



Tuolumne County Health Emergency Preparedness and Response Plan

HEPReP

5/23/2023

Executive Summary

An Overview

Updated: May 2023

The events of autumn 2001 mobilized an unprecedented effort towards improving security for the citizens of this country. Weaknesses in our public health system were scrutinized and steps were taken to improve measures to protect the public from deliberate attacks from weapons wielded by desperate adversaries. Unthinkable acts, including the reintroduction of successfully eradicated diseases such as smallpox, became possibilities. In such an environment, the Office of Homeland Security was created and funds were made available through federal and state channels to support the efforts of local jurisdictions to develop comprehensive plans to contend with potential terrorist acts. In 2003-2004 the Health Emergency Preparedness and Response Plan (HEPREP) for Tuolumne County was developed by a team representing every emergency service and county administrative service agency in Tuolumne County as well as representatives of private citizens, schools and businesses with federal, state and local funding.

The role of Public Health as an emergency planning agency has evolved since the September 2001 attacks. There have been periodic but unremitting public health emergencies across the United States. Weather events such as Hurricane Sandy, emerging diseases like West Nile Virus in the past decade and H1N1 influenza in 2009, the Boston marathon attack, and outbreaks of foodborne illness from *Salmonella* and *E. coli* serve as examples of major local and national public health emergencies demonstrating that every community is vulnerable. Tuolumne County Public Health preparedness and the HEPREP (our local plan) has continued to develop and is supported by ongoing grant funding.

The Center for Disease Control (CDC) Public Health Emergency Preparedness (PHEP) funds are distributed by the California Department of Public Health (CDPH) Emergency Preparedness Office (EPO) to the local health department for preparedness planning. The first list of 22 objectives for Public Health Preparedness were issued by the CDC in October 2003 with subsequent modifications according to progress in building public health response infrastructure. In 2008 the National Response Framework described the Emergency Support Functions, with Emergency Support Function 8 representing Public Health and Medical Services.

In 2011, standards were developed as a systematic process to define a set of public health preparedness capabilities to assist state and local health departments with their strategic planning and to establish greater consistency across jurisdictions. Two sets of standards have been established. One set represents **Public Health Emergency Preparedness (PHEP)** capabilities as a national public health standard for state and local preparedness that coordinates and improves state and local health department planning for public health and medical emergencies. The second set of standards, describing the **Hospital (Healthcare) Preparedness Program (HPP)**, represents the preparedness capabilities of hospitals and communities in the areas of surge capacity, site-specific surveillance and all-hazards planning. These two sets of capabilities are listed in the following chart.

Tuolumne County Health Emergency Preparedness and Response Plan

Public Health Emergency Preparedness (PHEP) capabilities	Hospital Preparedness Program (HPP) capabilities
Community Preparedness	Foundation for Health Care & Medical Readiness
Community Recovery	Health Care & Medical Response Coordination
Emergency Operations Coordination	Continuity of Health Care Service Delivery
Emergency Public Information and Warning	Medical Surge
Fatality Management	
Information Sharing	
Mass Care	
Medical Countermeasure Dispensing	
Medical Materiel Management & Distribution	
Medical Surge	
Non-Pharmaceutical Interventions	
Public Health (PH) Laboratory Testing	
PH Surveillance and Epidemiological Investigation	
Responder Safety and Health	
Volunteer Management	

The Hospital (Healthcare) Preparedness Program (HPP) was developed and funded by the Department of Health and Human Services (HHS) through the office of the Assistant Secretary of Preparedness and Response (ASPR). The foci of both the PHEP and HPP efforts have shifted from bioterrorism response to emergency preparedness infrastructure and health care system workforce capacity and capability, expanding the all-hazards approach to planning over the years. The standards and capabilities emphasize the need for coordinated collaborative response planning by all members of the local healthcare community and their safety partners.

The California Department of Public Health, the California Emergency Medical Services Authority and representatives from local public health departments and local emergency medical services agencies developed the Emergency Operations Manual (EOM) in 2011 from predecessor documents written in 2008 and 2009. The EOM describes communications and collaborations with the State agencies during public health and medical emergencies.

The HEPReP was originally identified as a dynamic document which was expected to evolve with the further development of the national, state and local public health emergency capabilities. In keeping with the original guidelines for emergency planning, an “All-Hazards” approach has always been emphasized in the format of the Tuolumne County HEPReP. This approach is based on identifying certain core scalable processes that are common regardless of the nature of an event or threat. Priority in planning is based on local vulnerabilities as identified through various Hazard Vulnerability Assessments (HVA) periodically conducted by the Health Department and in the community. This most recent revision of the HEPReP reflects the California EOM, broadening emergency response responsibilities and newer planning elements identified in the PHEP and HPP objectives after 2012.

