



A Tradition of Stewardship  
A Commitment to Service

***Randolph F. Snowden***  
***Director***

***Karen L. Smith, M.D., M.P.H.***  
***Public Health Officer***

2344 Old Sonoma Road  
Building G  
Napa, California 94559

PUBLIC HEALTH  
DIVISION

**HHSA EMERGENCY OPERATIONS  
PLAN (EOP) - APPENDIX 1**

**CONTINUITY OF OPERATIONS PLAN  
(COOP)**

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NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

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<b>ACRONYM</b>	<b>COMPLETE TITLE OR NAME</b>
ACS	Alternative Care Sites
CAHAN	California Health Alert Network
CCLHO	California Conference of Local Health Officers
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CERC	Crisis and Emergency Risk Communication
CFR	Case Fatality Ratio
CISP	California Influenza Surveillance Project
CPIRP CHPH	California State Pandemic Influenza Response Plan
DCDC	Division of Communicable Disease Control
DCDC DOD	Division of Communicable Disease Control Duty Officer of the Day
DCF	Disaster Control Facility
DEAS	Digital Emergency Alert System
EAS	Emergency Alert System
ED	Emergency Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
ERRT	Emergency Relocation/Restoration Team
EUA	Emergency Use Authorization (U.S. Food and Drug Administration)
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
GI	Gastrointestinal
HCF	Healthcare Facility
HCW	Healthcare Worker
HHSA	Napa County Health and Human Services Agency
HICS	Hospital Incident Command System
IC	Infection Control
ILI	Influenza like illness
IND	Investigational New Drug
IZB	Immunization Branch (Ca. Department of Public health)
JIC	Joint Information Center
MAC	Multi Agency Coordinating Group
MCI	Mass Casualty Incident
MHOAC	Medical Health Operational Area Coordinator
MRC	Medical Reserve Corp
OA	Operational Area

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<b>ACRONYM</b>	<b>COMPLETE TITLE OR NAME</b>
Op Area EOC	Operational Area Emergency Operations Center
OES	Office of Emergency Services
PCR	Polymerase Chain Reaction
PHL	Public Health Laboratory
P&I	Pneumonia and Influenza
PI	Pandemic Influenza
PIWG	Pandemic Influenza Working Group
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSI	Pandemic Severity Index
SEMS	Standardized Emergency Management System
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
VAERS	Vaccine Adverse Event Reporting System
VRDL	Viral and Rickettsial Disease Laboratory
WHO	World Health Organization

# **1. INTRODUCTION**

## **1.1 PURPOSE**

This Continuity of Operations Plan (COOP) establishes procedures to ensure continuation of essential functions of the Napa County Health and Human Services (HHSA) in the event that:

- An emergency in Napa County threatens or disrupts HHSA operations.
- An emergency requires redirection of programs and services in order to respond to the emergency.
- An emergency requires reassignment of selected personnel in order to respond to the emergency.
- Loss of personnel in a pandemic or other emergency or a labor action requires reassignment to essential functions.

The purpose of the HHSA COOP plan is to enable HHSA to:

- Respond to disasters and public health emergencies.
- Continue HHSA priority activities in emergencies.
- Restore programs and services after emergencies.
- Provide for leadership succession and organization in any situation.
- Enable HHSA to redirect services and programs.
- Enable HHSA to assign staff to response activities and priority HHSA programs.

## **1.2 SCOPE**

This plan is applicable to the Napa County Health and Human Services Agency (HHSA). This document applies to situations determined by the HHSA Director to require the redirection of programs and services and the reassignment of personnel. This plan does not apply to temporary disruptions of service during short-term building evacuation or other situations where services are anticipated to be restored within a short time-frame.

This plan addresses HHSA continuity of operations for HHSA personnel, services, programs and facilities. It does not address continuity of operations for other Napa County departments or agencies or for county government. This plan is a functional, rather than hazard-specific plan except that continuity of operations considerations for response in a pandemic are included.

The COOP plan includes procedures for:

1. Leadership succession and delegation of authority
2. Essential programs/services (capacity to sustain essential services and restoration timeframes).
3. Resources (staffing, critical data systems and specialized equipment).

4. Alternate operating facilities.
5. Interoperable communications for essential services.
6. Safeguarding vital records and databases.
7. Workplace policies to protect government resources, facilities and personnel: employee dismissal, facility closure, alternate work modes, alternate service delivery, communicating with employees.
8. Pandemic flu considerations.

### **1.3 PLANNING ASSUMPTIONS**

In any emergency or disaster:

- Public Health and social services programs in HHSA are part of the countywide disaster response.
- Response activities ALWAYS take precedence over normal HHSA programs in terms of the re-direction of services and deployment of staff.
- HHSA can prioritize the restoration of programs and services if it is necessary to redirect staffing and resources to response activities.
- Leadership succession and delegation of authority are described for any situation.

In a natural disaster, such as a fire, flood or earthquake:

- HHSA supports the county's response: other agencies are in the lead, e.g. police, fire, emergency management.
- While there may be damage to HHSA facilities, there is a relatively short duration before return to normal operations.
- Employee absenteeism improves quickly over time.
- The public health role includes issuing Health Officer Orders, risk communication, medical response coordination, shelter support, and participating at the Local Assistance Center (LAC)
- The social service role is to set up and operate the Local Assistance Center (LAC).

In a pandemic:

- Public Health is the lead agency for response.
- Public health response includes mass dispensing, CD investigation, outbreak response, influenza monitoring, and support to hospitals/alternate care sites.
- Social service response is in support of public health response activities.
- There may be a very long duration before return to normal operations.
- There may be more than 30 % absent employees and this percentage does not improve quickly.



## 2. CONCEPT OF OPERATIONS

Health and Human Services has identified and prioritized essential services and programs. HHSa essential services are maintained either through the redirection of staff to priority response and program activities, relocation to alternate facilities, or by alternate program delivery.

**COOP PLAN CONCEPT:**

Service re-direction and staff re-deployment is always to HHSa response activities, particularly public health response activities in a public health emergency. Other health and social services programs are designated as Priority A because any interruption would have a critical impact on the population served.

The following priority classification to identify essential services is used:

<b>HHSa Essential Programs/Services Restoration Priorities</b>		
<b>Priority</b>	<b>Description</b>	<b>Restoration Timeframe</b>
A	Critical Impact on Health or Safety	These programs must be restored within 1-2 days
B	High Impact on Health or Safety	These programs must be restored within 2-7 days
C	Moderate Impact on Health and Safety	These programs may be restored 1 week or more depending on availability of staff for HHSa response.

