is delineated by the resources required for managing the surge. A low-level healthcare surge is characterized as being able to be managed with the resources of an impacted organization or from assistance within the Marin OA. In contrast, a higher-level surge event requires resources outside the Marin OA to support response operations.⁴⁴

During surge events that impact multiple HCOs within the Marin OA, MAC Group conference calls with the MHOAC and local healthcare partners will facilitate the coordination of information, resource allocation, and the development of joint mitigation strategies.

Depending upon the characteristics of a healthcare surge event, number of patients, severity of illness and injuries, local and regional health system capacity, varied operations may be conducted to manage and mitigate a surge and its impacts, including:

- Information sharing amongst healthcare system stakeholders
- Managing resources for healthcare organizations, including facilities, staffing, equipment, and supplies.
- Developing multi-agency policy and strategy to reduce or manage surge
- HCO implementation of their internal surge plans
- Increase temporary bed capacity as approved by CDPH Licensing and Certification.⁴⁵
- Public messaging
- Establishing field treatment sites and medical shelters
- Implementing telehealth
- Enacting crisis standards of care

⁴² <https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>

⁴³ https://www.cidrap.umn.edu/sites/default/files/php/258/258_referencemanual.pdf

⁴⁴ <https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>

⁴⁵ https://www.calhospitalprepare.org/sites/main/files/file-attachments/258_referencemanual.pdf

- Conducting NPI
- Providing therapeutics and prophylaxis
- Management of mass fatalities

In the event of a healthcare surge, HCO and EMS providers should activate their disaster plans to manage their patients' actual or anticipated healthcare needs.

If requested resources are scarce, prioritization will be determined through MAC systems, involving appropriate stakeholder representation from all affected jurisdictions and/or agencies. In practice, the PHO, MHOAC, and the EOC Director will participate in local and regional MAC systems.

The response to a healthcare surge is supported in part by the following planning efforts:

Plan Name	Region	Description
Marin County Healthcare Surge Plan	Marin OA	Provides guidance and a response framework for when the number of injured or ill patients exceeds the capacity of area hospitals.
Marin County HHS EMS Agency Mass-Casualty Incident (MCI) Plan	Marin OA	It serves as a guiding document for emergency response personnel during incidents involving multiple patients that quickly exceed local resources and capabilities.
California Region II Medical & Health Multiagency Coordination Guide	State	Outlines the framework for MAC Group activities during an emergency with medical and health implications affecting some or all of CA Mutual Aide Region II. Includes MAC Group processes that support healthcare surge, which include situation assessments, information sharing and coordination, incident prioritization and resource allocation, and inter-agency policy and strategy development.
California Patient Movement Plan	State	Describes the processes used when local EMS systems require regional, state, or federal assistance to manage the patient movement needs created by an incident, including hospitals decompressing to accommodate the incoming medical surge.
Individual Hospital Plans	Site Specific	Mandated by multiple agencies and regulatory offices to address how a hospital prepares for, responds to, and mitigates a patient surge. ⁴⁶

Table 20: Healthcare Surge Plans

Staff Safety and Resilience

Health and Safety Risk Assessment and Mitigation

Marin HHS works with other County departments to assess the physical and mental health of responders before, during, and after incident response. This includes a physical evaluation and a behavioral health survey. Responders who may be suffering from physical and/or mental exertion during emergency operations are removed from the response and directed to appropriate resources for support.

Prior to an EOC activation, the Office of the County Executive maintains primary responsibility for staff safety and resiliency. During an enhanced steady state, the Marin County HHS will support the Office of the County Executive. After the EOC is activated, the Management Section of the Marin County EOC is responsible for

⁴⁶ https://www.cidrap.umn.edu/sites/default/files/php/258/258_referencemanual.pdf

maintaining this function. These functions may also be delegated to the EOC Safety Officer or the Wellness Officer.

Mental Health Support

The *Mental Health Services Emergency Response Plan* provides guidance for providing stress management support services and emergency mental health services to the County of Marin staff. The *Plan* aims to provide culturally competent services to mitigate disaster-related stress responses and accelerate the expected recovery of emergency service workers from disaster-related psychological reactions.