Organizationally the HEPReP has 7 core or “all-hazards” sections, followed by functional or hazard-specific annexes and a resource section. Following this Executive Summary, these core components include:

- Section 1: Executive Summary**
This Section outlines operational area demographics and defines the collaborative relationship that exists between the Tuolumne County Health Department and other Tuolumne County agencies. The emergency authorities of the Health Officer are listed or referenced.
- Section 2: Public Health Response**
Section 2 describes the 17 functions of the Medical Health Operational Area Coordinator (MHOAC) and describes the Incident Command System (ICS) operationalized by the Health Department during a disaster or unusual event.
- Section 3: Surveillance**
Day to day activities and processes are followed to comply with Health Department investigation and reporting responsibilities. The activities described here assist in detecting potential or actual outbreaks.
- Section 4: Communicable Disease (CD) Response**
Reporting processes for reportable diseases and epidemiologic investigation processes, including the implementation of the California Reportable Disease Information Exchange (CalREDIE), are described.
- Section 5: Communications**
Horizontal (local) and Vertical (region, state) communications during public health response activities are described. The use of the California Health Alert Network (CAHAN) for alerts in our community, coordination with the local Office of Emergency Services and redundant communications during emergency responses are included.
- Section 6: Resource Management**
The processes by which Tuolumne County requests resources during a public health response, a function of the MHOAC are described here. Included is how local healthcare agencies are able to access local, regional and state assistance through the Tuolumne County Health Department and the local Healthcare Coalition.
- Section 7: Continuity of Operations**
This Section defines essential services, minimal operations, staffing plans, and recovery, including fiscal information. This section includes a description of Family Support Center operations.
- Annexes**
Function and/or hazard specific annexes describe more detailed additional actions required in a specific type of emergency, and/or expands on specific Public Health resources and procedures. Because the HEPReP remains a dynamic document, additional annexes will be developed and added as requested or needed.
- Annex 1: Bioterrorism
Annex 2: Medical Shelter Plan
Annex 3: Foodborne-Waterborne Illness

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- Annex 4: Isolation and Quarantine
- Annex 5: Medical Counter Measures (Strategic National Stockpile, *SNS*)
- Annex 6: Mass Dispensing (Point of Distribution, *POD*)
- Annex 7: Crisis and Emergency Risk Communications (*CERC*)
- Annex 8: Extreme Temperature Contingency
- Annex 9: Health Care and Safety Coalition
- Annex 10: Volunteer Management
- Annex 11: Bomb and Suspicious Package Response
- Annex 12: Public Health and Operational Area Surge
- Annex 13: Mass Casualty
- Annex 14: Mass Care and Shelter Plan [DRAFT]

Resource Section: Forms, maps and contact information are not included in public posting, but are maintained in the Health Department's shared drive.

Section I
Introduction

Reviewed: March 2018

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I. Purpose:

The Tuolumne County Health Emergency and Preparedness Response Plan is a framework to guide local preparation for and response to a public health or medical event affecting Tuolumne County. This plan is intended to direct the interaction between the Tuolumne County Health Department and multiple agencies within Tuolumne County government, and the local private healthcare or support agencies, as well as the Region and State during an event.

II. Definitions:

- A. All Hazards Approach An integrated approach to emergency preparedness planning. Rather than managing planning initiatives for a multitude of threat scenarios, all-hazards planning focuses on developing capacities and capabilities that are critical to preparedness for a full spectrum of emergencies of disasters. For detailed response activities that are specific to certain events, those plans are listed under those event categories in the Annexes to the HEPReP.

- B. Assistant Secretary of Preparedness and Response (ASPR) and the Hospital Preparedness Programs (HPP) ASPR was created to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters, whether deliberate, accidental, or natural. ASPR administers HPP which provides leadership and funding through grants and cooperative agreements to states, territories and eligible municipalities. This includes building healthcare coalitions, planning for all hazards, increasing surge capacity, tracking the availability of beds and other resources using electronic systems, and developing communication systems that are interoperable with other response partners.

- C. Bioterrorism Event Defined in this plan as an intentional release or threat of release to the environment of organisms or biologically derived toxins which pose a risk or are intended to be perceived to pose a risk to the health and/or welfare of the population.

