**Public Health
Health Services Agency**
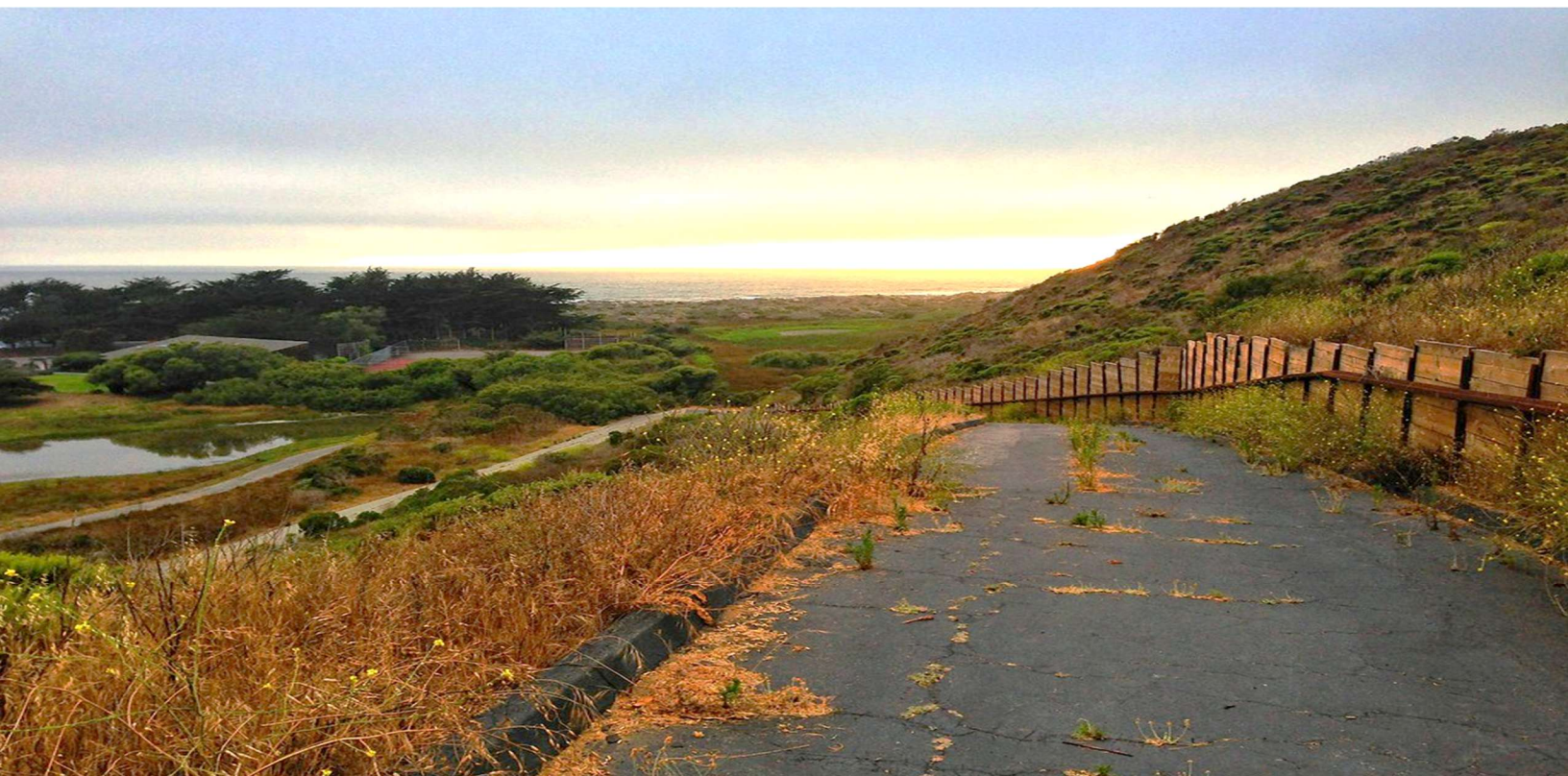
SANTA CRUZ COUNTY HEALTHCARE COALITION

FY 25-26 EMERGENCY OPERATIONS GUIDE

County of Santa Cruz

Health Services Agency-Public Health

Emergency Preparedness Unit

Initial Response List

Acute Event

- Natural Disaster: Earthquake, Flood, Wildfire
- Human Caused: Terrorist Attack, Mass Casualty

Emerging Event

- Pandemic (Influenza or other)
- Emerging Infectious Disease

IMPORTANT: *The purpose of the Internal Response List is to be used as a quick guide*. For complete actions, review full information inside the EOG and facility specific emergency plans.