During public health emergencies, including a disease outbreak or pandemic, the Public Health Officer, as Incident Commander, determines priorities for staff reassignment to response operations and essential programs. The Public Health Officer/Incident Commander also activates the reassignment of disaster service workers from other county departments to health

and medical response operations. Additionally, procedures to activate and manage risk communication and materials used in risk communication are described in the Napa County HHSa/Public Health Division Crisis Emergency Risk Communication Plan (CERC).

## **2.1 COOP ACTIVATION**

The HHSa Director, the Public Health Officer, the HHSa Operations Manager, or the Incident Commander determines situations that require implementation of the COOP, or portions of the COOP.

Portions of the COOP may be activated during events with limited or contained effects:

1. Loss of facilities and/or support infrastructure (earthquake, cyber-event).
2. Loss of services/vendors (earthquake, transportation incident, energy disruption, cyber-event).
3. Loss of personnel (short-term e.g. in a flood, fire or earthquake), when the HHSa public health and social services role is in support of the county response.
4. Loss of personnel (long-term, e.g. in a pandemic or disease outbreak), when the HHSa public health role is to lead the response.

**THE ENTIRE COOP PLAN IS ACTIVATED WHEN AN EVENT AFFECTS ALL OF THE ABOVE.**

## **2.2 HHSa FACILITIES AND THE CAMPUS RESPONSE PLAN**

HHSa operates from the HHSa campus at 2344 Old Sonoma Road in the City of Napa and at other locations in Napa County. Disasters causing region-wide damage may also result in building damage or utility disruption on the HHSa campus and at other HHSa facilities in Napa County.

The HHSa Campus Plan, dated December 2007 and revised June 2008, describes the Incident Command structure to manage initial response to on-campus emergencies or off-campus emergencies. Initial actions to evacuate the campus, assess damage, restore communications, and provide for back-up power are taken to ensure safety and also to provide for the continuity of HHSa operations.

When the campus plan is activated, the on-site Incident Commander (the HHSa Operations Manager or designee) manages initial response until the HHSa Department Operations Center (HHSa DOC) is activated. The HHSa Continuity of Operations Plan is activated when the HHSa DOC is activated and the procedures in the plan are carried out through the HHSa DOC.

### **3. LEADERSHIP SUCCESSION**

Leadership succession and the delegation of authority are established in the COOP Plan to allow the continuation of on-going executive and administrative functions in an emergency or in any situation when one or more agency directors is absent and management of the agency must continue.

Leadership succession and delegation of authority is described to ensure that the activities necessary to the on-going administrative functions of the agency continue. This ensures that the agency's fiscal, management and personnel functions are maintained and helps minimize future cost and effort to reconstitute on-going agency programs and services during the recovery phase of an emergency.

Leadership succession can be used when no emergency event has occurred to designate authority when an agency director is absent for a long period of time.

During an emergency or in any situation that requires continued operations of HHSa when one or more directors are absent, management of the agency is delegated to the following persons in the order of succession shown below:

- Agency Director
- Assistance Agency Director
- Chief Financial Officer
- As designated by the County Chief Executive Officer

If a designated individual is unavailable, authority will pass to the next individual on the list.

"Unavailable" is defined as:

- The designated person is incapable of carrying out the assigned duties by reason of death, disability, or distance from/response time to the operations.
- The designated person is unable to be contacted within 60 minutes.
- The designated person has already been assigned to other emergency activities.

The designated individual retains all assigned obligations, duties, and responsibilities until officially relieved by an individual higher on the list of succession.

#### **3.1 DELEGATION OF AUTHORITY**

To ensure that HHSa staff identified in the leadership succession are aware of their responsibilities and are appropriately authorized to execute functions assigned to them, explicit emergency authority has been pre-delegated.

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In the event of a disaster or emergency, and the Health and Human Services Director is unavailable (as defined above), alternate personnel are authorized to perform the following functions:

- All operational tasks normally performed by the Director of Health and Human Services.
- Expenditure approval consistent with established Health and Human Services procedure.
- Personnel task and work assignments.
- Policy level authority and decision making.
- Implementation of the COOP Plan.

## 4. ESSENTIAL SERVICES

HHSa has designated Priority A programs and activities, as those that are part of public health and social services response and must be restored within 1-2 days of the emergency event. Priority B programs and activities are those that should be restored within 2-7 days. Priority C programs and activities are those that should be restored in one week or longer.

The following is a summary chart showing Priority A and B priority programs and activities:

<b>SUMMARY CHART – A and B CATEGORIES</b>			
<b>PRIORITY A PROGRAMS / ACTIVITIES</b>			
<b>ADMINISTRATION</b>			
1.	Fiscal	A	1 – 2 days
2.	Human Resources	A	
3.	Administration	A	
<b>PUBLIC HEALTH DIVISION</b>			
4.	Medical Health Operational Area Coordinator(MHOAC)	A	1 -2 days
5.	Emergency Medical Services	A	
<b>CHILD WELFARE SERVICES DIVISION</b>			
6.	Child Abuse Hotline	A	1 - 2 days
7.	Respond to Child Abuse –(emergency response)	A	
<b>MENTAL HEALTH DIVISION</b>			
8.	Emergency Response Unit	A	1 -2 days
<b>COMPREHENSIVE SERVICES FOR OLDER ADULTS DIVISION</b>			
9.	Adult Protective Services (APS)	A	1 - 2 days
10.	In-home Supportive Services	A	
<b>ALCOHOL AND DRUG PROGRAMS DIVISION</b>			
11.	Crisis Intervention/Crisis Counseling – CISD	A	1 -2 days
<b>PRIORITY B PROGRAMS / ACTIVITIES</b>			
<b>PUBLIC HEALTH DIVISION</b>			
1.	Communicable Diseases	B	2 – 7 days
2.	Vital Statistics	B	
3.	California Children’s Services (CCS)	B	

<b>PRIORITY B PROGRAMS / ACTIVITIES</b>			
<b>MENTAL HEALTH DIVISION</b>			
	Conditional Release Program (CONREP)	B	2 – 7 days
	Medication Clinic	B	
<b>CHILD WELFARE SERVICES DIVISION</b>			
	Child Welfare Services (CWS)	B	2 – 7 days
2.	Dependent Children of the Courts	B	
<b>PUBLIC ASSISTANCE AND VOCATIONAL SERVICES DIVISION</b>			
3.	General Assistance	B	2 – 7 days
<b>COMPREHENSIVE SERVICES FOR OLDER ADULTS DIVISION</b>			
4.	Public Guardian/Public Conservator	B	2 – 7 days
5.	Mental Health 51-50	B	
<b>ALCOHOL AND DRUG SERVICES DIVISION</b>			
6.	Residential Treatment contracted, Project 90	B	2 – 7 days

#### **4.1 DESCRIPTION OF PRIORITY A PROGRAMS AND ACTIVITIES**

##### **4.1.1 ADMINISTRATION**

###### **A. Administration’s essential activities are:**

- Provide for HHSa leadership succession and delegation of authority.
- Ensure communication with HHSa employees during disaster response and recovery.
- Oversee HHSa coordination with the County government through the HHSa DOC and the County Operations Area Emergency Operations Center (Op Area EOC).