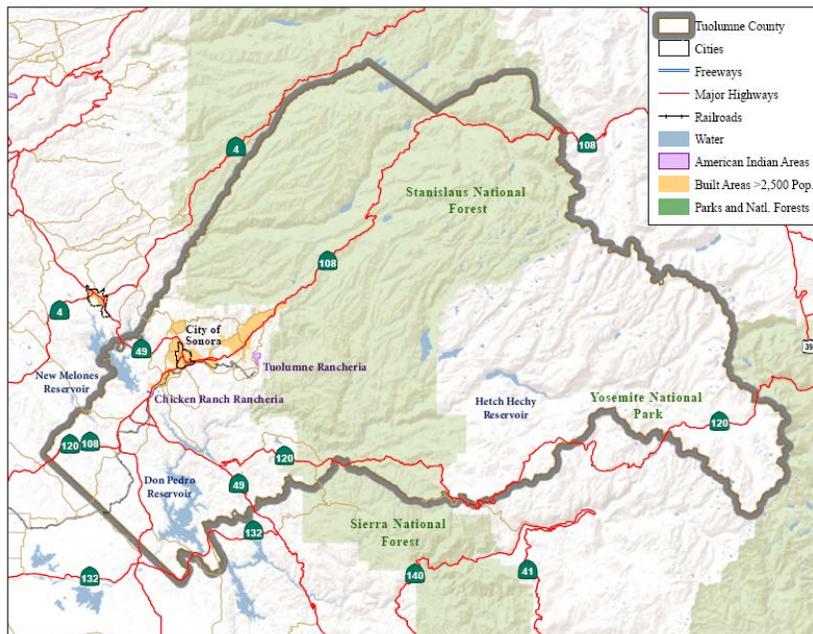
- D. Capabilities To assist state and local public health departments in their strategic planning, CDC developed 15 capabilities in 2011 to serve as national public health preparedness standards. CDC applied a systematic approach to developing the new public health preparedness capabilities. The content is based on evidence-informed documents, relevant preparedness literature, and subject matter expertise gathered from across the federal government and the state and local practice community.

- E. Emerging Infectious Disease Defined in this plan as a naturally occurring infectious agent which has evolved new mechanisms of transmission, new resistance to available tools of control, or has arisen de novo as a new and temporarily undefined threat to the public health.

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- F. Public Health Emergency Preparedness (PHEP) The Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response provides strategic direction, support and coordination for activities across CDC as well as with local, state, tribal, national, territorial and international public health partners. The CDC Public Health Emergency Preparedness (PHEP) cooperative agreement facilitates a critical source of funding. Preparedness activities funded through the PHEP cooperative agreement are specifically designed to cultivate emergency-ready public health departments.
- G. Whole Community A means by which residents, emergency management practitioners, organizational and community leaders, the health care system and government officials share an understanding of community needs, capabilities, and integration of resources. It establishes relationships that facilitate more effective prevention, protection, mitigation, response and recovery.