HEALTHCARE FACILITY INITIAL RESPONSE LIST: ACUTE	
Action:	**Item Completed?** ✓
Activate your facility acute emergency response plan(s) as needed.	
Immediate Notification: Contact MHOAC via direct line or NETCOM. If PH DOC or EOC is activated, your facility will be notified via CAHAN. Please call EOC and DOC directly.	
Contact facility public information officer to contain media outlets (create consistent messaging for staff, patients, etc.)	
Contact facility staff (as needed, via facility-specific outlets)	
Update SitRep and bed count and other various disaster communication systems (as prompted)	
Obtain ICS forms for proper documentation of incident via HCC website/FEMA	
Submit a Situation Status Report (as needed/requested).	
Submit Resource Request form to MHOAC (as needed/Requested)	
Submit Assistance Capacity forms to MHOAC (as needed/requested)	
Continue to monitor event and response as requested	

Healthcare Facility Initial Response List: Emerging	
Additional notification and assistance may be needed in the case that an event is slowly emerging. Please be aware that emerging events can escalate into a surge.	
ACTION:	**Item Completed?** ✔
Notify State Licensing and Certification at (916) 552-8700 and/or HCAI at (916) 326-3600	
Notify neighborhood healthcare facility partners	
Notify local government, city and community partners	
Anticipate need of additional resources (personnel, supplies, medication, etc.	
Begin recovery process via documentation of expenditures	

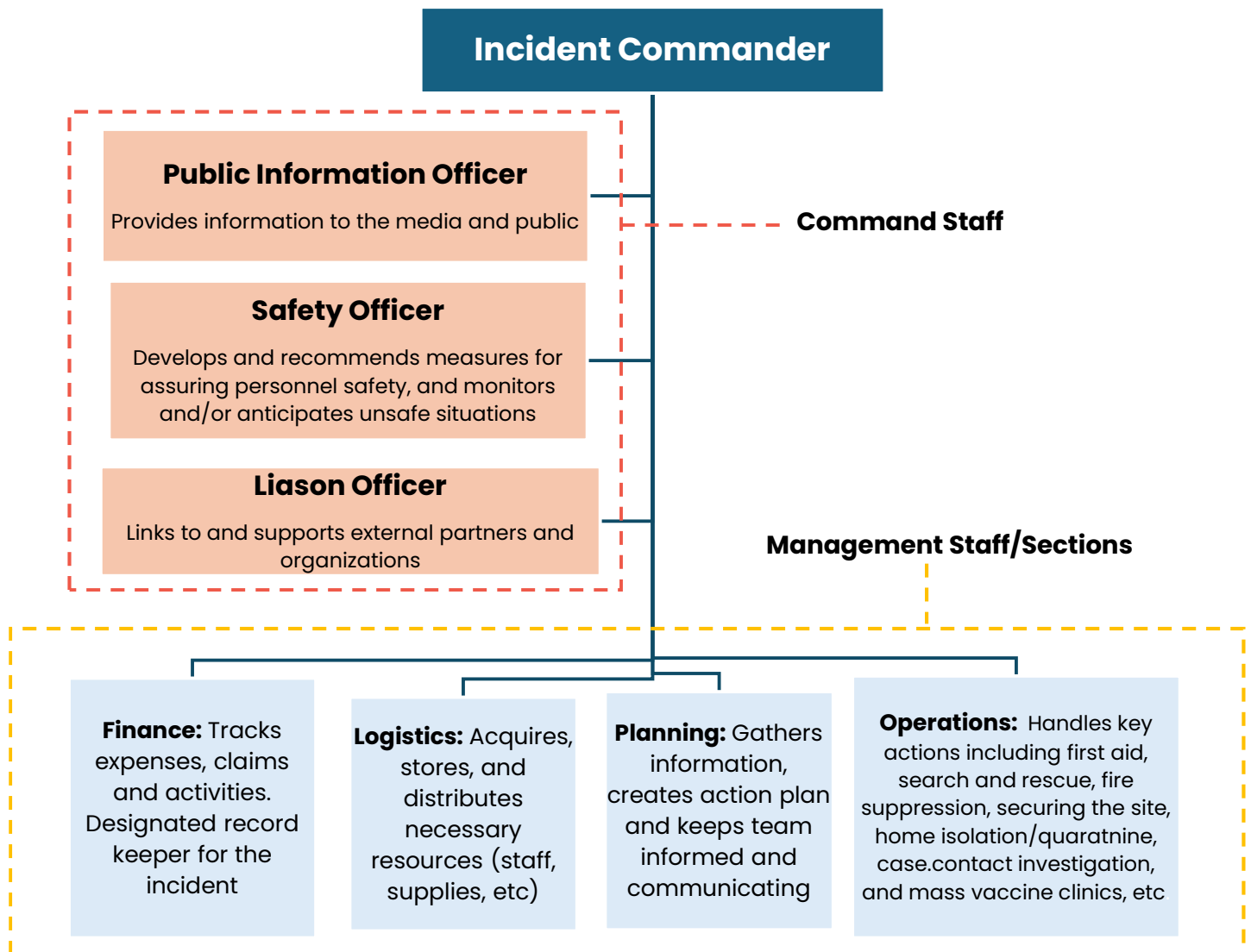| Contact Information	
MHOAC Direct number	(831) 346-7556
MHOAC Via NETCOM	(831) 471-1170 Refer to MHOAC tab for calling instructions
Healthcare Coalition	HCC Coordinator Alexandria Vingino: (831) 247-7927 hcc@santacruzcountyca.gov
HCC Clinical Advisor	Dr. Eli Carrillo: Eli.Carrillo@santacruzcountyca.gov
Public Information Officer	Corinne Hyland: (831) 454-7558 corinne.hyland@santacruzcountyca.gov
EOC Medical Health Branch	(831) 454-2167
Public Health DOC	When DOC is in person: 1080 Emeline Avenue 2nd floor DOC Conference room
SitRep Form	https://forms.office.com/g/NfreHqEZXB

