

Orange County Pandemic Preparedness



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SUMMARY

The 2020-2021 Grand Jury's investigation into Orange County's pandemic preparedness focused primarily on the review of the County's Emergency Operations Plan (EOP) and the Orange County Health Care Agency's (OCHCA) Disease Outbreak and Response Annex (DORA). The Grand Jury also gathered information on stockpiles of personal protection equipment (PPE) and County budget to support the preparedness effort. The Grand Jury's investigation revealed that while Orange County had emergency plans specific to a pandemic, these plans had known gaps that were not addressed in accordance with the state, national and international guidelines. The emergency plan classified the probability of a pandemic as "unlikely". The Grand Jury also observed that the agency did not establish comprehensive community-based task forces that included official threshold language communities in Orange County. In addition, the County did not have enough resources (facilities, materials, and personnel) to enact key parts of the emergency plan such as handling urgent communications.

As a result of the investigation, the Orange County Grand Jury identified several findings and has made recommendations.

BACKGROUND

The world was unprepared for a pandemic outbreak and Orange County was no exception. A well-defined pandemic preparedness plan and its effective execution by the various County departments was imperative to keep its residents safe.

Orange County Emergency Planning - Pandemic Preparedness

One function of Orange County government is to support its residents during a variety of disasters and emergencies through the Emergency Management Council (EMC). The council is comprised of County and city organizations that need to respond during a state of emergency. The EMC has delegated coordination of emergency planning to the Orange County Sheriff's Emergency Operations Group. The Orange County Sheriff's Department is responsible for preparing an "Emergency Operation Plan" (EOP). The EOP includes a pandemic influenza document also known as the Disease Outbreak and Response Annex (DORA). The EOP is reviewed biannually or as needed. The DORA component of EOP is developed and updated by the OCHCA. The OCHCA uses international World Health Organization (WHO), national Centers for Disease Control and Prevention (CDC), and California Department of Public Health (CDPH) guidelines to prepare the DORA. The CDC's state and local Pandemic Planning Checklist clearly documents the various aspects of the local agency's Influenza Pandemic Preparedness Plan. The plan includes community preparedness leadership, healthcare and public health partners, public health communications, and vaccine distribution plans. The local health care agency is expected to incorporate the applicable guidelines in the development of its plan.

Once a pandemic emergency is declared, the health care agency is expected to implement the plan to reduce illness and death and return to a safe and healthy environment for residents.

Orange County Pandemic

Orange County is one of the largest counties in the country with a population of 3.2 million and a 2020 GDP forecast of \$260.8 billion. Orange County is also very diverse, having many residents with limited English language proficiency.

Orange County, along with the rest of the world, has experienced multiple influenza pandemics from the 1918 Spanish Flu Pandemic to the 2010-2011 H1N1 Pandemic, including the current COVID-19 pandemic. Orange County is also subject to other disease outbreaks including Measles, Chicken Pox, and Tuberculosis. These disease outbreaks necessitate the County government to generate contingency plans and implement them appropriately through the OCHCA. The current COVID-19 pandemic has strained County resources and existing emergency preparations.

REASON FOR STUDY

The 2020-2021 Grand Jury was empaneled five months into the COVID-19 pandemic. After viewing multiple news reports about PPE shortages and issues surrounding the response to the pandemic by the OCHCA, the Grand Jury decided to investigate the County's preparedness plan and its adherence to established guidelines. The Grand Jury was interested in the implementation of the checklist recommended by the CDC, the execution of the preparedness plan, and communication based on that plan to the residents of Orange County.

METHOD OF STUDY

The Grand Jury reviewed documents from the OCHCA and its partner organizations including:

- County Emergency Operations Plan
- Disease Outbreak Response Annex
- State and County Pandemic Matrices
- Pandemic Preparedness Plan for Orange County
- PPE and Durable Medical Equipment (DME) stockpiles in Orange County
- Annual Budgets
- Partnership Contracts with Community Engagement Services

To further understand the existence and status of the pandemic preparedness plan, the Grand Jury interviewed individuals from various OCHCA departments, epidemiologists from research institutions, and community leaders. Discussion topics included plan execution, simulation

exercises conducted prior to pandemic outbreak, and overall support from Orange County management.