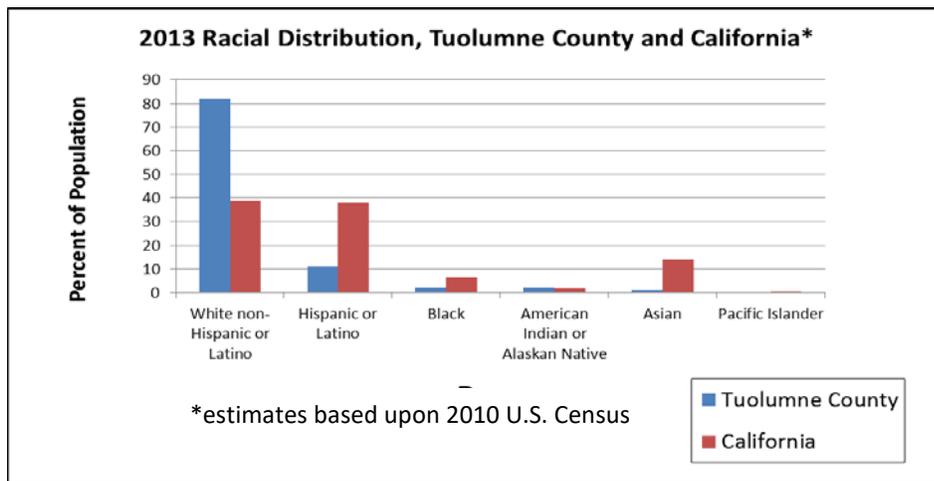
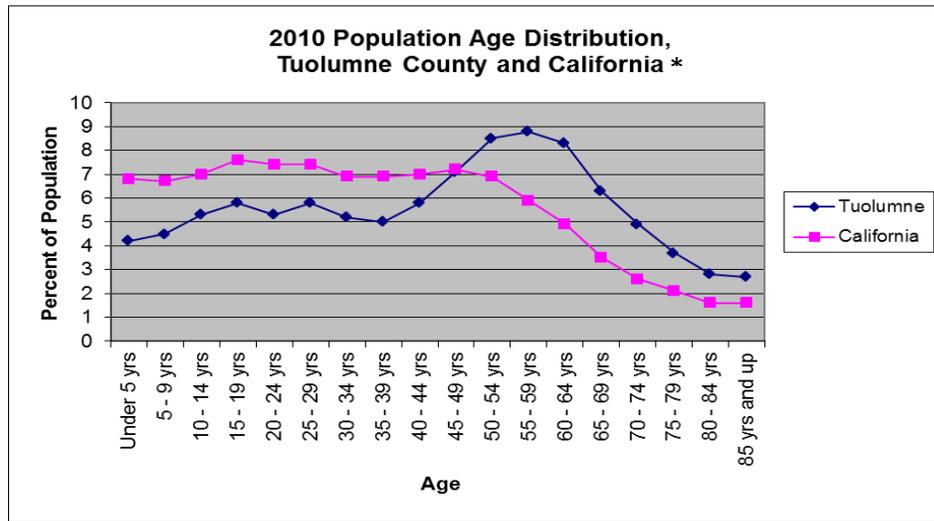
III. **Demographic Information:** Tuolumne County is located in eastern central California. It is bordered on the north by Calaveras and Alpine Counties, the east by Mono County, the south by Mariposa County, and the west by Stanislaus County. The County's total area is 2,217 square miles.



The Sierra Nevada Mountain Range runs north-south in the eastern part of the county. There are two major rivers - the Stanislaus River and the Tuolumne River - running east to west. The county also has several lakes and reservoirs, including Lake Don Pedro and New Melones Lake as well as the Hetch Hetchy Reservoir which supplies water to the city and county of San Francisco.

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Tuolumne County has one incorporated municipality, the City of Sonora, and several unincorporated towns. The majority of the county’s population resides in small rural communities with most of the population clustered around Sonora, Columbia and Jamestown. The total county population estimate in 2013 was 49,300, not including approximately 4500 inmates at the Sierra Conservation Center prison, based upon US Census 2010 figures. Approximately 5000 people reside in the City of Sonora. The Tuolumne County government is guided by a five-member Board of Supervisors and the city of Sonora is governed by a five member City Council. Sonora maintains full time police and fire departments. Outside of the incorporated area, Tuolumne County is served by the County Sheriff’s Department and multiple fire districts.



The economy of Tuolumne County is based mostly on tourism, government employment (California Forest Service and the National and State Park Services), timber and manufacturing. Yosemite National Park, Dodge Ridge Ski Area and the numerous outdoor recreational opportunities are the biggest tourism draws in the county. During peak tourist times an additional 50,000 people may be

visiting Tuolumne County. There are two federally recognized Native American Tribes in Tuolumne County, the Chicken Ranch Tribe and the Tuolumne Tribe of the Central Sierra Me Wuk people.

State Highways 49, 120, 108, 132, and county road J59 are the major transportation routes through the county. J59 and Highway 49 run north-south and Highways 120 and 108 run east-west. State highway 132 cuts across the southern corner of Tuolumne County. These major routes would be highly utilized by county residents and tourists as possible evacuation routes.

Public roadways and bridges within Tuolumne County are owned and maintained by the United States Forest Service, the National Park Service, the California Department of Transportation, Tuolumne County Public Works Department and the City of Sonora Public Works Department. A high potential exists for road closures due to severe winter storms, fires, or flooding. Parts of the county can become isolated for a period of time when these conditions exist. While most secondary roads are paved, there are still a number of unpaved public and private roads throughout the county.

There are two airports operated in Tuolumne County. Columbia Airport has a 4,600 foot paved and lighted runway which is operated 24 hours. It is capable of serving multiple engine propeller aircraft or corporate jets. The Pine Mountain Lake Airport has a 3,630 foot runway and is within driving distance of Yosemite National Park.