Table of Contents

Purpose

This Emergency Operations Guide serves as a quick reference for Healthcare Coalition members in the County of Santa Cruz. Utilize this guide to find contact information, communication flow directions, ICS structure, activation and reporting criteria, information on the MHOAC program, roles and responsibilities, and the HCC directory. This is a simplified all-hazards quick guide. For more in-depth information, utilize the Healthcare Coalition Response Plan, Governance Plan, and Continuity of Operations Plan.
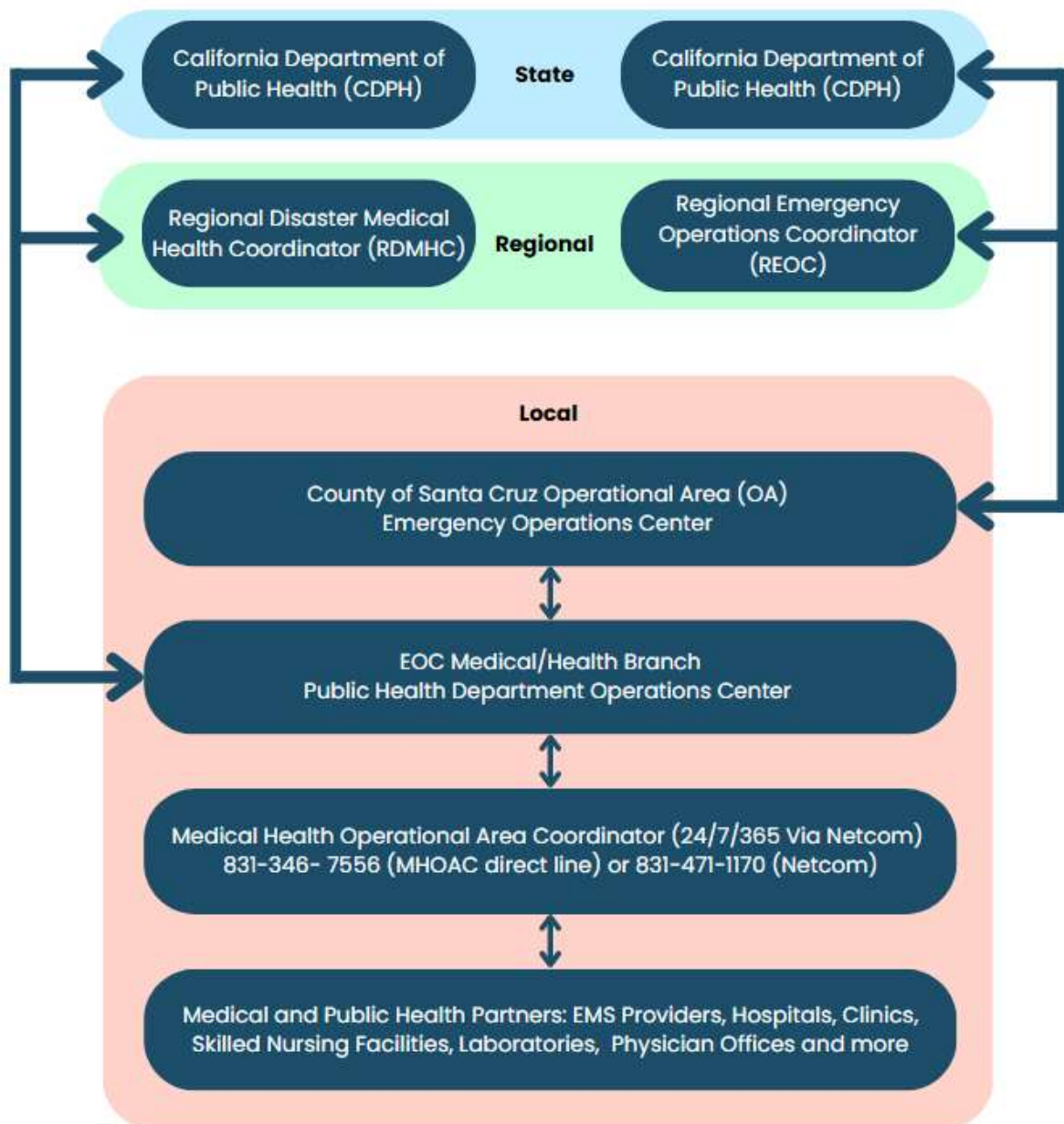
Introduction to Incident Command System

