



A Tradition of Stewardship
A Commitment to Service

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**PUBLIC HEALTH
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ANNEX H

**HHSA CONCEPT OF OPERATIONS
BASE PLAN (CONPLAN)**

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

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**NAPA COUNTY EMERGENCY OPERATIONS PLAN
HHSA CONCEPT OF OPERATIONS PLAN**

<p>ANNEX H OF THE NAPA COUNTY EMERGENCY OPERATIONS PLAN</p>	<p>HHSA CONPLAN BASE PLAN</p> <ul style="list-style-type: none"> • Attachment A – Health Officer Authorities • Attachment B – Department Operations Center (DOC) • Attachment C – Bioterrorism Response <p>Periodic revisions and updates to the appendices below are expected and are subject to the approval of the HHSA Director and the Public Health Officer.</p> <p>Appendix 1 – HHSA Continuity of Operations Plan (COOP)</p> <p>Appendix 2 – Crisis Emergency Risk Communication Plan (CERC)</p> <ul style="list-style-type: none"> • Attachment A – Checklists • Attachment B – Press Release Templates • Attachment C – Special Populations • Attachment D – Communications Worksheets • Attachment E – Forms • Attachment F – Guidance • Attachment G – Fact Sheets • Attachment H – Sample Orders <p>Appendix 3 – Strategic National Stockpile (SNS) Plan</p> <p>Appendix 4 – Countermeasure Distribution Plan</p> <p>Appendix 5 – Outbreak/Epidemiologic Response Plan</p> <ul style="list-style-type: none"> • Attachment A – 24/7 Communicable Disease Reporting System • Attachment B – Outbreak Forms & Checklists • Attachment C – Legal Authorities • Attachment D – Smallpox Response Plan • Attachment E – Pandemic Influenza Response Plan • Attachment F – Enteric Diseases: Case and Outbreak Investigation protocols <p>Appendix 6 – Medical Surge Plan</p> <p>Appendix 7– HHSA Mass Care and Shelter Plan</p> <ul style="list-style-type: none"> • Attachment A – Medical Needs Shelter Plan <p>Appendix 8 – HHSA Campus Response Plan</p> <p>Appendix 9 – HHSA Local Assistance Center Plan</p> <p>Appendix 10 – HHSA Excessive Heat Emergencies Response Plan</p> <p>Appendix 11 – Fatality Management Plan</p> <p>Appendix 12 – Healthcare Evacuation Plan</p>
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CONTENTS

- 1. INTRODUCTION 1
 - 1.1 Purpose 1
 - 1.2 Situation 2
 - 1.3 Assumptions 3
- 2. CONCEPT OF OPERATIONS 3
 - 2.1 Activation 3
 - 2.2 Activation Procedure 5
 - 2.3 External Notification System 6
 - 2.4 Response Coordination 6
 - 2.5 National Incident Management and Standardized Emergency Management Systems 6
 - 2.6 Plan Maintenance 7

1. INTRODUCTION

This plan establishes the Napa County Health and Human Services Agency (HHSA) emergency organization, assigns tasks, specifies policies and general procedures and provides for coordination of planning efforts of the various emergency staff utilizing the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

1.1 PURPOSE

The purpose of the Napa County Health and Human Services Agency (HHSA) Concept of Operations Plan (CONPLAN) is to assist the Director in coordinating medical, health and mass care and shelter information and communication response and recovery operations during events that may overwhelm the day-to-day agency resources. This will support the decision-making process and direct the activities of the Agency's emergency response and the provision of medical/health care countywide.

This HHSA CONPLAN is an extension of the Napa County Emergency Operations Plan. It will be reviewed and exercised periodically and revised as necessary to meet changing conditions.

This plan was developed to:

- Describe the Napa County Health and Human Services Agency (HHSA) disaster organization
- Coordinate the Divisions of HHSA creating an integrated disaster program;
- Ensure the readiness of Napa County HHSA to assume roles and responsibilities for emergency management;
- Coordinate information and resources for the Medical/Health Operational Area Coordinator (MHOAC) in the Operational Area Emergency Operations Center (Op Area EOC),
- To organize information for reports to:
 - Regional Disaster Medical/Health Coordinator/Specialist (RDMHC/S)
 - Regional Emergency Operations Center (REOC)
 - State of California Department of Public Health (CDPH)
 - Emergency Medical Services Authority (EMSA)

- State Department of Social Services (SDSS)
- Ensure emergency readiness through the maintenance and exercise of disaster plan(s).