The Sierra Railroad is the freight line serving Tuolumne County and connects with the Southern Pacific in Oakdale, California. There are rail docks which connect with industrial loading docks located along its line at Chinese Camp, Jamestown, Sonora and Standard City.

IV. **Health Officer and Emergency Authorities**

A. Local Plans

1. Tuolumne County Operational Area Emergency Services Plan (www.tuolumnecounty.ca.gov)
2. Tuolumne County Hazardous Materials Area Response Plan (OES Plan Annex D, page 175)
3. City of Sonora Emergency Operations Plan (www.SonoraCa.com)

B. California Health & Safety Codes (HSC)

1. The local Health Officer is delegated (by the Board of Supervisors) the responsibility for enforcement of public health laws and regulations at the local level.
HSC § 101085
2. Medical Health Operational Area Coordinator, Health and Safety Code Section In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical *health operational area coordinator* (MHOAC). HSC § 1797.153.

3. Health Officers are authorized to control contagious, infectious, or communicable disease and may “take measures as may be necessary” to prevent and control the spread of disease within the territory under their jurisdiction. HSC § 120175.
4. The Health Officer oversees tuberculosis control. HSC § 121365.
5. In a declared health emergency, the local Health Officer has control over environmental health, sanitation programs and personnel employed by the county during a state of emergency. HSC § 101310.
6. The Health Officer may quarantine, isolate, inspect and disinfect persons, animals, houses, rooms, other property, places, cities, or localities whenever in his/her judgment the action is necessary to protect/preserve the public health. H&S Code 120145. When ordinary means of disinfection are unsafe, the Health Officer may destroy objects such as bedding, carpets, household goods or animals. HSC § 120150.
8. The local Health Officer may take possession or control of the body of any living person, or the corpse of any deceased person as necessary to ascertain the nature of a communicable disease and prevent its spread. HSC § 120140.
9. All persons are required to obey the regulations of a Health Officer under quarantine or isolation. HSC § 120220. It is a misdemeanor to violate any order for quarantine or disinfection. HSC § 120275. It is a misdemeanor for a person with a communicable disease to willfully expose himself or herself to another person. HSC § 120290.
8. California Health and Safety Code, Division 101, Part 3, Chapter 3, Article 6 § 101315 – 101319 Bioterrorism Preparedness Funding. HSC § 101315
9. California Health and Safety Code § 25510.3 Notification of School District in the vicinity of a Hazardous Material Spill. HSC § 25001-26000

C. California Code of Regulations

1. California Government Code, Title 2, Division I, Chapter 7, 8558, California Emergency Services Act. GC §8558
“Local emergency” means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.

*See reference guide for Local Government Emergency Proclamations at the end of this section.

2. California Code of Regulations, Title 17, Chapter 3, Division 3.5, Chapter 2, subchapter 1. Pesticide-Related Illness and Injury requires the Health Officer to report known or suspected pesticide-related illness. CCR § 98100
3. (CMR Form, side 2) CCR, Title 17, Division 1, chapter 4, Subchapter 1, Article 3. It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed... to report to the Local Health Officer. The State of California Confidential Morbidity Report and Reportable Diseases List may be found online at www.CDPH.ca.gov

D. Other Related Codes/Regulations

1. California Business and Professions Code § 4062 1) Pharmacists may dispense dangerous drugs during a declared emergency. 2) During a declared federal, state, or local emergency, the (California Board of Pharmacy) shall allow for the employment of a mobile pharmacy in impacted areas in order to ensure the continuity of patient care.
4. California Vehicle Code § 2450 – 2454 The Legislature finds and declares that a statewide program for the management of hazardous substances highway spills, under the jurisdiction of the California Highway Patrol, is necessary to protect the public health and environment. (CHP Incident Command on State Highways)
5. California Government Code, Title 2, Division 3, Part 4, Chapter 5, Article 6 § 13950-13966 Restitution to Victims
6. California Penal Code § 409.5 The local Health Officer has the authority to order an evacuation if there is an immediate menace to the public health from a calamity such as a flood, storm, fire, earthquake, explosion, accident or other disaster.
7. United States Code, Title 18, Part 1, Chapter 10, Biological Weapons. Code and sanctions against biological weapons. 18 U.S. Code § 175
8. United States Code, Title 18, Part 1, Chapter 113B, Terrorism, Criminal Penalties, weapons of mass destruction, Prohibitions against financing terrorism. 18 U.S. Code §113B

