Since 1999, Sonoma County’s Health Department has been developing disaster response plans and procedures for emergencies that affect the health of Sonoma County’s residents.

In those early years, we focused first on Public Health response plans for smallpox and for aerosolized anthrax. We knew we might have to quickly dispense medication (pills or vaccine) and treat illness in a short time to potentially large numbers of people, possibly to our entire county population—our worst-case scenario.

From the beginning we worked with other emergency response agencies, such as county emergency planners, fire departments, law enforcement, hazardous materials responders, mental health providers, and with community organizations like hospitals, community clinics, skilled nursing facilities, Red Cross, schools, and others, to be sure that Public Health’s plans included their input and coordinated well with their response plans.

The Department’s emergency response plans are our strategies and detailed procedures for the actions we might need to take. Because some parts of the plans and procedures are internal behind-the-scenes processes, or are confidential, we don’t publish or widely share these documents. As MRC volunteers, when you are assigned to a disaster role, you will get training on the plans and processes that relate your assignment.
California law (CA Code of Regulations, Title 17, Division 1, Chapter 3, Subchapter 1, Article 2, §1276) defines the basic health services that local health departments must offer to their communities.

The Sonoma County Department of Health Services provides these basic services through its programs for Emergency Medical Services, Public Health, Environmental Health, Behavioral Health, and Animal Services.

During disasters, the Health Department’s role is to work with other responding agencies and with the community to assure that these basic services are sustained as much as possible, to mobilize any additional disaster response services needed to protect the health of the community, and to assist the healthcare system return to normal operations.
Over the years, the Health Department has developed a wide range of disaster response plans.

The **functional plans** are strategies that could be used for several types of hazards. For example, the Medical Countermeasures Plan (MCM) might be needed for dispensing medication for anthrax exposure or for giving smallpox vaccinations. In 2009 and 2010, Sonoma used its MCM Plan to set up several dispensing sites to vaccinate for the new H1N1 pandemic influenza.

The **hazard-specific plans** describe actions that are unique to a certain type of hazard event. For example, we may work with certain response partners under a pandemic influenza scenario and with different partners under a chemical exposure scenario. Or we might develop pre-scripted messages for one type of hazard that are different from messages for another hazard.

In addition to pre-written plans, the Health Department would write an **Action Plan** to guide the specific activities required for an actual emergency.
How do we know what hazards to focus on, or what type of strategies we should have ready for a disaster response?

We work with our response partners and we use studies and assessment tools, like the Hazard Vulnerability Assessment (HVA) Tool shown here, to evaluate a wide range of hazards and their potential impacts. From these assessments we define tasks and resources to develop a coordinated plan for responding together. Periodically we re-assess to measure progress and set new priorities.

We don’t necessarily develop a unique plan for every possible hazard. Most often the functional plans are useful for a wide range of hazards and more detailed planning for a specific hazard may not be necessary. The functional plan for Public Communications, for example, that describes how public messages will be developed, approved, and disseminated, can serve for nearly all the hazards we might meet.
Health facilities and emergency responders use well-established procedures to notify each other immediately of potential threats that they may need to respond to. When an incident has the potential to threaten the health of the community, the Health Department has the lead role for surveillance and response to the health impacts of the emergency. The notification algorithm shown here is just to illustrate that we are ready to evaluate a situation and take a number of steps to notify others according to the circumstance.

The Health Department can become aware of a health threat in many ways. For example, we may be notified by a doctor or by a school of an outbreak of illness or of an unusual illness. In another scenario, a lab in our county might diagnose a disease that is reportable to the Health Department. Alternatively, the emergency dispatch center (REDCOM in Sonoma County), might notify the Health Officer of numerous ambulance transports of people with similar symptoms.

Public Health staff are on call 24 hours a day to receive notifications on potential health threats. The Health Department can respond immediately, if needed, to take action and to notify other emergency response agencies who need to become involved.
Part of the Health Department’s response plan includes a comprehensive guide for healthcare providers, known as the “Zebra Plan.”

Health departments and healthcare providers must be prepared to recognize and address various biological agents, including pathogens that are rarely seen in the United States. Certain high-priority disease agents have been identified as posing a potential risk to national security either because they can be easily disseminated or transmitted from person to person; because they result in high mortality rates and have the potential for major public health impact; because they might cause public panic and social disruption; or because they require special action from the Health Department. The diseases are identified by category according to their threat level.

You can learn about the Category A agents in the MRC Clinical Orientation presentation or by going to: [http://www.bt.cdc.gov/agent/agentlist-category.asp](http://www.bt.cdc.gov/agent/agentlist-category.asp)
In a local emergency, many agencies may be involved in the response effort. Law enforcement, public works, transportation agencies, fire agencies, the Health Department, and others may come together at an emergency operations center (EOC) to coordinate all of the response efforts across the county.