It is important to communicate the availability of mental health support throughout any significant medical and health incident and to continue the efforts throughout the recovery stages and beyond. Often, mental health support capacity may need to be augmented through temporary hiring or contracted assistance.

The mental health service emergency response will include community mental health resources in partnership with local, state, and federal mental health providers. The Marin County HHS BHRS Disaster Response Team, mental health partner resources, and mutual aid resources will initially provide emergency response. The Behavioral/Mental Health Unit coordinates all mental health services and requests additional resources.

Examples of actions that the Marin OA can take to support mental health during and following a disaster for County of Marin staff include:

- Provide PFA training.
- Extend hours and services of the Employee Assistance Program (EAP) so that employees can call in or meet virtually for appointments with mental health professionals.
- Extend the hours and services for substance abuse programs.
- Ensure equity of program availability across all age groups, income levels, communities, genders, and races.
- Connect with faith-based groups to highlight some of the programs they have available.

Recovery

The recovery phase of an incident refers to the process and activities undertaken after an emergency, disaster, or incident to restore the affected community or environment to the new normal conditions. This phase focuses on the rebuilding of infrastructures, the restoration of services, the repair of physical damage, and the rehabilitation of individuals and communities. Recovery efforts aim to address immediate needs and to reduce vulnerabilities to build resilience against future incidents. Recovery can be divided into short-term recovery, which includes immediate actions to ensure public safety and return essential services, and long-term recovery, which involves more extensive rebuilding and revitalization efforts. While recovery is often defined in these two phases, recovery occurs on a continuum with overlapping phases. Recovery operations are organized and managed with the involvement of various stakeholders, including local, state, and federal agencies, non-profit organizations, and the community, ensuring that the recovery process is equitable and inclusive of the whole community, including those with access and functional needs and those from culturally diverse backgrounds.

Recovery Organization

The Marin OA recovery operations structure will shift from the Marin County OA EOC, which manages the response operations, to a standardized emergency management (SEMS)-based recovery organization. Primary medical and health responsibilities of the Marin OA recovery organization include:

- Advising on medical- and health-specific recovery priorities.
- Participate in strategic planning for recovery based on priorities.
- Management and prioritization of medical and health resources.

- Coordination with medical and health-specific external partners, including hospitals, SNFS, and congregate care providers.
- Provision of public information and updates on recovery activities in equitable and inclusive ways.

The County of Marin maintains a *Marin OA Recovery Plan* that outlines recovery activities.

Short-Term Recovery

Short-term recovery operations initiate recovery planning, anticipating long-term needs and beginning to coordinate resources to fulfill future requirements. The primary objective of short-term recovery operations is to restore community and economic functions. As the immediate threat to life, property, and environment subsides, other medical and health goals of recovery organization may include:

- Damage assessment.
- Assessment of the public's medical and health recovery needs.
- Provision of essential health, medical, behavioral, and mental health services.
- Systematic and coordinated restoration of medical and health systems.
- Delivery and distribution of necessary commodities.

Following a significant Marin OA EOC activation, the Marin County OEM or the Marin County HHS may develop an AAR/IP as a part of recovery activities. An AAR/IP is a detailed critical summary or analysis conducted after an incident and recommendations for improvement. An AAR identifies strengths, weaknesses, and areas for performance improvement.

Long-Term Recovery

Long-term recovery includes activities necessary to restore a community to a "normal" pre-disaster state or preferably an improved "new normal" state with increased resilience. It requires significant planning to maximize opportunities, ensure equity, and mitigate risks. For these reasons, some successful and effective long-term recovery operation activities may continue for years after a disaster occurs.

The major objectives of long-term recovery include:

- Coordinated delivery of social and health services.
- Provision of culturally competent, inclusive, long-term assistance to displaced families.
- Reconstruction of public and private facilities and infrastructure.
- Restoration of the local economy.
- Improved land-use planning and recovery projects, including those that leverage mitigation against future disasters.
- Recovery of disaster-related costs through federal and state assistance.
- Applying lessons learned to future revisions of Marin OA emergency plans and processes.