E. **Health Officer Practice Guide**, *Public Health Law Work Group*, Revised 6/7/2013, California Department of Public Health and other Health Officer Resources may be found online at www.CDPH.ca.gov/programs/CCLHO/pages/healthofficerresources.aspx

F. **Authority and Responsibility of Local Health Officers in Emergencies and Disasters**, Abbott, David et. al., California Department of Health services; September 30, 1998: www.CDPH.ca.gov/programs/CCLHO/pages/healthofficerresources.aspx

V. Local Collaboration in Response to a Health and Medical Emergency

- A. The Tuolumne County Health Department (TCHD) collaborates and coordinates with both public and private agencies prior, during and post event to respond to health and medical emergencies. These agencies operate under plans that integrate and coordinate with this plan, the HEPReP, to create a response system. The components include;
1. Tuolumne County Office of Emergency Services (OES): County OES is located at 2 S. Green Street, Sonora, and is responsible for handling major emergencies or disasters. Based upon history, disaster/emergency situations most likely to occur in Tuolumne County include: dam failure, earthquakes, floods, hazardous material incidents, major fires, transportation accidents, infectious disease outbreaks and severe weather. This Health Emergency Preparedness and Response Plan would therefore integrate with the current provisions of the following plans:
 - a. Tuolumne County Operational Area Emergency Services Plan: This plan is intended to provide a framework to guide local government's efforts to mitigate, prepare for, respond to and recover from major emergencies and disasters.
 - b. OES Region IV Medical/Health Mutual Aid System: As a member of California OES Region IV, Tuolumne County participates in the regional Mutual Aid system.
 2. Tuolumne County Hazardous Materials Area Response Plan: This plan organizes the local response to real, suspected or threatened hazardous materials releases that pose a risk to the health and welfare of the county populace. The scope of this plan includes a response to chemical weapons and exposure to radiation, and outlines contract arrangements made for the deployment of Hazardous Materials Response Teams including participation from within the county and from neighboring counties.
 3. Tuolumne County Emergency Medical Services Agency Policy and Procedure Manual: Tuolumne County administers a Local Emergency Medical Services Agency in accordance with these policies and procedures. A local Multi-casualty Incident Response Plan is adapted from the OES Region IV Multi-Casualty Plan.
 4. City of Sonora Emergency Operations Plan: An emergency operations plan exists which is specific to the response activities of the departments within the city of Sonora. This response plan was modeled after the county Operational Area Emergency Services Plan.
 5. Tuolumne County Animal Disease Emergency Response Plan: The Tuolumne County Agricultural Commissioner coordinates the response of local agencies to threats to the health of animals, defined as any livestock, domestic animal, including poultry and fish, which is kept, maintained, held or raised in captivity, and wildlife, in conjunction

with the United States Department of Agriculture, the California Department of Food and Agriculture, the California Department of Fish and Game and state and local OES.

6. Tuolumne County Sheriff/Coroner Mass Fatality Plan: The Sheriff/Coroner's Office coordinates the community response to an event with multiple fatalities beyond the local capacity to manage survivors and store, process (including forensics) and dispose of human remains.

VI. Maintenance and Revision to the HEPReP

- A. Authorization to make revisions: Public Health administrative staff and Emergency Preparedness staff may make edits to the HEPReP all-hazards core Working Document and any functional plans, appendices, or resource documents, but not to the adopted document.
- B. Process for making edits: The author of any edits shall make changes within the "HEPReP Working Document" in the shared network drive. Any changes are to be highlighted or tracked within the document, as well as logged on the "HEPReP Revision Tracking Log" document.
- C. Updating final version: At least bi-annually, the Emergency Preparedness Planning Committee (County Health Officer, Director of Public Health, Supervising Public Health Nurse, PHEP Coordinator, HPP-Pan Flu Coordinator, and EMS Coordinator) will review all changes made to the HEPReP Working Document. Upon consensus, the working document shall replace the active, official document and the Revision Date shall be updated on the Cover Page. The previous version of the HEPReP shall be filed into the "Archive" folder. When matters of a time-sensitive nature occur, updates may be authorized on an urgent basis by convening the Emergency Preparedness Planning Committee.
- D. Distribution List: The active Tuolumne County Health Department Health Emergency Preparedness and Response Plan will be posted on the Public Health Emergency Preparedness page of the Tuolumne County Public Health website, withholding sensitive documents and confidential information. The HEPReP is distributed to the following entities. Copies including the hazard-specific functional plans located in the Annexes and Resource Documents are denoted by (*):
 1. Tuolumne County Health Department
 - a. Health Officer*
 - b. Human Services Agency Director*
 2. County of Tuolumne
 - a. CAO
 - b. Clerk of the Tuolumne County Board of Supervisors
 - c. OES Coordinator
 - d. EMS Agency
 - e. Tuolumne County Fire Warden
 - f. Tuolumne County Sheriff
 3. Hospitals
 - a. Adventist Health Sonora