The Incident Command System (ICS) is an organization structure used for the command, control and coordination of emergency response. Hospital Command Centers, Departmental Operations Centers and Emergency Operations Centers utilize ICS.

Incident Commander

Public Information Officer

Provides information to the media and public

Safety Officer

Develops and recommends measures for assuring personnel safety, and monitors and/or anticipates unsafe situations

Liason Officer

Links to and supports external partners and organizations

Command Staff

Management Staff/Sections

Finance: Tracks expenses, claims and activities. Designated record keeper for the incident

Logistics: Acquires, stores, and distributes necessary resources (staff, supplies, etc)

Planning: Gathers information, creates action plan and keeps team informed and communicating

Operations: Handles key actions including first aid, search and rescue, fire suppression, securing the site, home isolation/quaratnine, case.contact investigation, and mass vaccine clinics, etc

*Within each group, additional positions can be added in the form of branches, groups, units, or strike teams. Visit FEMA.gov for more information on ICS Structure.

Emergency Communication Flow

Emergency system activation occurs when Departmental Operations Centers (DOC) and/or Emergency Operations Centers (EOC) are activated. **If the DOC or EOC has been activated medical and public health partners can contact them directly instead of the MHOAC.**

State
- California Department of Public Health (CDPH)
- California Department of Public Health (CDPH)

Regional
- Regional Disaster Medical Health Coordinator (RDMHC)
- Regional Emergency Operations Coordinator (REOC)

Local
- County of Santa Cruz Operational Area (OA) Emergency Operations Center
- EOC Medical/Health Branch Public Health Department Operations Center
- Medical Health Operational Area Coordinator (24/7/365 Via Netcom) 831-346- 7556 (MHOAC direct line) or 831-471-1170 (Netcom)
- Medical and Public Health Partners: EMS Providers, Hospitals, Clinics, Skilled Nursing Facilities, Laboratories, Physician Offices and more

Command Center Activation Notification Criteria

Notify the Medical Health Operational Area Coordinator (one or both scenarios)	HSA Department Operations Center (DOC) may activate (one or all scenarios)
o If your healthcare facility is experiencing an event that has the potential to impact your facility's ability to function and/or the healthcare delivery system. o If your facility has activated its Emergency Command Center.	o Coordinate/lead a public health event such as a disease outbreak or pandemic. o Conduct public health related activities during an EOC activation. o Coordinate support for healthcare partners experiencing an event with a medical/health impact. o Fulfill MHOAC Functions (or assist).
When called back, be prepared to provide: o Description of event. o Status of your facility (open, closed, evacuating). o Estimated duration of emergency. o Resources that you need immediately (equipment, personnel, etc.) **More information on reporting methods under the Situation Status Tab**	o During an Activation, your facility may be notified via the California Health Alert Network (CAHAN) or via email. o The alert will provide contact information for the Public Health DOC or the EOC. o Contact information provided in the alert may be different from the contact information provided below.
MHOAC line: (831)-346-7556 **Contact MHOAC via Netcom**: (831) 471-1170. Request that dispatch contact the Medical Health Operational Area Coordinator (MHOAC) and request a call back. Provide your name, facility name, and a call back number.	**Important:** Once the EOC and/or DOC have been activated, contact the EOC or DOC directly (Do not call NETCOM) **Public Health DOC**: 831-454-4444 **Medical Health Branch at EOC**: 831-454-2167