The Grand Jury requested and received extensive documentation from the OCHCA, including workplans and organizational charts.

INVESTIGATION AND ANALYSIS

This investigation was primarily focused on the resources and communication components of the OCHCA's pandemic plan.

Resources

The Grand Jury reviewed Influenza Pandemic Planning and Preparation documentation provided by the OCHCA and compared it to state and national standards published by the CDC and the CDPH. The Grand Jury found that many elements of the plans were incomplete or not addressed. It noted that in the OCHCA's planning documents, many areas were tagged as "in process or overdue" with comments indicating insufficient time or personnel to complete the planning tasks. The CDC State Local Influenza Planning Checklist was updated in 2017/2018.

The Grand Jury interviewed several OCHCA staff members who confirmed that the OCHCA's planning resources were re-prioritized on a recurring basis to address its responsibilities. The Grand Jury learned that the OCHCA had been "hollowed out" with several budgeted positions being vacant for extended periods of time. The Grand Jury also learned that the OCHCA utilized a "scaling up" strategy for pandemic emergencies. This involved borrowing personnel from other divisions of the OCHCA, providing supplemental training, and recruiting of temporary and contract personnel as well as outsourcing. Although this strategy was cost effective initially, the OCHCA discovered that training and supervisory resources were quickly depleted, leading to execution problems and errors.

The Grand Jury also noted that the OCHCA did not maintain PPE effectively. It allowed some PPE to be held past the manufacturer's recommended product life and DME was not maintained and needed substantial repair and servicing prior to use.

Recently, the OCHCA has partnered with selected county hospital systems to manage and rotate stockpiles of PPE and DME at no cost to the County. These partnerships will improve the County's future pandemic response and benefit Orange County residents by lowering costs to hospital systems. The Grand Jury reviewed the OCHCA's overall budget and actual expenditures for the period 2016 to 2020 and found two important trends. The first trend is that the OCHCA's overall budgeted funds and actual expenditures have increased over the four-year period reviewed. The second trend is that until 2020, the OCHCA's budget for Emergency Medical Services (EMS) and the CDC Bioterrorism Fund have been reduced. In addition, the OCHCA

underspent the reduced budget by between 5% and 15%. Of note is that once the current pandemic was declared, the County received substantial funding through the CARES Act. This funding was transferred to multiple Orange County government departments and agencies and spent. The essential OCHCA EMS budget (used for planning and preparation) was cut substantially by 8%.