4. City of Sonora
 - a. Sonora Fire Chief
 - b. Sonora Police Chief
 - c. Sonora City Council
 - d. Sonora City Manager
5. California Highway Patrol

VII. Emergency Response Plan Process and Performance Improvement

- A. The all hazards approach to public health and medical emergency planning is based on a continuous cycle of process and performance improvement. This includes:
 1. Natural or intentional vulnerability assessments are conducted based upon Tuolumne County geography, demographics, healthcare resources, government reports and surveillance data whenever these issues arise, but no less than every two years. Feedback from agencies and members of the Tuolumne County Healthcare Coalition are included in these periodic reassessments of local vulnerabilities.
 2. After Action Reports (AAR) are generated following every activated public health response. These reports serve to identify areas for improved performance or Public Health Emergency Preparedness planning gaps which may be addressed through HEPReP updates or staff training.
 3. Surveillance activities arising from government or global sources (e.g. Epi-X, CAHAN, World Health Organization reports, CDC Morbidity and Mortality Weekly Reports (MMWR), CDPH News Releases etc...) may also identify new potential threats to local public health.
- B. If and when a new potential threat to or gap in the local Public Health Emergency Preparedness system is identified through one of the three processes listed above, the potential remedy for this new threat or gap is considered. This may include the need for a written response plan to be developed which would include resources (human and material) and strategies to mitigate the public health impact of the potential threat or gap. It may be necessary to add this new plan to the HEPReP main body or to the Annexes addressing specific response events. All parts of this plan integrate the local jurisdictional response with regional, state and federal response agencies.
- C. In the event that a new response plan component to the HEPReP is deemed necessary by the Public Health Emergency Preparedness Planning Committee, training for key personnel (identified responders) for the required skills needed to implement the new plan will be included. This training includes the plan, equipment and tools needed to respond.
- D. Periodic drills and exercises are utilized to test the effectiveness and identify gaps in the HEPReP through the performance improvement process. Drills or exercises will be conducted at least annually.



EMERGENCY

PROCLAMATIONS

*Governor's Office of
Emergency Services*

A quick reference guide for
Local Government



Arnold Schwarzenegger, Governor
Henry R. Renteria, Director

General Information about Local Emergency Proclamations

Definition of Local Emergency: “The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake... or other conditions, other than conditions resulting from a labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat...” *Section 8558(c), Chapter 7 of Division 1 of Title 2 of the Government Code*

Issued by:

- Governing body of city, county, or city and county, or
- An official designated by an adopted local ordinance (e.g., police/fire chief, director of emergency services)

Purpose:

- Authorizes the undertaking of extraordinary police powers
- Provides limited immunity for emergency actions of public employees and governing bodies
- Authorizes the issuance of orders and regulations to protect life and property (e.g., curfews)
- Activates pre-established local emergency provisions such as special purchasing and contracting
- Prerequisite for requesting a Governor’s Proclamation of a State of Emergency and/or a Presidential Declaration of an Emergency or Major Disaster. *

Deadlines:

- **Issuance:** Within 10 days of the occurrence of a disaster if assistance will be requested through the California Disaster Assistance Act (CDAA).
- **Ratification:** If issued by official designated by ordinance, must be ratified by governing body within 7 days
- **Renewal:**
 - Reviewed at regularly scheduled board/council meetings until terminated
 - Reviewed every 14 days for governing bodies that meet weekly until terminated
 - No review to exceed 21 days from last review
- **Termination:** When conditions warranting proclamation have ended

Notification Process:

- Local governments should notify the Operational Area (OA) and provide a copy of the local emergency proclamation as soon as possible
- OA shall notify their state OES Region and provide a copy of the proclamation as soon as possible
- OES Region will notify the OES Director and Deputy Directors; and shall be the primary contact between the OES Director, OA and the local jurisdiction for updates on any requests for assistance
- OES Director will respond in writing to the local government concerning the status of any requests for assistance included within the local proclamation or accompanying letter

Please Note: *A local emergency proclamation and/or Governor’s Proclamation is not a prerequisite for mutual aid assistance, Red Cross assistance, the federal Fire Management Assistance Grant Program, or disaster loan programs designated by the Small Business Administration, or the U.S. Department of Agriculture.

