



New Local Health Officer Orientation: Public Health and Medical Preparedness and Response

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Public Health Emergency Preparedness
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BEPREPAREDCALIFORNIA

Outline

- California's Emergency Response Structure
- Funding for Public Health and Medical Preparedness
- Alignment of Federal Public Health and Hospital Preparedness Grants
- Key Preparedness Functions and Activities

California's Emergency Response Structure

California's Emergency Response Structure

- Standardized Emergency Management System (SEMS)
 - California's emergency management structure that integrates command/control, support and coordination activities
 - Established after Oakland Hills fire of 1991
 - Meets federal NIMS requirements

Key Components of SEMS

- Standardized response to emergencies involving multiple jurisdictions or agencies
- Horizontal and vertical coordination between local and state agencies
- Rapid/efficient mobilization, deployment and resource tracking
- Communication interoperability

FIVE SEMS LEVELS

State: Emergency Operations Center (SOC)

**Regional: Regional Emergency Operations Center
(REOC)**

**Operational Area Emergency Operations Center
(OA EOC)**

**Local jurisdiction Emergency Operations Center
(Local EOC)**

Incident Support and Coordination

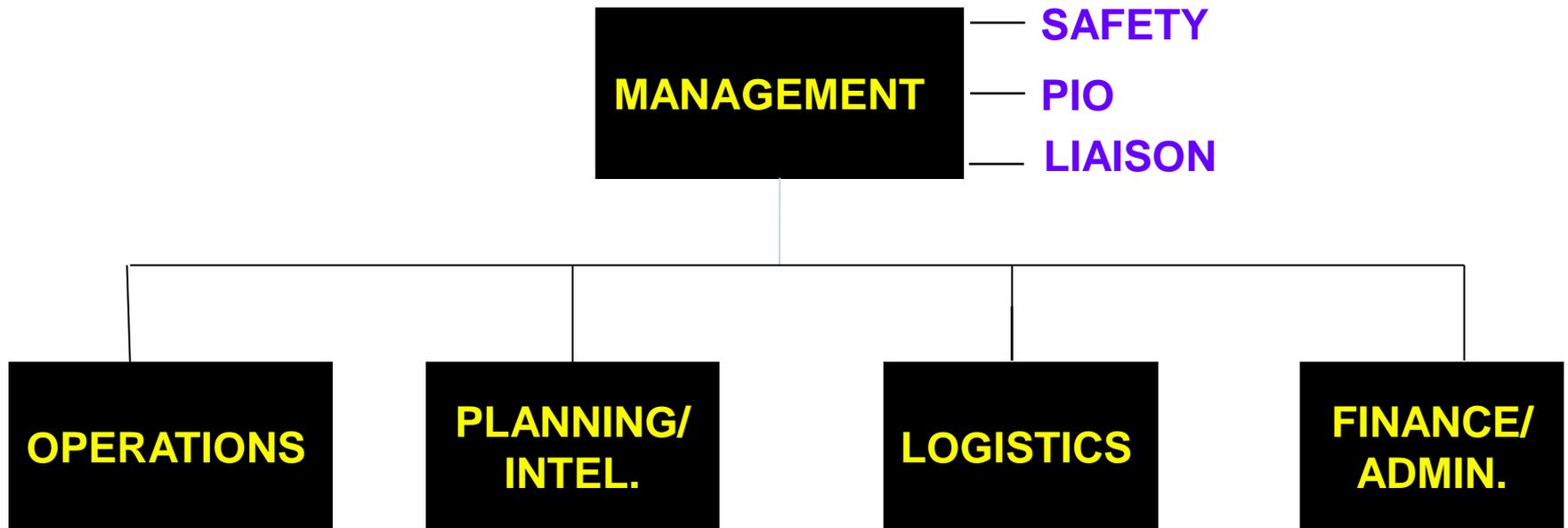
Incident Command and Control

Field (ICS)

SEMS INTEGRATED COMPONENTS

- Incident Command System (ICS)
- Multiagency Coordination System (MACS)
- California Master Mutual Aid Agreement
- Emergency Operations Center (EOC) coordination/support structures

ICS ORGANIZATION



Master Mutual Aid Agreement

- Goal: to provide support to jurisdictions when their own resources are inadequate to meet the needs of the disaster
- All counties in California agree to provide support to other California counties, municipalities, etc.
- All counties assigned to one of six Mutual Aid Regions

State Public Health and Medical

- California Emergency Management Agency (Cal EMA): lead State agency for emergency management
- **CDPH**: lead State agency for public health response
 - Emergency Preparedness Office: Coordinates preparedness and response for CDPH
- **EMSA**: lead State agency for medical response