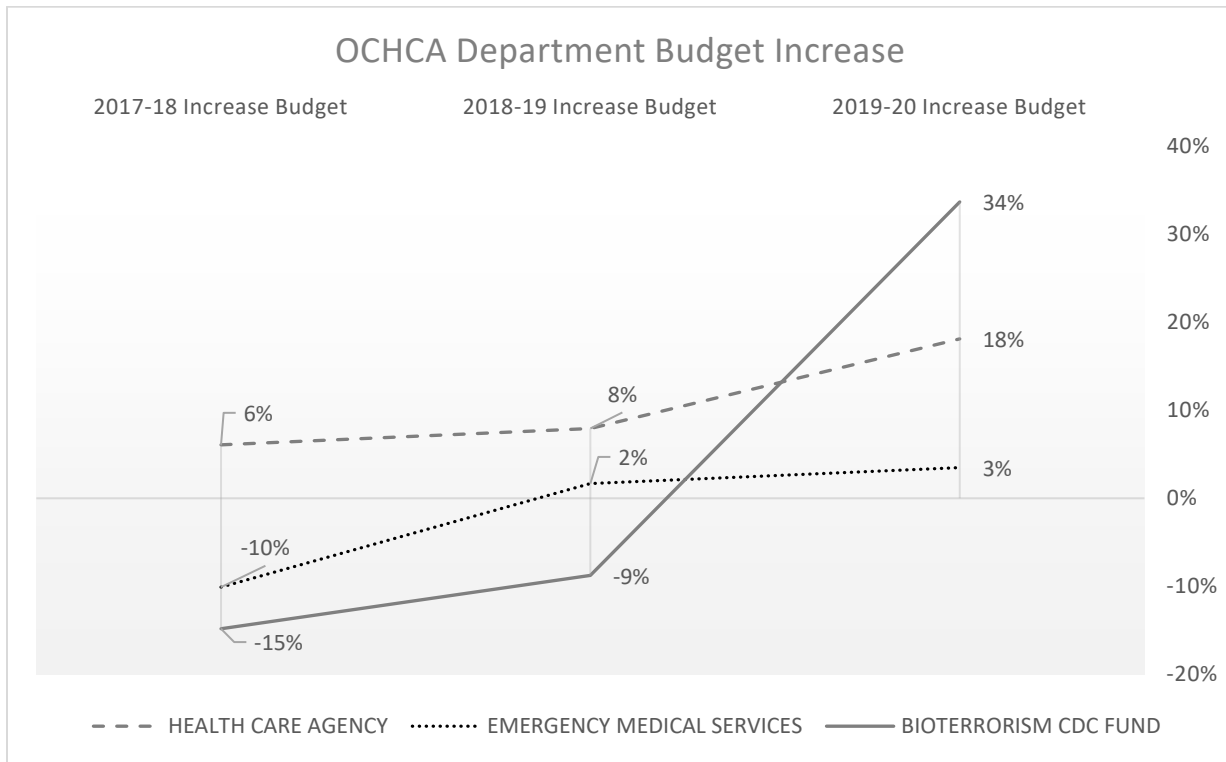


Figure 1 - Three-Year Budget Increase

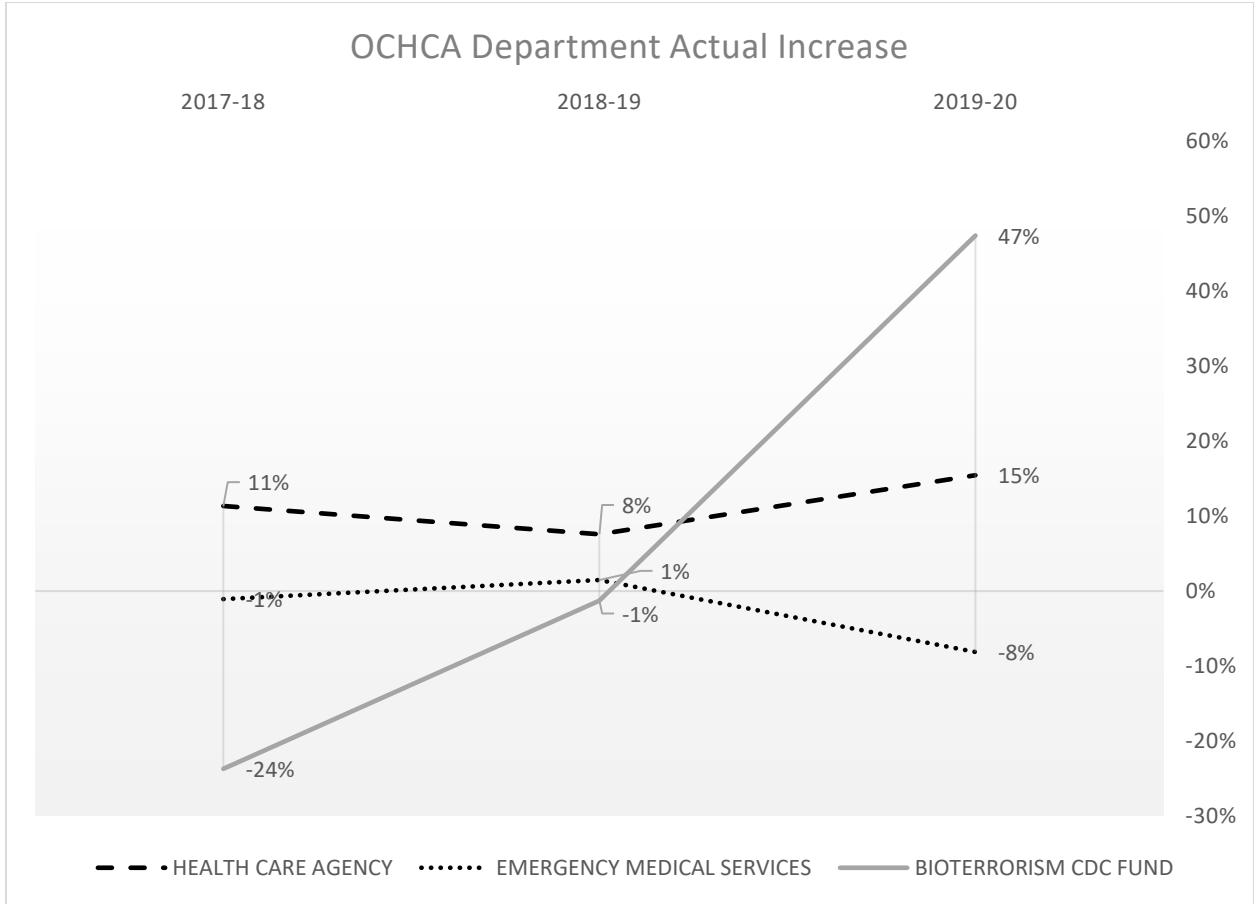


Figure 2 - Three-Year Actual Expenditure Increase

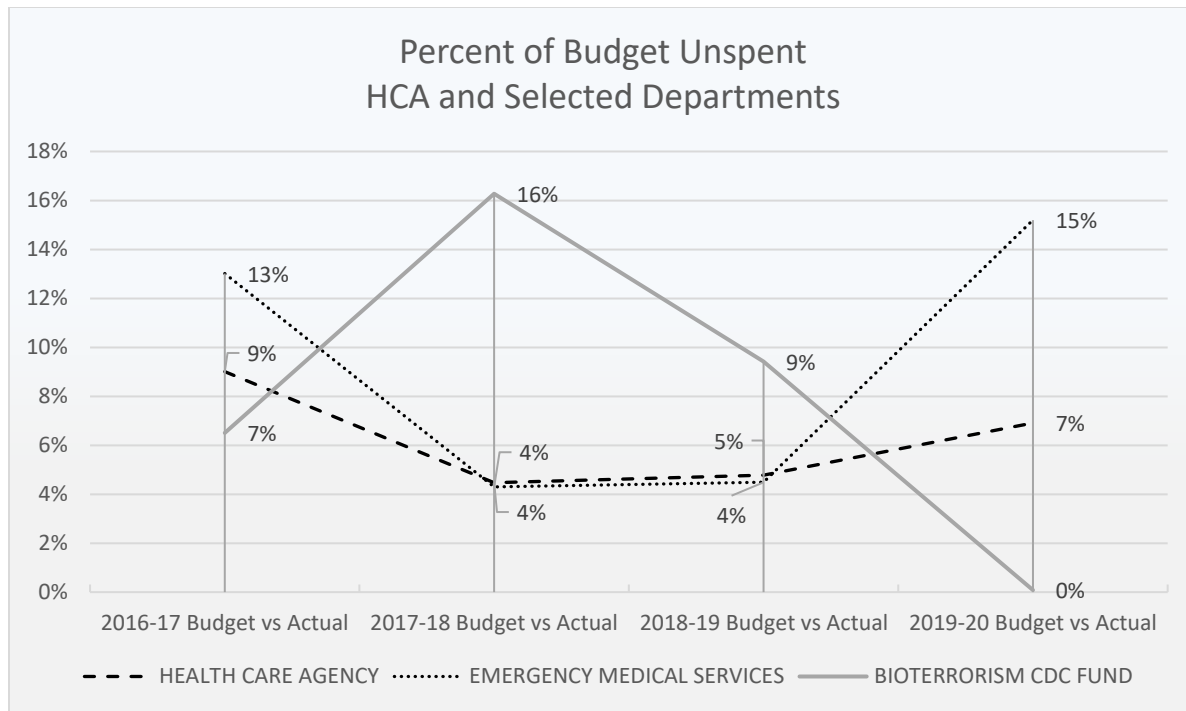


Figure 3 - Unspent Department Budgets

Communications

The Grand Jury reviewed OCHCA infrastructure and found that it was not equipped with a centrally located media room appropriate for press conferences, limiting its communication methods to social media platforms such as Facebook, Twitter, and YouTube. Furthermore, it did not reach all residents with limited English language proficiency. As of September 2020, the information at the testing sites was only in English even though 45% of Orange County residents are limited in English language proficiency. This limited OCHCA's capability to effectively communicate with all residents, especially in the "Hot Spots" of Orange County, contributing to the spread of COVID-19.

The Grand Jury noted that the OCHCA recently began updating and expanding the planning and communication infrastructure to respond more effectively to future pandemics.

County Emergency Operations Plans for a Pandemic