Levels of Disaster Assistance

Director's Concurrence:

Purpose: The CDAA authorizes the OES Director, at his discretion, to provide financial assistance to repair and restore damaged public facilities and infrastructure.

Deadline: State OES must receive request from local government within 10 days of incident.

Supporting Information Required: Local Emergency Proclamation, Initial Damage Estimate (IDE) prepared in the Response Information Management System (RIMS), and a request from the City Mayor or Administrative Officer, or County Board of Supervisors.

Governor's Proclamation:

Purpose: Provides Governor with powers authorized by the Emergency Services Act; authorizes OES Director to provide financial relief for emergency actions and restoration of public facilities and infrastructure; prerequisite when requesting federal declaration of a major disaster or emergency.

Deadline: State OES must receive request from local government within 10 days of incident.

Supporting Information Required: Local Emergency Proclamation, IDE prepared in RIMS, and a request from the City Mayor or Administrative Officer, or County Board of Supervisors.

Presidential Declaration of an Emergency:

Purpose: Supports response activities of the federal, state and local government. Authorizes federal agencies to provide "essential" assistance including debris removal, temporary housing and the distribution of medicine, food, and other consumable supplies.

Deadline: Governor must request on behalf of local government within 5 days after the need for federal emergency assistance is apparent.

Supporting Information Required: All of the supporting information required above and, a Governor's Proclamation, certification by the Governor that the effective response is beyond the capability of the state, confirmation that the Governor has executed the state's emergency plan, information describing the state and local efforts, identification of the specific type and extent of federal emergency assistance needed.

Presidential Declaration of a Major Disaster:

Purpose: Supports response and recovery activities of the federal, state, and local government and disaster relief organizations. Authorizes implementation of some or all federal recovery programs including public assistance, individual assistance and hazard mitigation.

Deadline: Governor must request federal declaration of a major disaster within 30 days of incident.

Supporting Information Required: All of the supporting information required above and, a Governor's Proclamation, certification by the Governor that the effective response is beyond the capability of the state, confirmation that the Governor has executed the state's emergency plan, and identification of the specific type and extent of federal aid required.

Federal/State Disaster Assistance that require a local emergency Proclamation

Local Government:

- ✓ Reimbursement of extraordinary emergency costs temporary (e.g., police overtime, debris removal, sandbagging)
- ✓ Funds to repair damaged public facilities expenses (e.g., buildings, roads, equipment, utilities)
- ✓ Hazard Mitigation

Individuals and Families:

- ✓ Housing assistance such as home repairs and lodging/rental assistance
- ✓ Personal property, medical/dental
- ✓ Disaster unemployment benefits
- ✓ Crisis Counseling

SAMPLE PROCLAMATION

WHEREAS, Ordinance No. _____ of the City/County of _____ empowers the *Director of Emergency Services** to proclaim the existence or threatened existence of a local emergency when said City/County is affected or likely to be affected by a public calamity and the City Council/County Board of Supervisors is not in session, and;

WHEREAS, the *Director of Emergency Services** of the City/County of _____ does hereby find; That conditions of extreme peril to the safety of persons and property have arisen within said city/county, caused by _____ (fire, flood, storm, mudslides, torrential rain, wind, earthquake, drought, or other causes); which began on the _____th day of _____, 20____. and;

That these conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of said City/County, and;

That the City Council/County Board of Supervisors of the City/County of _____ is not in session and cannot immediately be called into session;

NOW, THEREFORE, IT IS HEREBY PROCLAIMED that a local emergency now exists throughout said City/County, and;

IT IS FURTHER PROCLAIMED AND ORDERED that during the existence of said local emergency the powers, functions, and duties of the emergency organization of this City/County shall be those prescribed by state law, by ordinances, and resolutions of this City/County, and; That this emergency proclamation shall expire in 7 days after issuance unless confirmed and ratified by the governing body of the City/County of _____

Dated: _____ By: _____

*Director of Emergency Services**

Print Name _____

Address _____

**Insert appropriate title and governing body*

Note: *It may not be necessary for a city to proclaim a local emergency if the county has already proclaimed an emergency that applies to the entire geographic county area or for a specific area that includes the impacted city or cities.*

This guide is not intended to be a legal opinion on the emergency proclamation process and related programs under state law. Local governments should consult their own legal counsel when considering proclaiming a local state of emergency.