DEMobilIZATION

Demobilization involves systematically winding down response operations as the situation has been addressed. This process ensures that resources, personnel, and equipment are properly returned to their pre-emergency states or redeployed as needed and that the involved entities are prepared for future responses. Key aspects of demobilization in a medical and health context include:

- Terminating health officer orders related to the incident, ending public health mandates by legal and procedural requirements.

- Drawdown and return of resources, ensuring that all personnel, supplies, equipment, and facilities used during the emergency response are accounted for, returned, or reallocated appropriately. This might involve restocking medical supplies, sanitizing, and maintaining equipment, and debriefing with staff.
- Collecting, submitting, and reviewing all relevant documentation, such as staff time logs, emergency action plans, and financial receipts. This step is crucial for accountability, reimbursement processes, and learning for future responses.
- Transitioning from emergency communication to recovery-focused messages in public communication. This includes providing information on available health services, behavioral and mental health resources, and other assistance to support the community's recovery.
- Gathering feedback from all participants. This feedback is essential for identifying strengths, weaknesses, and opportunities for improvement in the response. Learning is integrated into future planning and readiness efforts.
- Restoring used resources, such as response equipment and supply caches, to a state of readiness for the next activation. This involves ensuring that equipment is serviced, supplies are replenished, and necessary repairs are made.

Demobilization planning should start as early as possible and is tailored based on the type and scale of the medical and health response, including the tools and resources utilized. Demobilization planning will differ depending on the type of medical and health response and the types of response tools used.

4. PLAN MAINTENANCE AND TRAINING

DEVELOPMENT AND MAINTENANCE

The Marin County HHS developed this *Med/Health Annex* in coordination with the Marin County OEM and medical health stakeholders. Disaster planning for the County of Marin is under the authority of the County of Marin Board of Supervisors and with guidance from the Main Disaster and Citizens Corps Council (DC3). This document was presented and reviewed with the DC3 and the HCC as a part of the validation and socialization process.

Emergency plans should evolve as lessons are learned, new information and insights are obtained, and priorities are updated. Evaluating the effectiveness of these plans involves a combination of training events, exercises, and real-world incidents to determine whether the goals, objectives, decisions, actions, and timing outlined in the plans led to a successful response. Planning teams should establish a process to review and revise the *Marin OA EOP* as a recurring activity.

This *Med/Health Annex* will fall under the maintenance and upkeep schedule in the *Marin OA EOP*. Generally, Marin County OEM reviews the *Marin OA EOP* and any operational annexes for consistency to ensure relevancy after the following events:

- A major incident
- A significant Marin OA EOC activation that involves this plan
- A significant exercise of this plan
- A formal update of planning guidance or standards or enactment of new and amended laws or ordinances

When necessary, the Marin County HHS, in coordination with the Marin County OEM, will make the appropriate revisions to ensure all *Marin OA EOP* elements remain applicable to the current situation and planning environment. Updates will be marked and documented in the Preface of this document. The Marin County HHS Director will update the revised plan on shared sites and web pages. At the same time, the Marin County OEM ensures that the updated version is distributed to all appropriate departments, agencies, and individuals.

TRAINING AND EXERCISE

In coordination with Marin County OEM, the Marin County HHS may provide Annex-specific training to those responsible for its implementation. This may be included in the IPP as a part of the annual training and exercise programs for the County of Marin.

Marin County HHS and OEM are responsible for exercising concepts and policies contained in this *Med/Health Annex*. Exercises will be conducted on this plan to maintain readiness. Exercises may include County of Marin departments and representatives from Cal OES. Elements of this *Med/Health Annex* can be incorporated into drills and exercises conducted by Marin County OEM.