Communicable Disease Reporting

Prevent Immediately

To prevent the transmission of communicable diseases, it is urgent for healthcare facilities to report a "CONFIRMED" or "SUSPECT" case of any immediately reportable disease to the County of Santa Cruz Public Health Communicable Disease Unit

Provide Information

Be Prepared to provide patient information. HIPAA contains a clear exemption [Title 17 CCR | CFR 164.512(b)] for the legally authorized reporting of disease to public health authorities and for public health surveillance, investigations, and interventions.

Obtain Forms

To obtain forms and find reporting complete requirements, please visit www.santacruzhealth.org/diseasereporting and choose "How to Report a Disease" from the drop down list

Report

Monday-Friday (8am-5am)
- Phone: 831-454-4114
- Fax: 831-454-5049
- Email: HSACD@santacruzcountyca.gov (no PHI)

After Hours/Weekends/Holidays via NETCOM*
- Phone: (831) 471-1170.

Immediately Reportable Conditions

This list is a subset of all reportable conditions. For a complete list and timelines for reporting, visit www.santacruzhealth.org/CDUnit

Anthrax*
Any Unusual Disease
Botulism*
Brucellosis*
Cholera
Ciguatera Fish Poisoning
Dengue
Diphtheria
Domoic Acid Poisoning
Escherichia coli: shiga-toxin producing (STEC)*
Flavivirus Infection
Hantavirus Infection
Hemolytic Uremic Syndrome
Influenza (Novel Strains)
Measles (Rubeola)
Meningococcal Infections
Novel Virus (with pandemic Potential
OUTBREAKS OF ANY DISEASE
Paralytic Shellfish Poisoning
Plague*
Rabies (human or animal)
Scombroid Fish Poisoning
SARS
Shiga toxin (in feces)
Smallpox (Variola)*
Tularemia*
Viral Hemorrhagic Fevers*
Yellow Fever
Zika Virus

*Bioterrorism Agents: Defined by the Center for Disease Control (CDC) as organisms that

*Request that dispatch contact Health Officer and request call back	pose a risk to national security because they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness.

Reporting Forms

Purpose: During an emergency, healthcare facilities may need or be able to share medical and health resources (e.g., medical equipment and supplies, medical transportation, or health care personnel/volunteers).

The MHOAC is the ordering point for medical and health resources that cannot be obtained through the usual channels. If the resource being requested is in limited supply, the MHOAC may convene a meeting (teleconference, video conference, or in-person) to determine resource allocation based on urgency and facility type

Minimum Data Elements Resource Request Checklist:

☐ Describe the current situation. Submit a situation status report as soon as possible.

☐ Describe the requested mission (e.g. the ability to transport 20 critically injured pediatric patients)

☐ Describe needed equipment, supplies, personnel, etc. and acceptable alternatives

☐ Provide contact information and specific delivery location with a common map reference

☐ Indicate if logistical support is required (e.g. food and shelter for personnel, fuel for equipment)

☐ Indicate urgency of need via Resource Request form (material or personnel)

Hospitals and Healthcare Coalition Members should use the SitRep form link to submit resource requests.

Medical Surge Guide

	Triggers	Assistance Required	Activation	Proclamations Declarations	Standard of Care
Green	Normal Operations	Normal Operations	Normal Operations	Normal Operations	Normal Operations
Yellow	Staffed bed capacity exceeded	HCF does not require assistance from the MHOAC	Activation of Healthcare Incident Command Center (HICC)	Regulatory Accrediting Agency Waiver	Normal Standard of Care
Orange	Staffed bed capacity exceeded. HCF health care assets and/or resources are depleted	HCFs request assistance from the MHOAC. Tracking patients, supplies, resources from clinics, public health, long-term care, MRC, etc.	Activation of HICC Public Health Department Ops Center (DOC) Emergency Ops Center (EOC)	A Local Emergency may be proclaimed	Standard of Care may be slightly modified
Red	Staffed bed capacity exceeded. OA Health care assets and/or resources are depleted	OA requests assistance from the region/state and/or federal government Alternative Care Site cache, mobile field hospitals,	Activation of HICC, DOC, EOC. Regional Disaster Medical Health Specialist (RDMHC/S) Regional Emergency	A Local Emergency may be proclaimed. Governor may declare a state emergency. President may declare a national emergency.	Crisis Standards of care may be in effect. Medical staff practicing outside of experience. Population