1.2 SITUATION

The primary threats to Napa County are natural and man-made and include earthquakes, floods, landslides, fires, disease outbreaks, hazardous materials releases, transportation accidents, and national security incidents. Any of these could cause a catastrophic event leading to:

- Disruption to the Health Care System: hospitals, clinics, emergency care, primary care, mass care and public health services due to mass injuries, illnesses or deaths.
- Disruption to the Population: Napa County's population is 136,704 (2008). About 75% of the residents live in the cities of American Canyon, Napa, St. Helena, Calistoga and the town of Yountville. Additionally, there are hundreds of commuters from adjacent counties who work, shop or visit this county daily, as well as tourists from all parts of the world. Managing and protecting the community is paramount, and displacement of the population may create the need for mass care and shelter.
- Disruption to the Ground Transportation System: Napa County is centrally located in the North Bay Area. State highways 29, 121, 12 and 128 service the Napa area. The Interstate 80 connection is 6 miles east. Highway 101 is 18 miles west. Napa also has rail, truck and barge service from the Port of San Francisco and the Port of Oakland.
- Disruption to the Air Transportation System: The Napa County Airport is a general aviation airport located adjacent to the South County Business Park area. It has an FAA air traffic control tower, three runways and ten taxiways. It accommodates corporate jets and facilitates air commutes.
- Primary natural threats resulting from flooding, earthquakes, forest and wild land interface fire,¹ and secondary hazards after an initial event, such as hazardous materials releases, may require the redirection of resources and population evacuation and/or shelter in place events.

¹ Additional information on natural hazards is included in the Napa Operational Area Hazard Mitigation Plan.

1.3 ASSUMPTIONS

While this plan addresses the organization of the HHSA Department Operations Center (HHSA DOC) for any catastrophic event, the primary focus for HHSA is to address public health emergencies, which may include (but are not limited to) both natural and man-made disease outbreaks or epidemics. Bioterrorism is considered to be a special case, and is addressed in Attachment C of this plan.

- Key personnel may be injured, and others may be delayed in assuming emergency functions until assured of the safety and welfare of their families and homes.
- Essential equipment and supplies may be depleted.
- Transportation may be limited and many roads impassable further delaying workers.
- Communications may be disrupted for 48 hours or more after a major event. Accurate information about the nature and extent of damage, including health care and resources, will be initially unavailable or difficult to obtain. Amateur (ham) radio will be available for service.

2. CONCEPT OF OPERATIONS

2.1 ACTIVATION

The need to activate a public health response for a communicable disease and/or terrorism-related incident may be recognized following unusual disease reports from the medical community, laboratories and hospitals. It is also possible that Napa County officials may receive a threat warning from federal agencies of a targeted exposure to a bioterrorism agent in Napa County. Similarly, there may be a need to activate a mass care and shelter response due to a natural or man-made disaster. The response will be at the following levels:

1. Minor Level	Public health/medical response from normal working locations for a serious but manageable event. The conference room in building F may be used as the “Command Center.”
2. Moderate Level DOC	HHSA DOC opened when a major response is needed from HHSA but limited to a health/medical, disease control issue or mass care.
3. Major Level DOC and EOC	HHSA DOC and Op Area EOC activation for a major event requiring a full disaster response. When the EOC is activated, the HHSA DOC serves as the Medical, Health and Care and Shelter branches of the EOC.

ANNEX H - HHSA CONCEPT OF OPERATIONS PLAN

For events during which public health concerns are secondary, such as wildfires, earthquakes, etc., it may be possible to manage the public health component of the County's response without full activation of the HHSA DOC.

The level of response will depend on several factors:

- The potential or actual magnitude of the event;
- The location of the event (isolated to one area of the County vs. countywide);
- The potential for, or actual morbidity/mortality of the event; and/or
- The type of agent involved.

The Operational Area EOC may be activated when there is:

- A significant earthquake that causes damage in the Op Area or neighboring jurisdictions.
- Two or more cities activate their EOCs, or a city requests Op Area activation.
- Heavy or continuous rain expected to elevate the Napa River levels beyond flood stage.
- A declaration of a local emergency by the County Administrator or Board of Supervisors. (The Public Health Officer may declare a public health emergency which must also be subsequently ratified by the Board of Supervisors.)
- A declaration by the Governor of a state of emergency or declaration by the President of a Federal disaster which may affect Napa County, including a "state of war emergency."
- An emergency situation that has occurred or might occur of such a magnitude that it will require a large commitment of resources from two or more cities or the County over an extended period of time. Examples include a major hazardous material incident, civil disturbance, aircraft disaster, wild land fire, severe weather conditions, or major public health emergency.

Upon activation of the EOC, the HHSA DOC Director, unless otherwise designated, will serve as the Medical Branch Director and the Public Health Officer, unless otherwise designated, will serve as Medical/Health Operational Area Coordinator (MHOAC). The HHSA DOC Liaison Officer will serve as liaison between the EOC and the DOC when activated.

The Departmental Operations Center may be activated:

- When the Operational Area (Op Area) EOC has been activated and the HHSA DOC director needs support to centralize/coordinate the health/medical and/or mass care and shelter response.