5. APPENDIX

APPENDIX A: ACRONYMS

Acronym/ Abbreviation	Term
AAR	After-Action Report
ACS-RACES	Auxiliary Communications Service - Radio Amateur Civil Emergency Service
AFN	Access and Functional Needs
ASPER	Assistant Secretary for Preparedness and Response
BHRS	Marin County Behavioral Health and Recovery Services
CA	California
CAHAN	California Health Alert Network
CAIR	California Immunization Registry
Cal OES	California Office of Emergency Services
CBO	Community-Based Organizations
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosives
CCR	California Code of Regulations
CDA	Community Development Agency
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
CDPH	California Department of Public Health
CRT	Community Resiliency Team
CISM	Critical Incident Stress Management
CMIST	Communication, maintaining health, independence, support, safety, self-determination, and transport
COVID	SARS-CoV-2
CSTI	California Specialized Training Institute
CUPA	Marin County Certified Unified Programs Agency
DC3	Main Disaster and Citizens Corps Council
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Teams
DOC	Departmental or Divisional Operations Center
DSW	Disaster Service Workers
EAP	Employee Assistance Program
EEI	Essential Elements of Information
EHS	Environmental Health Services
EMS	Emergency Medical Services
CalEMSA	California Emergency Medical Services Authority
EOC	Emergency Operations Center
EOP	Emergency Operation Plan
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FBI	Federal Bureau of Investigation
FQHC	Federally Qualified Health Clinic
FTS	Field Treatment Sites

Acronym/ Abbreviation	Term
HazMat	Hazardous Material
HCC	Healthcare Coalition
HCO	Healthcare Organization
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
ICS	Incident Command System
IDER	Infectious Disease Emergency Response
IHSS	In-Home Supportive Services
IPP	Integrated Preparedness Plan
IP	Improvement Plan
JIC	Joint Information Center
LAC	Local Assistance Centers
LHD	Local Health Department
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MCM	Medical Countermeasures
MDL	Microbial Disease Laboratory
MHOAC	Medical and Health Operational Area Coordinator
MRC	Medical Reserve Corps
NOK	Next of Kin
NGO	Non-governmental Organizations
NPI	Non-Pharmaceutical Interventions
NSYMM Public Health Laboratory	Napa-Solano-Yolo-Marin-Mendocino Public Health Laboratory
OA	Operational Area
OEM	Office of Emergency Management
PFA	Psychological First Aid
PHO	Public Health Officer
PHP	Marin County Public Health Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
PSPS	Public Safety Power Shut-Off
RDMHS	Regional Disaster Medical Health Specialist
RSS	Receiving, Storage, and Staging
SEMS	Standardized Emergency Management System
SME	Subject Matter Expert
SNF	Skilled Nursing Facilities
SNS	Strategic National Stockpile
SOC	State Operations Center
VRDL	Viral & Rickettsial Disease Laboratory

Table 21: Abbreviations and Acronyms

APPENDIX B: APPLICABLE PLANS, AUTHORITIES, AND GUIDANCE

The following are applicable plans, authorities, and guidance documents that are relevant to the *Med/Health Annex*:

- Local
 - County of Marin Municipal Code⁴⁷
 - Marin County Department of Health and Human Services Receiving, Storage, and Staging (RSS) Warehouse Plan, June 2021
 - Marin County Health and Human Services AFN Planning Guidance⁴⁸
 - Marin County Health and Human Services Public Health Preparedness, June 2019
 - Marin County Healthcare Coalition Preparedness Plan, December 2023⁴⁹
 - Marin County Healthcare Preparedness Coalition Governance, December 2013
 - Marin County Healthcare Surge Plan, March 2015
 - Marin County HHS BHRS Disaster Plan Standard Operating Procedures, 2019
 - Marin County Infectious Disease Emergency Response Plan, January 2021
 - Marin County Mental Health Services Emergency Response Plan, November 2012
 - Marin County Public Health Mobile Vaccine Clinic Manual, May 2023
 - Marin OA EOP
 - MCM Emergency Response Plan Marin County Health & Human Services Public Health Division, March 2015
 - Medical Health Branch Operations Handbook Attachment to the Marin County Operational Area Emergency Operations Plan and the Medical Health Annex, May 2018
 - Multi-Jurisdictional Local Hazard Mitigation Plan⁵⁰
- Regional
 - California Mutual Aid Region II Medical and Health MAC Guide, 2023⁵¹
 - Local Health Department Work Plan for Hospital Preparedness Program (HPP) and the Health Care Coalition, July 2023
 - Local Health Department Work Plan for Pandemic Influenza (Pan Flu), July 2023
 - Local Health Department Work Plan for Public Health Emergency Preparedness (PHEP), July 2023
- State
 - California Business and Professions Code⁵²
 - California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies⁵³
 - California Emergency Services Act 2021 Edition⁵⁴
 - California Health and Safety Code⁵⁵