###### **B. The Fiscal Division’s essential activities are:**

- Manage payroll and accounts payable.
- The Social Services Fiscal staff provide emergency embossing of EBT cards for the General Assistance Program. These cards are used for emergency food stamps and for CalWORKS emergency funds. Emergency embossing must be available at all times and whether or not an individual has been affected by the disaster event.

###### **C. The Human Resources Division’s essential activities are:**

- Prepare and issue disaster related workplace policies in coordination with the County CEO’s office.
- At the HHSa DOC, track availability and assign staff for disaster service work.

**4.1.2 PUBLIC HEALTH DIVISION**

**A. The Public Health Division's essential activities are:**

- The Medical Health Operational Area Coordinator (MHOAC) identifies Napa County public health and medical resource requirements and communicates resource requests these to the Regional Disaster Medical Health Coordinator (RDMHC). This is an essential function of the statewide medical mutual aid system.
- Emergency Medical Services responds to medical emergencies, sets up field treatment sites and coordinates with hospitals to triage patients and manage medical surge.

**4.1.3 CHILD WELFARE SERVICES DIVISION**

**A. The Child Welfare Services Division essential activities are:**

- The Child Abuse Hotline must remain functioning in a disaster to receive reports of children at risk. Situations needing intervention have been known to occur in shelters and other settings due to the overwhelming stress of the disaster.
- Responding to Reports of Child Abuse. Reports of child abuse must be followed up quickly during the first few days of disaster response operations, sheltering, and relocation.

**4.1.4 MENTAL HEALTH DIVISION**

**A. The Mental Health Division essential activities are:**

- The **Emergency Response Unit** manages existing cases and responds to all emergency calls related to mental health.

**4.1.5 COMPREHENSIVE SERVICES FOR OLDER ADULTS DIVISION**

**A. The Comprehensive Services for Older Adults Division essential activities are:**

- **Adult Protective Services (APS)** is a state-mandated program in which social workers provide protective services to elderly and dependent adults who are at risk for abuse, neglect, or exploitation by self and/or others. Adult Protective Services must be available on a 24/7 basis and protection is needed during disaster response.
- **In-Home Supportive Services (IHSS)** is a state-funded program designed to allow low income aged, blind, and disabled persons, who are at risk for out-of-home placement, to remain safely at home by providing payment for care giving services. Daily services such as meal preparation and personal care services cannot be interrupted. Additionally, in evacuations, this population must be accompanied by a caregiver in order to stay at an emergency shelter.

**4.1.6 ALCOHOL AND DRUG SERVICES DIVISION**

**A. The Alcohol and Drug Services Division essential activities are:**

- **Critical Incident Stress Debriefing (CISD)** is a disaster response activity providing crisis counseling to emergency responders and other affected by the emergency.



**4.2 IMPACT OF THE LOSS OF RESOURCES ON ESSENTIAL FUNCTIONS**

Priority A programs were analyzed to determine the impact (major, moderate, or minimal) of a loss of worksite, communications, personnel, records and databases and key vendors. The following chart describes the impact of the loss of these critical resources on Priority A essential programs.

<b>PRIORITY A ESSENTIAL PROGRAM OR ACTIVITY</b>	<b>MAJOR IMPACT WITH LOSS OF:</b>	<b>MODERATE IMPACT WITH LOSS OF:</b>	<b>MINIMAL IMPACT WITH LOSS OF:</b>
Administration – Fiscal/Social Services	Worksite	Personnel	Communications, Records & Databases
Administration – Fiscal, Human Resources, and Management		Worksite, Records & Databases	Communications, Personnel, Vendors
Public Health - MHOAC	Communications, Personnel		Worksite, Records & Databases, Vendors – N/A
Public Health - EMS	Communications, Personnel		Worksite, Records & Databases, Vendors- N/A
Child Welfare Services – Child Abuse Hotline	Worksites, communications, Personnel	Records & Databases	Vendors – N/A
Child Abuse Reporting – Responding to Reports	Communications, Personnel	Worksites, Records & Databases	Vendors – N/A
Mental Health – Emergency Response Unit	Communications, Personnel	Worksite, Records & Databases, Vendors	
Comprehensive Services for Older Adults – Adult Protective Services	Personnel	Communications	Worksite, Records & Databases, Vendors
Comprehensive Services for Older Adults – In Home Supportive Services		Communications Records & Databases	Worksite, Personnel (HHSa personnel, contractors are used), Vendors – N/A

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<b>PRIORITY A ESSENTIAL PROGRAM OR ACTIVITY</b>	<b>MAJOR IMPACT WITH LOSS OF:</b>	<b>MODERATE IMPACT WITH LOSS OF:</b>	<b>MINIMAL IMPACT WITH LOSS OF:</b>
Alcohol & Drug Services – Critical Incident Stress Debriefing	Personnel	Communications	Worksite, Records & Databases, Vendor – N/A

## **5. HEALTH AND HUMAN SERVICES FACILITIES AND USE OF ALTERNATE FACILITIES**

<b>FACILITY NAME</b>	<b>FACILITY ADDRESS</b>
HNSA CAMPUS	2344 Old Sonoma Road
650 IMPERIAL WAY	650 Imperial Way, Napa
CARITHERS	1127 First Street
MEDICAL THERAPY UNIT	2610 Yajome Street
Hall of Justice	1125 Third Street
1917 First Street	1917 First Street
1500 Third Street	1500 Third Street

An event causing damage to the HHSA campus may require relocation of Priority A functions to one of the alternative work sites listed below in section 5.1. The HHSA Operations Manager is the Incident Commander responsible for evacuation of the campus.

Relocation of HHSA programs and activities is overseen from the HHSA DOC, when it is activated. Department Managers assist with the relocation of their departments and oversee work from alternate facilities, when required.

HHSA programs and activities can be relocated to leased office space. Response activities, such as the Local Assistance Center (LAC) would be relocated to sites designated by the County Area Operations Emergency Operations Center (Op Area EOC).