		national pharmaceutical stockpile, and/or strike teams	Operations Center (CAL) Medical and Health Coord. Center (MHCC) State Emergency Ops Center (SOC)		focus of care.
Black	Staffed bed capacity exceeded. OA health care assets and/or resources are significantly depleted	OA requests significant assistance from the region/state and/or federal government.	Refer to above	Refer to above	Refer to above

In the event of a local or regional surge, response to a medical health surge will likely include all Healthcare Coalition partners.

Medical Health Operational Area Coordinator

The MHOAC Program is responsible for planning and facilitating the strategic deployment of necessary emergency medical and health resources by coordinating resources within and outside of the OA and coordinating information among health care entities through situation reporting as necessary.

Additionally, the Health and Safety Code (1797.153) directs that a MHOAC program shall:

- o Recommend to the operational area coordinator of the Office of Emergency Services (OES) a medical and health disaster plan for the provision of medical and health mutual aid within the OA.
- o Include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code.
- o At a minimum, develop a medical and health disaster plan, policy and procedure with its partners that include all of the following 17 functions as listed below.

MHOAC Functions	LEMSA	Public Health	Environmental Health	Behavioral Health
1. Assessment of immediate medical needs	X	X	X	X
2. Coordination of disaster medical and health resources	X	X	X	X
3. Coordination of patient distribution and medical evaluations	X			
4. Coordination with inpatient and emergency care providers	X			
5. Coordination of out-of-hospital medical care providers	X	X		
6. Coordination and integration with fire agency's personnel, resources and emergency fire pre-hospital medical services	X			

Function	(red)	(orange)	(green)	(blue)
7. Coordination of providers of non-fire based, pre-hospital emergency medical services	X			
8. Coordination of the establishment of temporary field treatment sites	X			
9. Health surveillance and epidemiological analyses of community health status		X		
10. Assurance of food safety		X		
11. Management of exposure to hazardous agents	X		X	
12. Provision or coordination of Behavioral Health Services			X	
13. Provision of medical and health public information and protective action recommendations.	X	X		X
14. Provision or coordination of vector control services		X	X	
15. Assurance of drinking water safety		X	X	
16. Assurance of the safe management of liquid, solid and hazardous waste			X	
17. Investigation and control of communicable diseases		X		

MHOAC Contact information:

Direct line: 831-346-7556

Via NetCom: (831) 471-1170 ask for dispatch to contact MHOAC

ARES Hub Sites

During an event in which standard communication systems are down, Amateur Radio Emergency Service (ARES) operators will automatically deploy to the medical and health partner sites listed in the table on the bottom of this tab.

Deploying Runners to Medical and Health ARES Hubs
Sites without ARES operators may deploy Runners from their site to an ARES Hub to bring critical information to transmit to the Medical Health Operational Area Coordinator (MHOAC). It is recommended that pre-filled Go-Bags are prepared ahead of time. It is recommended to send two Runners from each site so one can stay to receive responses, and one can report back to the organization to confirm transmission of the communication.

Runner Items Required for Deployment:
- Work badge and/or picture identification
- Written message to the MHOAC from your facility's incident Commander/leadership (as needed)
- The following reporting forms:
  - Situation Status Report
  - Resource Request(s) as needed
  - Assistance Capacity, as needed
  - List of any equipment, supply, or staff resources your site could offer to assist.

Runner Deployment Instructions:
1. Go to the closest ARES Hub
2. Ask to be taken to Security or ARES Operator
3. Plan to stay long enough to get confirmation of receipt and any response to resource requests
4. Plan to return to follow up on communication.

Ares Operators will maintain a log of Runners' names, arrival time, organization, and time of ARES transmissions, time of confirmation of transmissions, and Runner departure time.