⁴⁷ https://library.municode.com/ca/marin_county/codes/municipal_code

⁴⁸ <https://www.marinsheriff.org/assets/downloads/OES/05.05.15-SS-Access-Functional-Needs-Guidance-Approved.pdf>

⁴⁹ https://www.marinhhs.org/sites/default/files/files/servicepages/2024_01/marin_county_hpp_coalition_governance.pdf

⁵⁰ <https://marincounty.maps.arcgis.com/sharing/rest/content/items/f52ed461164c4a22924118d2cd08da5d/data>

⁵¹ <https://asprtracie.hhs.gov/technical-resources/resource/7257/california-mutual-aid-region-2-medical-health-multi-agency-coordination-group-handbook>

⁵² <https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=BPC&tocTitle=+Business+and+Professions+Code+-+BPC>

⁵³ https://www.cidrap.umn.edu/sites/default/files/php/258/258_referencemanual.pdf

⁵⁴ <https://www.caloes.ca.gov/wp-content/uploads/Legal-Affairs/Cal-OES-Yellow-Book.pdf>

⁵⁵ <https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=HSC&tocTitle=+Health+and+Safety+Code+-+HSC>

- California Emergency Services Act⁵⁶
- California Patient Movement Plan, November 2018⁵⁷
- California Public Health and Medical Emergency Operations Manual⁵⁸
- California Region II Medical and Health Multiagency Coordination Guide, March 2023⁵⁹
- Federal
 - ASPR Guidance for At-Risk Individuals with Access and Functional Needs⁶⁰
 - ASPR Guidance on Hospital Preparedness Programs⁶¹
 - CDC Public Health Emergency Preparedness and Response Capabilities; National Standards for State, Local, Tribal, and Territorial Public Health, October 2018⁶²
 - Department of Health Services Authority and Responsibility of Local Health Officers in Emergencies And Disasters, September 1998⁶³
 - Emergency Support Function #6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services Annex⁶⁴
 - National Incident Management System, October 2017⁶⁵
 - National Response Framework⁶⁶
 - PHAB Standards & Measures for Initial Accreditation, February 2022⁶⁷
 - Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (42 U.S.C. §§ 5121–5206 [2008])⁶⁸
 - Public Health Emergency Preparedness and Response Capabilities National Standards for State, Local, Tribal, and Territorial Public Health CDC, 2018⁶⁹
 - 2017-2022 Health Care Preparedness and Response Capabilities ASPR, 2016⁷⁰

⁵⁶ https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=GOV&division=1.&title=2.&part=&chapter=7.&article=9.5.&goUp=Y

⁵⁷ https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf

⁵⁸ <https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>

⁵⁹ <https://cchealth.org/emergencies/pdf/MAC-Handbook-Cal-Mutual-Aid-Region-2-Medical-Health.pdf>

⁶⁰ https://aspr.hhs.gov/at-risk/Pages/at-risk_afn.aspx

⁶¹ <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx>

⁶² https://www.cdc.gov/orr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

⁶³ <https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/HOResplnEmergencies1998.pdf>

⁶⁴ https://www.fema.gov/sites/default/files/2020-07/fema_ESF_6_Mass-Care.pdf

⁶⁵ https://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf

⁶⁶ https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf

⁶⁷ <https://phaboard.org/accreditation-recognition/version-2022/>

⁶⁸ <https://www.fema.gov/disaster/stafford-act>

⁶⁹ https://www.cdc.gov/orr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

⁷⁰ <https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf>

APPENDIX C: GLOSSARY

This section contains definitions related to the topics covered in this *Med/Health Annex*. In some cases, the terms do not appear elsewhere in this Annex but are included here to facilitate an overall understanding of the terminology that might be used when discussing a medical or health-related incident.