**5.1 ALTERNATE WORK SITES AND ALTERNATE DELIVERY OPTIONS**

Alternate work sites and delivery options for essential services in **Priority A** are as follows:

ESSENTIAL FUNCTION <b>PRIORITY A</b>	ALTERNATE WORK SITE POSSIBLE?	ALTERNATE PROGRAM DELIVERY OPTIONS
Fiscal - Social Services Staff	The Fiscal Division can operate from alternate office space providing specialized equipment is moved and secured.	The Fiscal Division, Social Services staff can operate from an alternate location provided there is access to Fiscal Division network files, EBT card embosser, and the CAPPS machine to print EBT cards.
Administration - Human Resources	Human Resources can operate from alternate office space, as required by the situation.	Communication with employees, payroll (emergency pay) and other human resources activities will be managed from the HHSA DOC Human Resources Unit, when it is activated to manage response. Coordination and communication with the County Human Resources Department is necessary to issue countywide disaster-related policies and information.
Administration	HHSA Administrators can operate from alternate workspace, as required by the situation.	HHSA Administration personnel will operate from the HHSA DOC when it is activated.
Public Health Division- Medical Health Operational Area Coordinator (MHOAC)	The MHOAC is a position that is activated during emergency response. The Napa County Health Officer or designee is the MHOAC. The MHOAC can operate from an alternate site, as required by the situation.	The MHOAC must be able to communicate with the County OA EOC and the Regional Disaster Medical Health Coordinator (RDMHC). The MHOAC can operate from an alternate site with communications connectivity. They can also operate on their own with cell phone or laptop connectivity.

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ESSENTIAL FUNCTION <b>PRIORITY A</b>	ALTERNATE WORK SITE POSSIBLE?	ALTERNATE PROGRAM DELIVERY OPTIONS
Public Health Division - Emergency Medical Services	EMS personnel and equipment are an integral part of emergency response field operations. An alternate work site is not applicable in this case. The administrative function of EMS can operate from alternate office space.	Alternate program delivery for EMS response would be only that transport and immediate care of the injured may transition to field treatment sites (FTS) or alternate care sites (ACS) during medical surge operations.
Child Welfare Services Division - Child Abuse Hotline	The Child Abuse Hotline is located on the HHSa campus and has a generator for backup power. The line can be re- routed to an alternate location.	Route the line to another location. Use the countywide 1-800 disaster reporting and information line. And, if the line is in operable, people may dial 911. The Napa County Dispatch Police can provide backup for the hotline calls.
Child Welfare Services Division - Respond to Child Abuse Reports	Response to reports of child abuse can be coordinated from an alternate site.	N/A
Mental Health Division- Emergency Response Unit	As this is a 24/7 function, a designated location is important, such as Queen of the Valley Medical Center, Napa Police Department, Napa Sheriff Department or Clinic Ole. Tent sites not affected by disaster may also be suitable, if privacy can be addressed.	Triage and dispatch out of central location. Go to locations in community to work with individuals needing assistance.
Comprehensive Services for Older Adults Division - Adult Protective Services (APS)	Yes	Local Assistance Centers, Child Protective Services, Adult Crisis. Police may be able to help, although this is not likely in an emergency or disaster situation.

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ESSENTIAL FUNCTION <b>PRIORITY A</b>	ALTERNATE WORK SITE POSSIBLE?	ALTERNATE PROGRAM DELIVERY OPTIONS
Comprehensive Services for Older Adults Division - In-Home Supportive Services	Administrative functions can be done from any site with telephone and computers.	Home care support staff is coordinated by the contractor.
Alcohol & Drug Services Division - Crisis Incident Stress Debriefing (CISD)	CISD is a service provided to disaster workers and emergency responders. Sites for debriefings are determined by the situation.	CISD counseling can be given in different settings and coordinated through several responding agencies, as needed.

Alternate work sites and delivery options for essential services in **Priority B** are as follows:

ESSENTIAL FUNCTION <b>PRIORITY B</b>	ALTERNATE WORK SITE POSSIBLE?	ALTERNATE PROGRAM DELIVERY OPTIONS
Public Health Division- Communicable Diseases	Any office setting	Paper-records
Public Health Division- Vital Statistics	Any office setting with printer and, if more than 2 days, internet connection	Paper-based for 2 days
Public Health Division- California Children's Services	Any office setting	Paper based temporarily
Child Welfare Services Division	Any office setting	Prioritize face-to-face contacts for any children with placement disruptions. Contact children on FM caseloads.
Child Welfare Services Division- Dependent Children of the Courts	Any office setting	N/A

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<b>ESSENTIAL FUNCTION PRIORITY B</b>	<b>ALTERNATE WORK SITE POSSIBLE?</b>	<b>ALTERNATE PROGRAM DELIVERY OPTIONS</b>
Mental Health Division- Conditional Release Program	Should be an easily accessible site for individuals to travel to, including by public transportation.	Same
Mental Health Division- Medication Clinic	Appropriate space should be designated for medication dispensing and storage. Consider Queen of the Valley Medical Center, Clinic Ole and Napa State Hospital as options.	Same
Comprehensive Services for Older Adults Division – Public Guardian/Public Conservator	Any office setting.	Local Assistance Centers, possibly Administration – Fiscal Social Services.
Public Assistance & Vocational Services – General Assistance	Any office setting	Local Assistance Centers
Alcohol & Drug Services Division – Residential Treatment, Contracted, Project 90	Alternate location is possible but requires a residential treatment/detox setting.	

**6. HHSa DATA SYSTEM PROTECTION**

HHSa essential services have adequately arranged for offsite, back-up systems through either the County Information Technology Services Department (IT), outside vendors, or state administered servers.

## **7. HHSA SPECIALIZED EQUIPMENT/SERVICES/VENDORS**

Alternate vendor and suppliers lists are maintained by each division within HHSA. In area-wide events, resource requests for essential medical and health supplies and equipment is requested through the Medical/Health Mutual Aid Coordinator.