ANNEX H - HHSA CONCEPT OF OPERATIONS PLAN

- In response to a large communicable disease outbreak not overtly bioterrorism and not requiring activation of the EOC.
- In response to a suspected or actual bioterrorism event.
- In response to any local emergency incident (natural or human-made) that may affect the health and safety of employees or the public.
- In response to multiple or regional incidents (natural or human-made) occurring at the same time and potentially affecting the health and safety of employees and the public.

Upon activation, the HHSA DOC response is housed at: HHSA, Building F Conference Room. The HHSA Director, Assistant Director, Public Health Officer or other designee may activate the HHSA DOC.

When fully activated, the HHSA DOC will be staffed on a 24/7 basis by rotating staff on 12 hour shifts until de-activated upon order of the DOC Director, HHSA Agency Director, Assistant Director or Public Health Officer.

Staff for each HHSA DOC position will be identified and trained in the pre-event phase.

2.2 ACTIVATION PROCEDURE

Health, Medical and/or Mass Care and Shelter response is activated upon a major disaster, public health emergency, or notification of potential exposure to any Category A or B agents, as identified in the Centers for Disease Control and Prevention's (CDC) list of critical biological agents that (1) cannot be explained in any other way, (2) do not fit expected seasonal patterns, and/or (3) exceed historical frequency levels. This applies within Napa County or upon notification of the above scenarios in the greater Bay Area and/or Coastal Valleys region.

Upon notification of the above scenarios, the HHSA Director, Assistant Director or the Public Health Officer, in conjunction with the California Department of Public Health (CDPH) and in consultation with County Executive Officer, make the decision to activate the HHSA DOC.

With a decision to activate Agency response, the HHSA Director and, in the event of a public health emergency, the Public Health Officer determines which portions of the SEMS organization should initially be activated within the HHSA DOC.

Once activated, HHSA DOC Director contacts the Op Area EOC to request activation if the situation requires resources beyond HHSA.

The HHSA DOC Director may need to contact the County Office of Emergency Services at the Op Area EOC to request a local state of emergency declaration (if it has not already been declared by the Board of Supervisors). The local emergency declaration establishes needed Health Officer Authorities.

When notification requirements are determined, communication by electronic means, radio, telephone, pagers, and cell phones is the responsibility of the HHSA DOC Communications Group in the Logistics Section.

2.3 EXTERNAL NOTIFICATION

Hospitals, community-based organizations (CBOs), urgent care centers, skilled nursing facilities (SNFs), and the medical community providers (MDs and RNs) will be notified regarding the nature and magnitude of the incident and the required response. Notification will be made via EMSsystem, Public Health Electronic Notification System (ENS), California Health Alert Network (CAHAN), Napa County Wide Area Rapid Notification (W.A.R.N.) system, faxes, telephone or other modalities depending on availability.

2.4 RESPONSE COORDINATION

If the HHSA DOC is not activated, the Public Health Division coordinates medical/health response with:

- Individual City EOC(s) when the Op Area EOC is NOT activated. This type of activation likely involves response for a single affected jurisdiction.
- On-scene hospital and Emergency Medical Services (EMS) personnel managing Multi Casualty Incident (MCI) response. EMS alerts the Public Health Division that the MCI plan has been activated.
- Other Napa County departments.
- Public Health Departments in neighboring counties (Marin, Sonoma, Lake, Solano, Mendocino).
- California Department of Public Health if indicated.
- Centers for Disease Control and Prevention if indicated.

When the HHSA DOC is activated, the Operations Section will coordinate with the above.

2.5 NATIONAL INCIDENT MANAGEMENT AND STANDARDIZED EMERGENCY MANAGEMENT SYSTEMS

The Napa County HHSA DOC functions and responsibilities are organized in accordance with NIMS and SEMS.

Compliance Policy Statement

The Napa County Health and Human Services Agency (HHSA) uses NIMS/SEMS to manage response to emergencies. SEMS was established in 1992 in the California Code of Regulations, Title 19, Division 2. The use of SEMS standardizes response to emergencies involving multiple jurisdictions or multiple agencies. SEMS is intended to be flexible and adaptable to the needs of all emergency responders.

SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the Operational Area concept, and multi-agency or interagency coordination. Local governments must use SEMS to be eligible for funding of personnel-related response costs under State disaster programs.

On February 28, 2003, President Bush issued Homeland Security Presidential Directive/HSPD-5 establishing the National Incident Management System. NIMS covers all incidents (natural and man-made) for which the federal government deploys response assets and incorporates the use of the ICS and a National SEMS.

2.6 PLAN MAINTENANCE

Napa County Health and Human Services Agency is responsible for the maintenance, update, and dissemination of Annex H of the Napa County Emergency Operations Plan (Annex H). Working with the Napa County Office of Emergency Services (OES), HHSA will evaluate Annex H on an annual basis and modify the plan on the basis of changes in laws, regulations, and policies; changes in Federal or State systems or procedures; and after-action reports and lessons learned from major activations or exercises. Upon preparation of the revised Annex H, HHSA and OES will distribute the document to appropriate State and local partners.