Access and Functional Needs (AFN): Individuals who have physical, developmental, or intellectual disabilities, chronic conditions or injuries, limited English proficiency, are older adults or children, have low incomes, are homeless and/or transportation disadvantaged (e.g., dependent on public transit), or are pregnant.

California Department of Public Health (CDPH): The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California and is the lead State agency for coordinating State-level support for public health and/or environmental health incidents. CDPH's responsibilities include administering and coordinating disaster-related public health programs, assessing public health hazards, and assisting local public health and environmental health departments in conducting public health functions; coordinates with local health departments to conduct surveillance of infectious diseases in a disaster area and determines appropriate actions to be taken to prevent and control disease outbreaks; provides epidemiological and laboratory support through State and local public health and clinical laboratories and cooperating federal health and environmental laboratories; collects and analyzes data and reports information for public health emergency planning and response; assesses health, safety, emergency preparedness and response plans for healthcare facilities; ensures the safety of drinking water supplies; assesses potential health effects, recommends protective measures and drafts measures to protect the public from chemical, biological, radiological and nuclear incidents; obtains and provides medical supplies and pharmaceuticals following a disaster; and assesses health, safety, emergency preparedness and response plans for healthcare facilities that the department regulates.

Emergency: A condition of disaster or extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations, or disease; the Governor's warning of an earthquake or volcanic prediction.

Emergency (Federal Definition): Any hurricane, tornado, storm, flood, high-water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of the United States that requires federal emergency assistance to supplement state and local efforts to save lives, protect public health and safety, or to avert or lessen the threat of a major disaster.

Emergency Operations Center (EOC): A facility used for the centralized direction and/or coordination of emergency operations. An effective EOC must provide adequate working space and be properly equipped to accommodate its staff; have the capability to communicate with field units and other EOCs; and provide protection commensurate with the projected risk at its location. EOC facilities are established by an agency or jurisdiction responsible for the support of an emergency response.

Emergency Operations Plan (EOP): An all-hazards conceptual framework for managing incidents, disasters, and planned events within the operational area. The EOP addresses the response to and short-term recovery from incidents, disasters, and planned events, provides an overview of each phase of the disaster cycle (mitigation, preparedness, response, and recovery), and aims to improve the operational area's capability to understand and act holistically across each phase.

Hazardous Materials: Any material that, because of its quantity, concentration, physical or chemical characteristics, poses a significant present or threatened hazard to human health and safety or the environment if released into the workplace or the environment (Health and Safety Code §25501). An umbrella term that includes but is not limited to hazardous materials; hazardous wastes; oil; petroleum products; radioactive materials; radioactive wastes; mixed wastes (combination of radioactive and chemical); biological agents;

sewage and infectious wastes; industrial and agricultural chemicals (pesticides, herbicides, fungicides, etc.); explosives; air contaminants and marine pollutants.

Incident: An occurrence or event, natural or man-made, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command System (ICS): The nationally used, standardized, on-scene emergency management concept designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple disasters without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility for managing resources to accomplish stated objectives pertinent to a disaster effectively.

Mutual Aid Agreement: A written agreement between agencies and/or jurisdictions in which they agree to assist one another on request by furnishing personnel and equipment.

Mutual Aid Region: A mutual aid region is a subdivision of the State established to assist in coordinating mutual aid and other emergency operations within a geographical area of the State, consisting of two or more OAs.

Operational Area: Consists of a county and all political subdivisions within the county area.

Staging Area: An area established for the temporary location of available resources. A Staging Area can be any location where personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

Unified Command: An ICS application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan.

APPENDIX D: MHOAC PROGRAM

The following information is an overview of the MHOAC Program as written in the *MHOAC Program Manual*.⁷¹ This manual aims to provide a tool to assist local MHOAC programs in responding efficiently and effectively to various emergencies and disasters.