The Grand Jury reviewed the County's EOP and the DORA and found that it had classified the probability of a pandemic as "Unlikely." The "Unlikely" probability classification is shared with a San Onofre Nuclear disaster, an Act of War, a Flood/Reservoir/Dam emergency, and an Act of Terrorism. The "Unlikely" probability designation contributed to de-prioritization of the pandemic planning and preparation efforts for many years.

The nature of a pandemic has a time scale that is unlike other emergencies documented in the County's plan because this emergency is potentially long lasting. It requires isolation and social distancing which are incompatible with the design of the EOC that the County operates and is addressed in the DORA.

Partnership Development

Nearly half of Orange County is made up of residents with limited English language proficiency. The Grand Jury reviewed the partnership and stakeholder contracts that OCHCA had in place during the pandemic and found them lacking. The OCHCA and County management had not developed strong community partnerships per the CDC guidelines. Although the CARES Act funds were available in March 2020, the health care agency did not enter into a contract with the respective community engagement services organizations until much later in 2020. This restricted the flow of CARES Act funds that would have otherwise provided the needed PPE and testing services to these communities. In addition, the scope of these contracts was limited, and only specific aspects of the pandemic were addressed. The Grand Jury also learned that the recommendations provided by the local health initiatives, such as the Latino Health Access amongst others, were not followed by either the health care agency or by county management.

Vaccination Dissemination Plans

The Grand Jury noted that the OCHCA, despite CDC guidelines, did not have a vaccination task force or a well-structured and coordinated mass vaccination plan until September 2020. The Grand Jury reviewed the OCHCA's contract amendments with the community engagement services and found that they did not specifically address the vaccination efforts. This contributed to residents with limited English language proficiency receiving only 18% of available vaccines by March 1, 2021.

Consequences

Although the Orange County Board of Supervisors declared a "pandemic" in March 2020, the OCHCA has been unable to effectively implement and execute plans to respond to the current pandemic. This will continue to be an issue for future pandemics until planning efforts are aligned with published CDC guidelines and all components are implemented. Otherwise, future pandemics will pose significant challenges for the residents of Orange County.