## 8. HHSa PERSONNEL REQUIRED FOR ESSENTIAL FUNCTIONS

Management positions required for **Priority A** programs and services are:

ESSENTIAL FUNCTION – PRIORITY A	MANAGEMENT POSITION CRITICAL TO THE ESSENTIAL FUNCTION	BEST ALTERNATE POSITION (S) TO MANAGE	MINIMUM NUMBER OF NON-MANAGEMENT STAFF REQUIRED	
Administration - Fiscal	One Manager – either CFO, Staff Services Manager or Fiscal Manager	If no managers available, Supervising Staff Services Analyst or Supervising Account Clerks	Supervising Account Clerk	1
			Senior Account Clerk	3
Public Health Division- MHOAC	Public Health Officer; EMS Coordinating Manager	Asst. PH Manager; Op Area EOC	PHO	1
			EMS Coordinating Manager	1
Public Health Division - EMS	EMS Coordinating Manager	Coastal Valleys EMS Duty Officer; Op Area EOC	EMS Coordinating Manager	1
			Coastal Valleys EMS Duty Officer	1
CWS Division - Child Abuse Hotline	CPS ER Worker & ER Supervisor	CPS Worker I/II, Mental Health Worker I/II, Social Worker II/III	ER Worker & Supervisor	2
CWS Division - Respond to Child Abuse Reports	CPS ER Worker & ER Supervisor	CPS Worker I/II, Mental Health Worker I/II	ER Worker	1

**ANNEX H- APPENDIX 1: HHSa CONTINUITY OF OPERATIONS PLAN**

Revised January 2009

ESSENTIAL FUNCTION – PRIORITY A	MANAGEMENT POSITION CRITICAL TO THE ESSENTIAL FUNCTION	BEST ALTERNATE POSITION (S) TO MANAGE	MINIMUM NUMBER OF NON-MANAGEMENT STAFF REQUIRED	
Mental Health Division- Emergency Response Unit	Supervising Mental Health Counselor	Adult Supervising Mental Health Counselor Assistant Behavioral Healthcare Manager Psychiatric Medical Director	Emergency Response Counselors, Emergency Response Workers, Supervising Mental Health Counselor, Psychiatric Nurse, Senior Emergency Response Worker.	12
CSOA Division - Adult Protective Services (APS)	Supervisory Mental Health Counselor II, Licensed	Behavioral Health Care Manager for CSOA Asst. Behavioral Health Care Manager for CSOA	Social Worker 3	2
			Supervising Mental Health Counselor II - Licensed	1
CSOA Division - In-Home Supportive Services	Supervisory Mental Health Counselor II, Licensed	Behavioral Health Care Manager for CSOA Asst. Behavioral Health Care Manager for CSOA	Social Worker 3	2
			Supervising Mental Health Counselor II - Licensed	1
Alcohol & Drug Services Division - Crisis Incident Stress Debriefing (CISD)	Disaster response activity managed and coordinated by HHSa from the HHSa DOC.		Trained HHSa Alcohol & Drug Counselors and Mental Health Counselors assigned from the HHSa DOC	

**ANNEX H- APPENDIX 1: HHSa CONTINUITY OF OPERATIONS PLAN**

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Management positions required for **Priority B** programs and activities are:

ESSENTIAL FUNCTION – <b>PRIORITY B</b>	MANAGEMENT POSITION CRITICAL TO THE ESSENTIAL FUNCTION	BEST ALTERNATE POSITION (S) TO MANAGE	MINIMUM NUMBER OF NON-MANAGEMENT STAFF REQUIRED	
Public Health Division- Communicable Diseases	CD PHNs and CDIs; Supervising CD PHN (HSNS-AP)	Non-CD PHNs; community aides; PHN supervisors	CD PHN; CDIs (requires at least 1 Spanish speaker)	2
Public Health Division- Vital Statistics	Vital Statistics Assistant; Supervising OA	Senior OA, HPP Staff Services Analyst	Vital Stats Assistant  Supervising or Senior OA (trained)	1
Public Health Division- California Children’s Services	CCS Nurse Supervisor; CCS Nurses	Asst PH Manager- CCS	Nurse case manager and bilingual OA	2
Child Welfare Services	Ongoing Worker (CPS I/II), Ongoing Supervisor (CPS Supervisor I/II)	Social Worker II/III, Mental Health Case Managers, Social Worker II/III	2 Social Workers and a Supervisor	3
Dependent Children of the Courts	Ongoing Worker (CPS I/II), Ongoing Supervisor (CPS Supervisor I/II)	Social Worker II/III, Mental Health Case Managers, Social Worker II/III	Ongoing Court Worker and Social Worker Supervisor	2
Mental Health Division- Conditional Release Program	Supervising Mental Health Counselor	Forensic Mental Health Counselor, Supervising Mental Health Counselor, Assistant Behavioral Healthcare Manager	Forensic Mental Health Counselor or alternate	1
Mental Health Division- Medication Clinic	Psychiatrists, Psychiatric Nurse	Psychiatrists, Psychiatric Medical Director	Psychiatrist, Psych Nurse (or equivalent-Psych Tech, (Medication Secretary if long term)	4
Public Assistance & Vocational Services – General Assistance	Eligibility Worker III	Eligibility Worker II, Resource Specialist, Supervisor	See PAVS Division Emergency Preparedness – Staffing Plan	

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ESSENTIAL FUNCTION – <b>PRIORITY B</b>	MANAGEMENT POSITION CRITICAL TO THE ESSENTIAL FUNCTION	BEST ALTERNATE POSITION (S) TO MANAGE	MINIMUM NUMBER OF NON-MANAGEMENT STAFF REQUIRED	
Food Stamps	Eligibility Worker II, Eligibility Worker III, Eligibility Supervisor	Resource Specialist, Senior Resource Specialist, Supervising Resource Specialist		
Alcohol & Drug Services Division – Residential Treatment, Contracted, Project 90	(Contracted personnel) HHSa Supervisor to oversee.	(Contracted personnel) HHSa Analyst to oversee.	(contracted personnel)	

## **8.1 LOSS OF PERSONNEL IN A PUBLIC HEALTH EMERGENCY**

A virulent, widespread disease outbreak or pandemic is anticipated to result in approximately-40% loss of personnel throughout the affected area. In a public health emergency, such as a pandemic, HHSA is the lead county agency to conduct and manage response.

Staffing requires augmentation from volunteers, other health care providers, Medical Reserve Corps and Community Emergency Response Teams. The number of available, additional workers will also be reduced by 40%.

In a pandemic, the duration of staffing shortfalls may be extended over several months.

The Public Health Officer may obtain a Declaration of Emergency if it is necessary to conscript the aid of private citizens as a preventative measure necessary to protect and preserve the public health.

The chart below shows Public Health response activities, the required staffing and resources for staffing during a disease outbreak, pandemic or bioterrorism event.