When the response efforts of the Health Department alone are very involved or extensive, we might have to open up an operations center just to manage the Health Department’s activities. Our Department Operations Center (DOC) Plan lays out the staffing structure and task assignments to allow us to coordinate for any type of disaster.

The organizational chart shown here is a model for all the potential roles and functions that might possibly be needed. For actual events, we only activate the functions and the staff needed for that specific response effort; that is, we stay flexible according to the situation.
One of the Health Department’s primary duties is informing the public how to protect themselves from health hazards. We not only have to find ways to treat illness and injury during disaster, but we also have to communicate the risks of the situation to the public in our effort to contain the spread of disease and prevent additional injuries or illness. The Health Department coordinates with the County Emergency Operations Center (EOC) to disseminate clear, accurate, and timely information to the community.
The Health Department has developed a range of broad functional plans to define how to set up and run various operations as part of our response to a health emergency, as well as hazard-specific plans (see slide 3).

For example, the Health Department might need to set up mass public vaccination or medication dispensing sites. We have an extensive plan for how to do this, including pre-identified locations, room setups, traffic plans, security plans, job descriptions, and many other components for implementing this strategy when needed.

Or we might have to set up a temporary alternate care site (ACS) when hospital in-patient bed capacity is overflowing. Our ACS Plan details potential locations, defines healthcare roles, includes an inventory management tool, and outlines other aspects of running an ACS site. The Health Department would work closely with our healthcare partners and with County logistics personnel to operate the ACS.
The Health Department is responsible to take measures that stop the spread of serious contagious diseases. We can use several strategies to reduce exposure and contain illness.

Most often the Health Department recommends voluntary behavioral changes to minimize the likelihood of disease transmission. It is not usually necessary to impose rules or limit the freedom we normally expect in our daily lives.

In extreme situations, however, the Health Department may take enforcement actions to restrict public or individual activities or to close public places when the threat to community health is of highest priority.
An important principle of disaster planning is that plans should be flexible:

—flexible during disasters because each situation is unique, and
—flexible prior to disasters, in the preparedness phase, because we are always improving technology or processes.
Now that you know how much planning has been going on, you may wonder what you need to do.

“Do I need to read the plan?”

“How can I get prepared?”

These are good questions.

This presentation is one part of the whole MRC orientation. Just knowing the types of responses the Health Department might implement and that there are plans in place and tools for you to use when the time comes is the first step.

After that, when disaster strikes, the Health Department will pull out the plans we need and provide information and training for you and for County staff and others helping with the Health Department efforts.

The next few slides give a flavor of how we have used parts of our emergency response plans in real events.
The first example may be familiar to you.

The H1N1 pandemic was not as severe as we feared it might be, but there was no effective vaccine available for several months. When vaccine did become available, it was in limited supply. To assure that the people identified as most at-risk received vaccine first, vaccine supplies were released through health department coordination.

As part of the Health Department response, we did open limited mass dispensing sites and we used our plans for contacting MRC and assigning them to response roles, for setting up PODs (points of dispensing) at pre-identified locations, for enhancing lab and disease control capacity, for managing public messaging, and for managing the Health Department operations from our Department Operations Center.
The Health Department is continuously ready to respond to communicable diseases that could have serious impact to potentially large numbers of our residents.

There is a lot of behind-the-scenes work necessary to identify people who have been diagnosed with certain diseases that are reportable by law to the Health Department.

Public Health interviews each person who may have been exposed, follows up on all their contacts who also may have been exposed, searches for the source of the illness to prevent further spread, and works with patients and healthcare providers to assure treatment is given when needed.
Within 1.5 days of the fire start, the first teams of Medical Reserve Corps (MRC) volunteer nurses and Public Health staff deployed to two shelters in Lake County. Critical services provided included first aid and other medical care, assisting with prescriptions, and providing support with activities of daily living.

Later that week Behavioral Health staff and a few MRC volunteers began deployments that continued for the next several weeks. These clinicians served by providing continual clinical services and referrals, demonstrating the kind of sustained commitment that it takes for survivors to be able to manage and recover from disaster.

From the first day of the fire, Animal Services was involved in animal rescue and sheltering. Although Animal Services runs its own volunteer group, it’s important to understand that support to animals is a critical part of community recovery.
Here’s what we want you to take away from this presentation:

- You can know that the Health Department is actively planning for health emergencies.
- You will receive specific training for the event and for your role before you are sent to do a task.
- You will be part of a team responding to the incident; you will have a lead worker and you will not be alone.
- You can be sure you are ready to serve by using the information in the rest of the MRC orientation to prepare yourself and your home and family.
If you have questions on this training or on being a Medical Reserve Corps volunteer, please contact us at phpreparedness@sonoma-county.org.

Please also visit our website at:
http://www.sonoma-county.org/health/services/mrc.asp

Thank you for your interest in preparedness!