FINDINGS

In accordance with California Penal Code Sections §933 and §933.05, the 2020-2021 Grand Jury requires responses from each agency affected by the findings presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation described here, the 2020-2021 Orange County Grand Jury has arrived at the following principal findings:

- F1. State, national, and international guidelines are not adequately addressed in the County's Pandemic Influenza Preparedness Plan (see Appendix 1).
- F2. Orange County Emergency Operations Plan's classification of a pandemic as being "Unlikely" has caused the OCHCA to be underprepared for the current pandemic.
- F3. The OCHCA has not effectively used its resources to close the gaps in a) Pandemic Influenza Planning Program Work Plan and b) Public Health Emergency Preparedness Work Plan and c) Hospital Preparedness Work Plan.
- F4. The OCHCA's budget was not allocated relative to the likelihood of pandemic planning and preparation.
- F5. The OCHCA has not established comprehensive community-based task forces that facilitate and support health care institutions in Orange County.
- F6. The OCHCA does not have the capability to provide translations in all "Threshold" languages within Orange County in a timely manner.
- F7. The OCHCA has underestimated the media requirements necessary to effectively communicate during a pandemic.
- F8. The OCHCA has not implemented or maintained appropriate community resources and back-up communication systems/channels to allow for an expedited transmission and receipt of information. This limits the ability to communicate and respond to local questions from the public and professional groups.
- F9. The OCHCA has not effectively addressed the pandemic related needs of the residents of Orange County with limited English language proficiency in accordance with the pandemic preparedness plan.

RECOMMENDATIONS

In accordance with California Penal Code Sections §933 and §933.05, the 2020-2021 Grand Jury requires responses from each agency affected by the recommendations presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation described herein, the 2020-2021 Orange County Grand Jury makes the following recommendations:

- R1. EMC and OCHCA to update the EOP and DORA Pandemic Influenza Plans respectively, to match international, state and CDC plans within one year from the date of this report. (F1)
- R2. EMC to review the Orange County EOP Classification of a pandemic within one year from the date of this report to appropriately prioritize resources and to be prepared for future pandemics. (F2)

- R3. OCHCA to apply staff and effectively utilize the allocated budget to enable the county to close known gaps in a) Pandemic Influenza Planning Program Work Plan and b) Public Health Emergency Preparedness Work Plan and c) Hospital Preparedness Work Plan within one year from the date of this report. (F3, F4)
- R4. OCHCA to establish a pandemic preparedness coordinating committee that represents all relevant stakeholders in Orange County (including governmental, public health, emergency response, education, business, communication, community-based and faith-based sectors as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of Orange County's operational pandemic plan within 90 days from the date of this report. (F5, F9)
- R5. OCHCA to pre-stage, translate, and exercise County's health media components (website and other social media) for easy activation within one year from the date of this report. (F6, F8)
- R6. OCHCA to establish a process to ensure all communication plan elements include diverse language groups and website and media components are updated and current within one year from the date of this report. (F6, F7, F8, F9)

RESPONSES

The following excerpts from the California Penal Code provide the requirements for public agencies to respond to the Findings and Recommendations of this Grand Jury report:

§933

(c) No later than 90 days after the grand jury submits a final report on the operations of any public agency subject to its reviewing authority, the governing body of the public agency shall comment to the presiding judge of the superior court on the findings and recommendations pertaining to matters under the control of the governing body, and every elected county officer or agency head for which the grand jury has responsibility pursuant to Section 914.1 shall comment within 60 days to the presiding judge of the superior court, with an information copy sent to the board of supervisors, on the findings and recommendations pertaining to matters under the control of that county officer or agency head and any agency or agencies which that officer or agency head supervises or controls. In any city and county, the mayor shall also comment on the findings and recommendations. All these comments and reports shall forthwith be submitted to the presiding judge of the superior court who impaneled the grand jury. A copy of all responses to grand jury reports shall be placed on file with the clerk of the public agency and the office of the county clerk, or the mayor when applicable, and shall remain on file in those offices. One copy shall be placed on file with the applicable grand jury final report by, and in the control of the currently impaneled grand jury, where it shall be maintained for a minimum of five years.