**ANNEX H- APPENDIX 1: HHSA CONTINUITY OF OPERATIONS PLAN**

Revised January 2009

<b>REQUIRED STAFFING FOR PUBLIC HEALTH EMERGENCY – DISEASE OUTBREAK, OR BIOTERRORISM</b>			
<b>RESPONSE ACTIVITIES (PUBLIC HEALTH LEAD ROLE)</b>	<b>JOB CLASSIFICATION/SKILLS</b>	<b>NUMBER NEEDED</b>	<b>RESOURCES TO STAFF RESPONSE ACTIVITY</b>
MHOAC	HO, EMS Coordinating Manager	1	HHSA Public Health
HEALTH OFFICER ORDERS	HO, COO	1	HHSA Public Health, Admin
RISK COMMUNICATION	HO, COO, Health Education Specialists	2	HHSA Public Health, Admin, Substance Abuse (HE Specialist)
EMERGENCY MEDICAL SERVICES AND FIELD TREATMENT SITES	EMS personnel as dispatched in emergency response		
HOSPITALS/ALTERNATE CARE SITES	PHN, all nursing staff, Community Aides, Medical Volunteers, Mental Health professionals	Depend on the number of sites	Public Health, Medical Volunteers, Mental Health
COMMUNICABLE DISEASES/OUTBREAK RESPONSE	All PHNs, CDIs, Epi, Community Aides	10+	Public Health
MASS DISPENSING	Nurses for Medical lead, dispensing lead, triage, vaccinator/pill dispenser Mental health staff	4 Nurses per site & 1 Mental Health	HHSA Public Health, Mental Health
ISOLATION/QUARANTINE	Health Officer	1	Public Health
SHELTER SUPPORT/MONITORING Medical Needs Shelter	All nursing staff, CDIs, Community Aides, Medical Volunteers, Mental Health and Substance Abuse staff	As required for sheltered population	HHSA Public Health Mental Health, Substance Abuse, and Social Services; Medical Volunteers, CERT

## **8.2 LOSS OF PERSONNEL IN A NATURAL DISASTER**

In a natural disaster (fire, flood, earthquake), the public health role is to issue Health Officer Orders to prevent the spread of disease and to provide public health related support to the sheltered population.

Staffing for public health response in an earthquake or other natural disaster may be impacted through injury, death, the need to care for family members or transportation disruptions. HHSa and environmental health workers perform shelter assessments for disease outbreak, proper food handling and sanitation when shelters are opened longer than three days, or when the number of impromptu shelters requires attention.

In a natural disaster, it is expected that staff may be absent for a short time period and should report for duty as Disaster Service Workers within a few days.

The chart below shows Public Health response activities, the required staffing and resources for staffing during a natural disaster, when Public Health provides support to the lead county agency.

**ANNEX H- APPENDIX 1: HHSA CONTINUITY OF OPERATIONS PLAN**

Revised January 2009

<b>REQUIRED STAFFING FOR PUBLIC HEALTH SUPPORT IN A NATURAL DISASTER</b>			
<b>RESPONSE ACTIVITIES (PUBLIC HEALTH LEAD ROLE)</b>	<b>JOB CLASSIFICATION/SKILLS</b>	<b>NUMBER NEEDED</b>	<b>RESOURCES TO STAFF RESPONSE ACTIVITY</b>
MHOAC	Public Health Officer, EMS Coordinating Manager	1	HHSA Public Health, Admin
HEALTH OFFICER ORDERS	Public Health Officer, COO	1	HHSA Public Health, Admin
RISK COMMUNICATION	HO, COO, Health Education Specialists	2	HHSA Public Health, Admin, Substance Abuse (HE Specialist)
EMERGENCY MEDICAL SERVICES/FIELD TREATMENT SITES	EMS personnel as assigned by the field Incident Commander	Per incident	EMS personnel, fire department personnel, physicians, RNs.
COMMUNICABLE DISEASES	PHNs, CDIs, all nursing staff, Community Aides, Epi, Environment Management	10+	Public Health and Environmental Management
SHELTER SUPPORT/MONITORING Medical Needs Shelter	All nursing staff, CDIs, Community Aides, Medical Volunteers, Mental Health and Substance Abuse staff	As required for the sheltered population.	HHSA Public Health Mental Health, Substance Abuse, and Social Services; Medical Volunteers, CERT



## **9. WORKPLACE POLICIES DURING DISASTER RESPONSE**

Current State Law addresses the responsibility of county employees as disaster service workers. Existing countywide and HHSa employment policies and instructions apply during disaster response. It may be necessary, however, to prepare additional instructions, waivers or new policies to address situational requirements and concerns associated with disaster response operations.

### **9.1 CALIFORNIA STATE DISASTER WORKER SERVICE LAW**

California Government Code Section 3100-3109 states, in part:

*It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or extreme peril to life, property, and resources is of paramount state importance...in protection of its citizens and resources, all public employees are hereby declared to be disaster services workers...*

- *All public employees are included in disaster worker status, which are all persons employed by any county, city, state agency or public district.*
- *Any disaster service worker shall be considered to be acting within the scope of disaster service duties while assisting any unit of the organization or performing any act contributed to the protection of life or property or mitigating the affects of an emergency.*
- *Disaster service worker activities are assigned to employees by their superiors or by law to assist the agency in carrying out its responsibilities during times of disaster.*
- *Disaster service workers get paid only if they have taken and subscribed to the oath or affirmation during the hiring process with the employer.*
- *Disaster service workers for non-profit and government cannot be held liable for their actions during a disaster while acting within the scope of their responsibilities.*
- *Claims sustained by disaster service workers while performing disaster services shall be filed as workers compensation claims under the same authorities and guidelines as all employees within their agency.*

## **9.2 COUNTYWIDE STANDING POLICIES**

The following standing policies are published in the Napa County Policy Manual and apply for countywide use and compliance in emergency response:

- Section 37G – Sick Leave
- Section 37E – Grievance Procedure
- Section 37L – Natural Disaster Compensation
- Section 37S – Family Care Leave
- Section 37W – Telecommuting
- Statewide Disaster Service Worker Law

## **9.3 PREPARATION OF EMERGENCY WORK PLACE POLICIES**

While these existing policies remain in place during disaster response, it may be necessary to prepare further instructions to:

1. Confirm the continued standing of existing policies during disaster response.
2. Or, to issue waivers, additions, or alterations to existing policy, if required by the emergency situation.

The preparation of additional instructions, waivers or new policies is the responsibility of HHSA Administration, in consultation with the Public Health Officer and County Legal Counsel. If needed, local labor union officials should be consulted, as well. Most often, such policies must be prepared at the time of the emergency, since the situation will dictate the terms of the policy.

The HHSA Director activates the preparation and distribution of emergency instructions, waivers or policies. This task may be organized from the Department Operations Center (HHSA DOC) Command Section when the HHSA DOC is activated. Because HHSA coordinates the county-wide outbreak response, work place policies prepared for HHSA may be provided for use, with adaptation, to other county departments and agencies during the emergency.