State Public Health and Medical

- **California Emergency Plan Emergency Function (EF) 8: Public Health and Medical**
 - Alliance of discipline-specific stakeholders who share responsibility for emergency management
 - Lead agency: California Health and Human Services Agency
 - Primary departments: CDPH and EMSA
 - 35 additional State departments have role in EF 8

Regional Public Health and Medical

- **Regional Disaster Medical and Public Health Coordinator:**
 - coordinates disaster information and medical/health mutual aid and assistance within the region
 - Nominated by local health officers and appointed by directors of CDPH and EMSA
- **Regional Disaster Medical and Public Health Specialist:** Staff supporting regional activities
- Cal EMA: Regional Emergency Operations Centers

Operational Area Public Health and Medical

- Operational Area designates emergency management agency
- H&S Code 1797.153 requires Operational Area medical and health disaster plan covering 17 functions
- **Medical Health Operational Area Coordinators (MHOAC):**
 - Local Health Officer and local Emergency Medical Services Administrator jointly serve as MHOAC or appoint MHOAC

Responsibilities of Local Health Department

- Prepare for and respond to public health incidents and disasters
- Respond to events using the Incident Command System
- Serve as public health response entity for Operational Area; depending on county government structure, also serve as Hospital Preparedness Program, emergency medical services and/or environmental health entity for Operational Area

Continuity of Government

- Addresses organizational capacity to respond to emergency that impacts organizational structure
- Functions included in Continuity Plans:
 - Lines of succession
 - Relocation of LHD headquarters
 - Restoration of IT and telecommunications
 - Identification of Essential Functions and plans for their restoration
 - Devolution plans

Key Tools to Support LHD Response

- California Public Health and Medical Emergency Operations Manual (EOM)
 - Goal: common operational framework for local response to public health and medical unusual events and emergencies
 - Written for LHD use
 - Two sections:
 - Cross – cutting operational functions
 - Function specific topics
- Health Officer Practice Guide for Communicable Disease Control in California

Funding for Public Health and Medical Preparedness



Financial Support for Public Health and Medical Preparedness

- CDC's **Public Health Emergency Preparedness (PHEP)** grant funds **public health preparedness**: CDPH and Local Health Departments
- **Hospital Preparedness Program (HPP)** from U.S. Health and Human Services' Assistant Secretary for Preparedness and Response funds **hospitals, health facilities including medical long term care, emergency medical services**
- 70 percent of PHEP and HPP funds allocated to local level
- **Pandemic Influenza allocation to LHDs** from State General Funds

2011-12 State Allocation Levels

- PHEP: \$41.4 million
- HPP: \$28.7 million
- Local Pandemic Influenza: \$5.0 million



Trends in Federal Preparedness Grant Awards to California

Emergency Preparedness Federal Funding

Funding Year	CDC	HPP	Total	% Change
1999-00	\$2,364,332	\$0	\$2,364,332	0%
2000-01	\$2,231,135	\$0	\$2,231,135	-6%
2001-03	\$61,222,511	\$9,001,113	\$70,223,624	3047%
2003-04	\$70,101,613	\$39,861,526	\$109,963,139	57%
2004-05	\$59,168,317	\$38,973,726	\$98,142,043	-11%
2005-06	\$60,713,814	\$39,203,268	\$99,917,082	2%
2006-07	\$53,941,295	\$43,808,237	\$97,749,532	-2%
2007-08	\$51,113,014	\$34,106,620	\$85,219,634	-13%
2008-09	\$50,146,506	\$32,625,884	\$82,772,390	-3%
2009-10	\$43,194,722	\$29,486,456	\$72,681,178	-12%
2010-11	\$49,077,856	\$35,910,995	\$84,988,851	17%
2011-12	\$41,444,421	\$28,666,533	\$70,110,954	-18%
Total Award	\$544,719,536	\$331,644,358	\$876,363,894	

Alignment of Federal Public Health and Hospital Preparedness Grants

Rationale for Grant Alignment

- White House request for better alignment of federal emergency preparedness grant programs
- Federal recognition that many states and local entities are already aligned
- Better use of shrinking federal funds
- Improved outcomes

Goals of Grant Alignment

- Increase program impact and advance preparedness and response
- Improve federal efficiencies
- Reduce burden on awardees: one stop shopping
- Provide more accurate picture of return on investment

PHEP – HPP Grant Alignment in 2012

- Starting point for federal grant alignment
- PHEP and HPP funds retain their separate identities
- Grant year runs from July 1, 2012 – June 30, 2013
- Five year project period
- One Funding Opportunity Announcement
- One grant award; two budgets