§933.05

(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:

(1) The respondent agrees with the finding.

(2) The respondent disagrees wholly or partially with the finding in which case, the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

(1) The recommendation has been implemented, with a summary regarding the implemented action.

(2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.

(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

(c) However, if a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, but the response of the board of supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

(d) A grand jury may request a subject person or entity to come before the grand jury for the purpose of reading and discussing the findings of the grand jury report that relates to that person or entity in order to verify the accuracy of the findings prior to their release.

(e) During an investigation, the grand jury shall meet with the subject of that investigation regarding the investigation, unless the court, either on its own determination or upon request of the foreperson of the grand jury, determines that such a meeting would be detrimental.

(f) A grand jury shall provide to the affected agency a copy of the portion of the grand jury report relating to that person or entity two working days prior to its public release and after the approval of the presiding judge. No officer, agency, department, or governing body of a public agency shall disclose any contents of the report prior to the public release of the final report.

RESPONSES REQUIRED

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.05 are required within 90 days of the date of the publication of this report from:

| | | | | | | | | | |
|------------------------------------|----|----|----|----|----|----|----|----|----|
| 90 Day Required Responses | F1 | F2 | F3 | F4 | F5 | F6 | F7 | F8 | F9 |
| Orange County Board of Supervisors | x | x | x | x | x | x | x | x | x |

| | | | | | | |
|------------------------------------|----|----|----|----|----|----|
| 90 Day Required Responses | R1 | R2 | R3 | R4 | R5 | R6 |
| Orange County Board of Supervisors | x | x | x | x | x | x |

RESPONSES REQUESTED

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.05 are requested within 60 days of the date of the publication of this report from:

| | | | | | | | | | |
|----------------------------------|----|----|----|----|----|----|----|----|----|
| 60 Day Requested Responses | F1 | F2 | F3 | F4 | F5 | F6 | F7 | F8 | F9 |
| Orange County Health Care Agency | x | x | x | x | x | x | x | x | x |

| | | | | | | |
|----------------------------------|----|----|----|----|----|----|
| 60 Day Requested Responses | R1 | R2 | R3 | R4 | R5 | R6 |
| Orange County Health Care Agency | x | x | x | x | x | x |

| | | | | | | | | | |
|------------------------------|----|----|----|----|----|----|----|----|----|
| 60 Day Requested Responses | F1 | F2 | F3 | F4 | F5 | F6 | F7 | F8 | F9 |
| Emergency Management Council | | x | | | | | | | |

| | | | | | | |
|------------------------------|----|----|----|----|----|----|
| 60 Day Requested Responses | R1 | R2 | R3 | R4 | R5 | R6 |
| Emergency Management Council | | x | | | | |

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APPENDIX 1 – CDC PLANNING GUIDELINES