The MHOAC Program is responsible for planning and coordinating the strategic deployment of necessary emergency medical and health resources within and outside of the OA and coordinating information among healthcare entities through situation reporting as necessary.

Additionally, the California Health and Safety Code (1797.153) directs that a MHOAC program shall:

- Recommend to the operational area coordinator of the Office of Emergency Management (OEM) a medical and health disaster plan for the provision of medical and health mutual aid within the OA;
- Include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code;
- At a minimum, develop a medical and health disaster plan, policy, and procedures with its partners, including all 17 functions listed on the next page.

The MHOAC position represents the single point of contact for the MHOAC program and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. The MHOAC is authorized to work with the RDMHC Program to submit and respond to medical and health requests for resources outside the OA. In each OA, the county Public Health Officer and the Local Emergency Medical Services Agency Administrator may collaborate as the MHOAC or jointly appoint an individual to serve in this role.

The MHOAC Program's functions should encompass all the seventeen MHOAC functions and detailed coordination of activities to ensure the management of medical and health resources and reporting of situational status from the OA to the Region and/or State during times of extraordinary emergency or disaster. Additionally, the Program is responsible for:

- Ensuring the development of medical and health plans to address all seventeen functions;
- Certifying a system (plan) for management of the Medical and Health Branch needs;
- Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas;
- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, hospitals, medical entities, and providers;
- Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system;
- Contacting the RDMHC/S Program to obtain mutual aid support for other OAs within the region or from state/federal resources if the MHOAC's OA cannot meet the needs from within the OA.

⁷¹ <https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/MedicalandHealthOperationalAreaCoordinationManual.pdf>

[Please note: The assigned agency for each function may differ based upon individual organizational structure.]	<u>Agencies</u>			
<u>MHOAC Function</u>	LEMSA	Public Health	Environmental Health	Behavioral/ Mental Health
1) Assessment of immediate medical needs	+	+		+
2) Coordination of disaster medical and health resources	+	+		+
3) Coordination of patient distribution and medical evaluations	+			
4) Coordination with inpatient and emergency care providers	+			
5) Coordination of out-of-hospital medical care providers	+	+		
6) Coordination and integration with fire agency personnel, resources and emergency fire pre-hospital medical services	+			
7) Coordination of providers of non-fire based, pre-hospital emergency medical services	+			
8) Coordination of the establishment of temporary field treatment sites	+			
9) Health surveillance and epidemiological analyses of community health status		+		
10) Assurance of food safety		+	+	
11) Management of exposure to hazardous agents	+			
12) Provision or coordination of Behavioral/Mental Health services				+
13) Provision of medical and health public information and protective action recommendations	+	+		+
14) Provision or coordination of vector control services		+		
15) Assurance of drinking water safety		+	+	
16) Assurance of the safe management of liquid, solid, and hazardous waste				
17) Investigation and control of communicable disease		+		
Provided by the California Public Health and Medical Emergency Operations Manual (EOM) Working Group				

Figure 3: MHOAC Functions and Responsibilities

To accomplish the 17 functions specified in the statute, a comprehensive MHOAC Program is strongly recommended to:

- Maintain a 24-hour-per-day, 365-day-per-year single point of contact for the MHOAC Program and provide contact information to the RDMHC/S Program, which provides this information to CDPH and CalEMSA.

- Ensure that contact information is readily available to public health and medical system participants within the OA.
- Provide redundancy through trained backup personnel during emergencies.
- Provide situational reports using the processes identified in this manual.
- Maintain a directory of Public Health, Environmental Health, Behavioral/Mental Health, and EMS resources, including equipment, supplies, personnel, and facilities within the OA.
- Coordinate the identification, acquisition, and delivery of public health and medical mutual aid and assistance within the OA or other aid provided by other jurisdictions via the RDMHC Program.
- Utilize resource requesting and management procedures consistent with the California Public Health and Medical EOM.
- Support the Human Services Sub-Section of the OA EOC if activated.
- Have a broad knowledge of the concepts and operations of all 17 functions and/or have established internal relationships with personnel considered SMEs who can consult during an emergency.