PHEP and HPP Grant Requirements are based on Capabilities

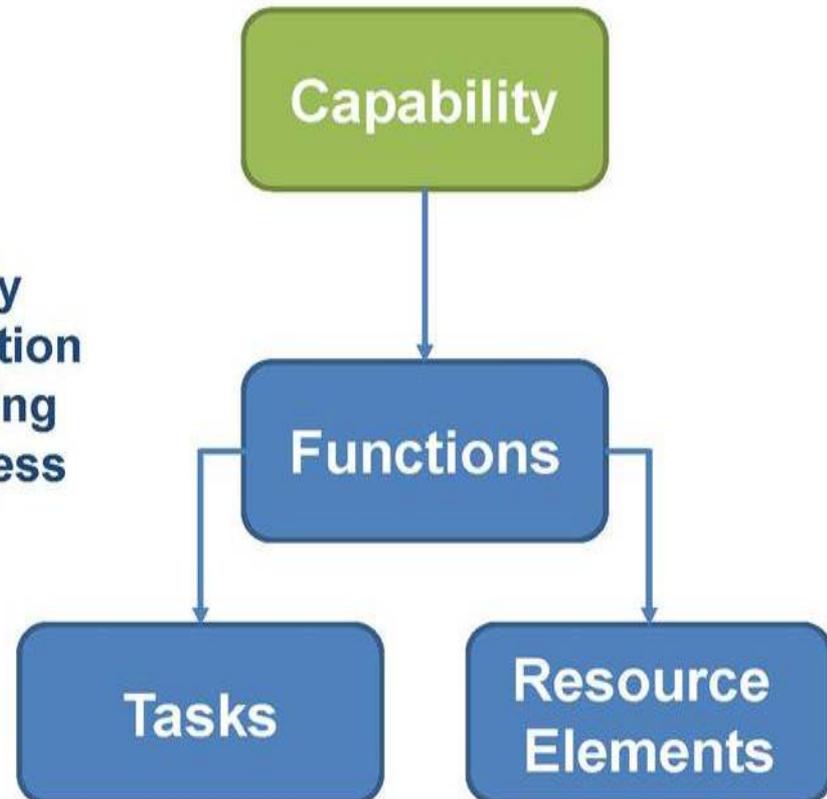
- **Public Health Preparedness Capabilities** introduced in 2011
- **Healthcare Preparedness Capabilities** released January 2012
- Set national standards for aligned grant
- Capabilities are foundation for 2012 HPP – PHEP grants

PHEP and HPP Capability Alignment

	Capability	PHEP	HPP
1.	Community Preparedness	X	X (Healthcare Preparedness)
2.	Community Recovery	X	X (Healthcare Recovery)
3.	Emergency Operations Coordination	X	X
4.	Emergency Public Information and Warning	X	
5.	Fatality Management	X	X
6.	Information Sharing	X	X
7.	Non-Pharmaceutical Interventions	X	
8.	Medical Countermeasure Dispensing	X	
9.	Medical Materiel Management and Distribution	X	
10.	Medical Surge	X	X
11.	Mass Care	X	
12.	Public Health Laboratory Testing	X	
13.	Public Health Surveillance/Epidemiological Investigation	X	
14.	Responder Safety and Health	X	X
15.	Volunteer Management	X	X

Capability Structure

- 15 Public Health Preparedness Capabilities
- 8 Healthcare Preparedness Capabilities
- 3-5 broad functions per capability
- Tasks associated with each function
- Resource elements include owning or, where applicable, having access to:
 1. Plans
 2. Skills and training
 3. Equipment and technology



Key Preparedness Activities and Functions

LHD Operational Response Readiness

- Written response plans
 - All Hazards
 - Pandemic
 - Strategic National Stockpile/Cities Readiness
- Department Operations Center and Medical/Health Desk in Operational Area EOC
- Training LHD staff for activation

Situation Reporting

- CDPH 24/7 Duty Officer (Pager: 916 328-3605)
- CAHAN
 - 35,000 users
 - Hospitals, skilled nursing facilities, clinics
- Situation Report required to be submitted to CDPH/EMSA for:
 - Unusual Events
 - Emergencies

Risk Communication and Information Sharing

- Crisis and Emergency Risk
Communication Tool Kit
- bepreparedcalifornia.ca.gov
- Fact Sheets in 13 languages

Medical Surge Responsibilities

- Government –Authorized Alternate Care Sites
- Strategic National Stockpile/Cities Readiness Initiative
- State Stockpiled Assets (being phased out)
 - Alternate Care Site Caches
 - Antivirals
 - N95 Respirators
 - Ventilators

Questions?