ARES Hubs at Medical Health Partner Sites				
ARES Hub Site	**Location**	**Communication with Onsite Staff**	**During Business Hours Building Access**	**After Hours Building Access**
County Emergency Operations Center (EOC)	5200 Soquel Ave Santa Cruz, Building C, 2nd floor	Ask for the EOC	Enter the main lobby of the building and ask for the EOC	Ring the doorbell outside the main entrance and await instructions.
Health Services Agency Department Operations Center (DOC)	1080 Emeline Ave Santa Cruz, Second floor DOC	Ask for the DOC	Enter the first floor and ask any staff for the DOC (located on the second floor)	Ask any security or staff member for the DOC
Dominican Hospital	1555 Soquel Drive Santa Cruz (location may change)	Ask for Security. Then ask Security for the Command Center or ARES Operator.	Ask for Security	Ask for Security
Sutter Maternity and Surgery center	2900 Chanticleer Ave Santa Cruz (location may change)	Ask for Security. Then ask Security for the Command Center or ARES Operator.	Ask for Security	Ask for Security
Watsonville Community Hospital	75 Nielson Street Watsonville (location may change)	Ask for Security. Then ask Security for the Command Center or ARES Operator.	Ask for Security	Ask for Security

Demobilization and Financial Recovery

In the event of a disaster, the recovery process begins as soon as the response effort begins. It is essential that all responding organizations or agencies track and monitor any potential eligible expenses so that when and if funding becomes available, reimbursements can be maximized during the recovery process.

The ability to track and monitor potentially eligible expenses is the key to maximizing recovery efforts. To do so, all disaster-related costs should be separated from regular expenses.

Eligible expense requirements:

- Required as the direct result of the declared emergency or major disaster.
- Located within the designated disaster area, except for sheltering, evacuation activities, and mobilization center, which may be located outside the designated disaster area; and
- The legal responsibility of the eligible applicant at the time of the disaster

Labor Costs

- Regular employee labor hours, be individual, rates of pay, duty assignment, and work locations
- Temporary hires, by individual, hours of work, and rates of pay
- Breakdown of fringe benefits for regular employees and temporary hires, including regular and overtime rates.

Equipment, Supplies, and Contract Costs

- Equipment used for eligible disaster recovery work, hours of use, applicable equipment rates charged (local or government cost code), location of work, and name of supervisor.
- Services contracted for and/or purchased for use on eligible work, location of work purchase orders, costs and invoices to support the costs.
- Lists of equipment damaged and costs to repair or replace.
- The contractual scope of work should be included to document the specifics of the work and services provided.

Other Supporting Records
- Copy of declaration/proclamation.
- Mutual aid and assistance agreements in effect, insurance adjustment and settlements and other documents and records related to project worksheets.
- Photographs of work sites, before and after, labeled with location and date.
- Labor policies in effect at time of disaster.
- Volunteer labor documentation for each volunteer, a record of hours worked, location, description of work performed, and equivalent information for equipment and materials.
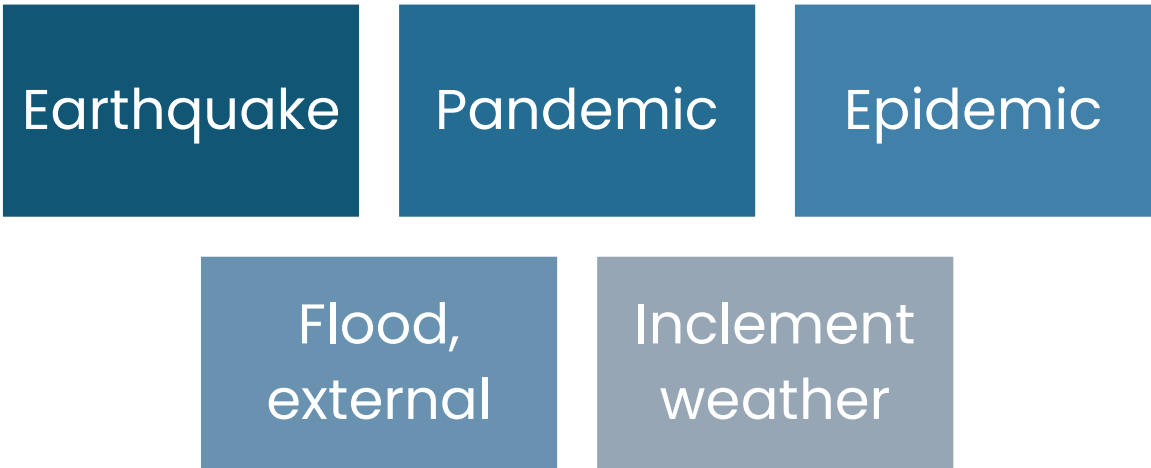
Demobilization Procedures
- Complete ICS 214 Activity Forms (each operational period/per person).
- Track all resources deployed and plan for how/when they will be returned and/or replenished, and update the electronic inventory of resources.
- All paperwork and documentation must be filled out and submitted to the Planning Chief/Documentation Unit. For responders, they will be consider officially demobilized once all activities on the appropriate checklists are completed and designated staff are signed-out by their supervisor.