When the Op Area EOC is activated, this coordination will take place through the Logistics Section, Human Resources Unit<sup>1</sup>, which is staffed by the County Human Resources Department.

#### **9.4 EMERGENCY INSTRUCTIONS TO EMPLOYEES**

Additional HHSА instructions may be prepared and issued during emergencies to address the following:

- Fitness for duty and return to work instructions during a disease outbreak or pandemic.
- Hazardous duty assignments related to disaster response.
- Emergency pay instructions if countywide payroll is adversely affected.
- Employee status if HHSА buildings are shut down.
- Instructions if HHSА programs are relocated.
- Instructions for alternate program or service delivery in order to continue work in a different way or from a different location
- Priority prophylaxis (antibiotics or vaccines) for HHSА employees to ensure a workforce for mass dispensing operations.

Emergency policies are prepared in the same format as routine workplace policies published by the County, HHSА Administration and/or HHSА Human Resources.

In addition, the HHSА Illness/Injury Prevention Plan (IIPP) describes guidelines for workplace and employee safety.

#### **9.5 WAIVERS, ALTERNATE RULES, NEW RULES**

Routine work place policies provide the basis for emergency policies, which address specific emergency situations by describing and delineating:

- Alternate rules, regulations, and instructions.
- Use of waivers for specific circumstances.
- New rules, regulations and instructions specific to the situation, such as pandemic influenza fitness for duty policies, which may differ from routing fitness for duty policies.

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<sup>1</sup> Note: coordination may be assigned to the EOC Plans Section, Resources Unit instead of the Logistics Section.

- Options for employees when circumstances require informed choices about work place requirements during an emergency.

In emergencies, **statewide waivers** may be issued to enable rapid disaster response. These are issued from a State Agency or Department of by the State Operations Center and may apply to Napa County personnel involved in emergency response. These may address, for example, waivers of standard practices, certifications, or procedures.

Waivers, alternate or new rules related to county policy are reviewed and approved by the Incident Commander (if the Op Area EOC is activated) and the County Administrative Officer (CAO) before distribution. The County Board of Supervisors will be consulted, if necessary. The Health Officer reviews and approves waivers and alternate rules related to public health.

## **10. WORKPLACE POLICIES OR INSTRUCTIONS IN A PANDEMIC**

An influenza pandemic will be widespread, affecting the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks lasting from 6 to 8 weeks. Waves of outbreaks may occur over a year or more. Your workplace will likely experience 35-45 % absenteeism of the workforce during periods of peak influenza illness. Employees could be absent because:

- They are sick.
- They must care for sick family members or for children if schools or day care centers are closed.
- They are afraid to come to work.
- Or, the employee has died.

In a pandemic, emergency workplace policies may address:

- Employee compensation for sick leave unique to the disaster situation or influenza pandemic.
- Use of flexible worksite (telecommuting) and flexible work hours.
- Management of ill employees. These policies address employees who have been exposed, are suspected to be ill or become ill at the work place.
- Return to work policy describing when an employee should return to work when no longer infectious.
- Family medical leave and family assistance.
- Restricting travel. (See updated CDC travel recommendations at [www.cdc.gov](http://www.cdc.gov)).

## **10.1 TRACKING EMPLOYEE HEALTH STATUS DURING A DISEASE OUTBREAK OR PANDEMIC**

Tracking the health status of employees is required during an influenza pandemic or other disease outbreak. The HHSA DOC Logistics Section, Human Resources Unit Leader, will assemble an **Employee Health Team** to track employee health status. This may involve:

- Daily reports of status from employees by person, e-mail, website, or telephone.
- Screening employees reporting to work.
- Reporting to ensure that ill employees have completed the required isolation and are health and no longer infectious before allowing them to return to work. Note that employees who have recovered from pandemic influenza are less likely to be re-infected and should be encouraged to return to work.

The Public Health Officer may require that every HHSA Division appoint a Manager to prepare a status report on ill employees. These are provided to the Employee Health Team and the Health Branch/Intake Monitoring Team.

The Public Health Officer issues guidelines and policies for tracking employee health status and management of ill employees in a disease outbreak or pandemic. These policies would apply to all county departments and would be issued from the Health Officer at the HHSA DOC or County Op Area EOC.

## **10.2 MANAGEMENT OF ILL EMPLOYEES**

The HHSa DOC Health Branch/Communicable Disease Group Supervisor assigns management of ill employees to the **Intake and Monitoring Team**. If the HHSa DOC is not activated, this task is managed by Public Health Communicable Disease Investigation and Control staff, reporting to the Health Officer.

Duties of the Intake and Monitoring Team for all ill employees who have been excluded from the workforce include:

1. Speak with the individual by phone (avoid visiting this person if it can be avoided).
2. Check if the employee has any influenza symptoms.
  - If the employee does not have any symptoms they are unlikely to have influenza and should be reassured and advised to call the Influenza Manager again later or to see their doc if they are still concerned.
  - If the employee has influenza symptoms they should be treated as a "suspect influenza case."
3. If the employee is at work, instruct him or her to leave work immediately. Provide a mask and instruct the employee to keep the mask on and cough or sneeze into a tissue while traveling.
4. Advise the employee to contact a health professional. This may involve phoning the person's normal doctor or a specially designated centre to seek advice.
5. Advise the employee on how long to stay away from work and that a written note from their doctor and a temperature screening will be required before they return to work.
6. Inform the HHSa DOC Human Resources Unit/Employee Health Team that they have left work. The Employee Health Team maintains a list of ill and excluded employees.
7. The Intake and Monitoring Team will 1) identify contacts (once an employee is suspected to be infected); 2) advise contacts that they have been in contact with a person suspected of having influenza; and/or 3) ask contacts to go home, and stay home until advised otherwise.
8. The Employee Health Team sets up a system to manage the absence and return to work of the employee and their contacts. This includes:
  - Checking on the employee during his/her absence from work.
  - Setting up a process for ensuring that the employee is healthy and not infectious before allowing them to return to work. (See Employee Exclusion Process)
  - Encourage employees to return to work once they have recovered.