For more in-depth guidance, please review the Disaster Financial Assistance section in the California Public Health and Medical Emergency Operations Manual:

[CDPH Public Health and Medical Emergency Operations Manual](#)

Roles and Responsibilities

The role and responsibilities of HCC Partners in Acute and Emerging Events according to the 2025 Hazard Vulnerability Assessment:

Earthquake

Pandemic

Epidemic

Flood, external

Inclement weather

Acute Event	Emerging Event
Natural Disaster: Earthquake, flood, wildfire Human Caused: Terrorist Attack, Mass Casualty Incident, Intentional act of violence	Pandemic Other Emerging infectious disease
Public Health	
Role: Support	**Role: Lead**
A. Assess and monitor the healthcare delivery status within Operational Area (OA) and provide necessary notifications to the region and state **B.** Coordinate with medical/health resources within the county. Coordinate development and dissemination of health information, alerts, advisories, and press releases	**A–C** from acute event, AND: **D.** Manage public health event and develop Incident Action Plan (IAP) **E.** Convene planning meeting/briefing with healthcare partners **F**. Operations: • Surveillance, disease investigation, data analysis,

C. Coordinate development and dissemination of health information, alerts, advisories, and press releases
D. Manage Public Health activities (e.g. monitoring shelters for illness, taking an active role in implementing infection control measures, etc.)

development of hypotheses, and control measures.
- Receive, Ship and Store (RSS) medical supplies
- Point of Dispensing Sites (PODS)
- Alternate Care Sites (ACS)
- Just in Time Training (JITT)

Emergency Medical Services (EMS)	
Role: Support	**Role: Support**
A. Establish and maintain communications with Medical Health Operational Area Coordinator (MHOAC) **B.** Rescue and extrication **C.** Field Treatment Sites **D.** Medical Transport	**A.** Establish and maintain communications with Medical Health Operational Area Coordinator (MHOAC) **B,** Assess and report staff availability (EMTs, paramedics, and firefighters **C.** Medical Transport

Healthcare Facilities (Hospitals, Clinics, Skilled Nursing Facilities, Long-Term Care Facilities)	
Role: Support	**Role: Support**
A. Report situation status to Public Health/MHOAC including - Bed/exam room availability, resource need, and availability of resources such as staff and supplies that can be shared or pooled via SitRep form **B.** Establish/maintain communications with - Public Health - Local Healthcare Partners - Corporate/partner facilities - Licensing and certification (CDPH) **C.** Send a representative to county briefings	**A.** Report situation status to Public Health/MHOAC including - Bed/exam room availability, resource need, and availability of resources such as staff and supplies that can be shared or pooled via SitRep form **B.** Establish/maintain communications with - Public Health - Local Healthcare Partners - Corporate/partner facilities - Licensing and certification (CDPH) **C.** Send a representative to county briefings

Skilled Nursing Facilities/Long Term Care Facilities	
Role: Support	**Role: Support**
A-C Actions above, and	**A-C:** Actions above, and

• Maintain safe care for residents including but not limited to supplies, staff, power, sanitation, and security	• Provide triage and screening • Separation of well versus sick • Self-care/education • Outreach • Vaccine dispensing sites

Clinics

Role: Support	Role: Support
A. Report situation Status to Public Health/ MHOAC (including availability of resources, including staff and supplies, and resource requests) **B.** Establish and maintain communications **C.** Send a representative to briefings	**A.** Report situation Status to Public Health/ MHOAC (including availability of resources, including staff and supplies, and resource requests) **B.** Establish and maintain communications **C.** Send a representative to briefings

Partner/Volunteer Organizations

Role: Support	Role: Support
A. Report situation status to Public Health/MHOAC (including availability of resources, including staff and supplies, and resource requests **B.** Establish and maintain communications **C.** Send a representative to briefings	**A.** Report situation status to Public Health/MHOAC (including availability of resources, including staff and supplies, and resource requests **B.** Establish and maintain communications **C.** Send a representative to briefings

Disaster Volunteer Opportunities

The Medical Reserve Corps (MRC) is a national network of local volunteers engaging communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response, and recovery capabilities. Santa Cruz County MRC welcomes medical and non-medical volunteers. Visit: www.santacruzhealth.org/MRC for more information.