### **10.3 EMPLOYEE EXCLUSION PROCESS DURING DISEASE OUTBREAKS AND PANDEMICS**

The HHSA DOC Human Resources Unit/Employee Health Team establishes the following system for tracking employee health status and excluding ill employees from the workplace:

- Set up temperature screening for all arriving HHSA employees.
- Employees with normal temperature receive a color coded badge indicating they are able to stay in the workplace.
- Employees with temperatures are sent home immediately and may not enter the workplace.
- The Employee Health Team keeps a list of employees who were sent home ill.
- Based on the date of the on-site temperature screening or the date the employee calls in to report they are sick; employees are given a date when they may return to work to avoid exposure of other employees.
- The Employee Health Team tracks the return to work of each employee who was sent home or reported in sick.

### **10.4 RESTRICTED ENTRY TO HHSA FACILITIES**

The HHSA Campus Plan contains procedures to establish a campus Incident Command Post, which may transition to the HHSA DOC Command after immediate emergency response. The HHSA DOC Director may maintain the campus Incident Command Post to manage restricted entry to the campus.

In a disease outbreak or pandemic, restricted access may require only that persons entering the campus are temperature screened. The following notice may be posted on the campus:

<p><b>STAFF AND VISITORS ARE NOT TO ENTER THIS CAMPUS (OR FACILITY) IF THEY HAVE SYMPTOMS OF INFLUENZA.</b></p>
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**ATTACHMENT 1 – PUBLIC HEALTH DIVISION CASE LOG OF STAFF WITH INFLUENZA**

<b>NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY – PUBLIC HEALTH DIVISION Case Log of Staff with Influenza</b>																
<b>Site Name:</b>			<b>Date Submitted:</b>			<b>Person Reporting:</b>										
<b>Contact Number:</b>																
Illness Onset Date	Last Name	First Name	Gender (M/F)	Age	Unit/Building Assigned To	Primary Job Duties	Fever (Y/N)	Vomiting Y/N Projectile Y/N	Nausea (Y/N)	Diarrhea (Y/N) ) W=watery B = bloody	Abdominal Cramps	Chills (Y/N)	Date Illness Stopped	Date Cleared to Work	Tx for Dehydration	Hospitalized (Y/N)



**ATTACHMENT 2 – DATA SYSTEMS AND BACK-UP MANAGEMENT**

*Listing of data systems and back-up management are maintained and updated by staff.*

**ATTACHMENT 3 – PUBLIC HEALTH DIVISION MEDICAL VENDORS LIST**

*ActSys Medical Inc.*  
*Ansell*  
*Aventis Pasteur*  
*Berna Products (Crucell Vacciness Inc.)*  
*Ecolab Inc.*  
*FFF Enterprise (ISG)*  
*Total Access Group, Inc.*  
*SIBI Synergy, Inc.*  
*Infection Control Systems, Inc.*  
*Janssen Pharmaceuticals Inc. (JOM Pharmaceutical Services)*  
*Life-Assist, Inc.*  
*Mid-Valley Surgical Supply*  
*McKesson*  
*Pharmacia*  
*Pharmpak*  
*PHS (Professional Hospital Supply, Inc.)*  
*Sanofi Pasteur, Inc.*  
*GlaxoSmithKline (GSK)*  
*Life Assist. Inc.*  
*Merck*  
*Moore Medical*  
*Physician's Sales Service Inc.*  
*Fisher Healthcare*  
*Family Drug Pharmacy*  
*Home Access Corp.*

**ATTACHMENT 4 – PUBLIC ASSISTANCE & VOCATIONAL SERVICES  
EMERGENCY STAFFING PLAN**

**ANNEX H- APPENDIX 1: HHSa CONTINUITY OF OPERATIONS PLAN (COOP)**

Revised January 2009

Positions	Total Staff	Percentage of Operation			
		25%	50%	80%	
<b>PUBLIC ASSISTANCE</b>	EW Supervisors	3	0.75	1.5	2.4
	EWIII - English	2	0.5	1	1.6
	EWIII - Bilingual	1	0.25	0.5	0.8
	EW - English	14	3.5	7	11.2
	EW - Bilingual	10	2.5	5	8
	Screeener - English	1	0.25	0.5	0.8
	Screeener - Bilingual	1	0.25	0.5	0.8
	Community Aide - Bilingual	2	0.5	0.25	0.2
<b>CALWORKS</b>	RS Supervisors	3	0.75	1.5	2.4
	Sr.RS - English	2	0.5	1	1.6
	Sr. RS - Bilingual	1	0.25	0.5	0.8
	CW EWIII - English	1	0.25	0.5	0.8
	CW EWIII - Bilingual	1	0.25	0.5	0.8
	RS - English	5	1.25	0.625	0.5
	RS - Bilingual	4	1	2	3.2
	Screeener - Bilingual	1	0.25	0.5	0.8
<b>SUPPORT</b>	CW OA - English	1	0.25	0.50	0.80
	CW OA - Bilingual	1	0.25	0.50	0.80
	PA OA - English	4	1.00	2	3.2
	PA OA - Bilingual	5	1.25	2.5	4
	Fiscal Staff	1	1	1	1

<b>CORE FUNCTIONS</b>				
<b>INTAKE</b>	Reviewing / Authorizing			
	MC/FS Intake	3 EW - English 3 EW - Bilingual	3 EW - English 3 EW - Bilingual	3 EW - English 3 EW - Bilingual
	MC/FS Screening	1 OA - Bilingual	1 OA - Bilingual 1 OA - English	1 OA - Bilingual 1 OA - English
	CW Intake	1 RS - English 1 RS - Bilingual	1 RS - English 2 RS - Bilingual	1 Sr. RS 1 RS - English
		1 Supv RS	1 Supv RS	2 RS - Bilingual 1 Supv RS
		1 EWIII	1 EWIII	1 EWIII
	CW/GA Intake	1 OA - Bilingual	1 OA - Bilingual	1 OA - Bilingual
CW/GA Screening				
<b>SUPPORT</b>	PA Reception	2 OA - Bilingual	2 OA - Bilingual	2 OA - Bilingual
	SFIS			
	EBT	1 Supv/Sr AC	1 Supv/Sr AC	1 Supv/Sr AC 1 OA - Bilingual
	CW Reception	1 OA - Bilingual	1 OA - Bilingual	1 Sr.OA - English
<b>CONTINUING</b>	Add Programs			
	Add Persons			
	Processing Verifs	1 EW-Bilingual (PA)	2 EW's - English EW - Bilingual (PA)	4 EW's - English EW's-Bilingual (PA)
	Phones			
	MCM Processing			
	CW QR7's			
	PA QR7's			2 RS - English RS - Bilingual
	ICT's	1 EW-Bilingual (CW)	1 RS - English 1.5 RS-Bilingual (CW)	1 Sr RS 1 EWIII
	MSR's			- Bilingual 1
	CW's RV's			Supv RS (CW)
PA RV's				
Other				