| Center for Disease Control Local Agency Pandemic Planning Guidelines At A Glance for Orange County Health Care Agency | HCA Identified at Least 1 Activity as a Known Gap in Planning | Grand Jury Addressed In Report |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------|
| Capability 1: Community Preparedness | | |
| Function 1: Determine risks to the health of the jurisdiction | | |
| Function 2: Strengthen community partnerships to support public health preparedness | x | x |
| Function 3: Coordinate with partners and share information through community social networks | x | x |
| Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts | x | x |
| Capability 2: Community Recovery | | |
| Function 1: Identify and monitor community recovery needs | x | x |
| Function 2: Support recovery operations for public health and related systems for the community | x | x |
| Function 3: Implement corrective actions to mitigate damage from future incidents | x | x |
| Capability 3: Emergency Operations Coordination | | |
| Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations | | |
| Function 2: Activate public health emergency operations | | |
| Function 3: Develop and maintain an incident response strategy | | |
| Function 4: Manage and sustain the public health response | | |
| Function 5: Demobilize and evaluate public health emergency operations | x | |
| Capability 4: Emergency Public Information and Warning | | |
| Function 1: Activate the emergency public information system | | |
| Function 2: Determine the need for a Joint Information System | | |
| Function 3: Establish and participate in information system operations | | |
| Function 4: Establish avenues for public interaction and information exchange | | x |
| Function 5: Issue public information, alerts, warnings, and notifications | x | |
| Capability 5: Fatality Management | | |
| Function 1: Determine the public health agency role in fatality management | x | |
| Function 2: Identify and facilitate access to public health resources to support fatality management operations | x | |
| Function 3: Assist in the collection and dissemination of antemortem data | | |
| Function 4: Support the provision of survivor mental/behavioral health services | | |
| Function 5: Support fatality processing and storage operations | | |
| Capability 6: Information Sharing | | |
| Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs | | |
| Function 2: Identify and develop guidance, standards, and systems for information exchange | | |
| Function 3: Exchange information to determine a common operating picture | | x |
| Capability 7: Mass Care | | |
| Function 1: Determine public health role in mass care operations | | |
| Function 2: Determine mass care health needs of the impacted population | | |
| Function 3: Coordinate public health, health care, and mental/behavioral health services | | |
| Function 4: Monitor mass care population health | x | x |
| Capability 8: Medical Countermeasure Dispensing and Administration | | |
| Function 1: Determine medical countermeasure dispensing/administration strategies | | |
| Function 2: Receive medical countermeasures to be dispensed/administered | | |
| Function 3: Activate medical countermeasure dispensing/administration operations | | |
| Function 4: Dispense/administer medical countermeasures to targeted population(s) | x | x |
| Function 5: Report adverse events | | |

| Center for Disease Control Local Agency Pandemic Planning Guidelines At A Glance for Orange County Health Care Agency | HCA Identified at Least 1 Activity as a Known Gap in Planning | Grand Jury Addressed In Report |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------|
| Capability 9: Medical Materiel Management and Distribution | | |
| Function 1: Direct and activate medical materiel management and distribution | | |
| Function 2: Acquire medical materiel from national stockpiles or other supply sources | | |
| Function 3: Distribute medical materiel | | |
| Function 4: Monitor medical materiel inventories and medical materiel distribution operations | | X |
| Function 5: Recover medical materiel and demobilize distribution operations | | |
| Capability 10: Medical Surge | | |
| Function 1: Assess the nature and scope of the incident | X | |
| Function 2: Support activation of medical surge | X | |
| Function 3: Support jurisdictional medical surge operations | X | |
| Function 4: Support demobilization of medical surge operations | X | |
| Capability 11: Nonpharmaceutical Interventions | | |
| Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions | | X |
| Function 2: Determine nonpharmaceutical interventions | | |
| Function 3: Implement nonpharmaceutical interventions | | |
| Function 4: Monitor nonpharmaceutical interventions | X | |
| Capability 12: Public Health Laboratory Testing | | |
| Function 1: Conduct laboratory testing and report results | | |
| Function 2: Enhance laboratory communications and coordination | | |
| Function 3: Support training and outreach | | |
| Capability 13: Public Health Surveillance and Epidemiological Investigation | | |
| Function 1: Conduct or support public health surveillance | | |
| Function 2: Conduct public health and epidemiological investigations | | |
| Function 3: Recommend, monitor, and analyze mitigation actions | | |
| Function 4: Improve public health surveillance and epidemiological investigation systems | X | |
| Capability 14: Responder Safety and Health | | |
| Function 1: Identify responder safety and health risks | | |
| Function 2: Identify and support risk-specific responder safety and health training | | |
| Function 3: Monitor responder safety and health during and after incident response | | |
| Capability 15: Volunteer Management | | |
| Function 1: Recruit, coordinate, and train volunteers | X | |
| Function 2: Notify, organize, assemble, and deploy volunteers | X | |
| Function 3: Conduct or support volunteer safety and health monitoring and surveillance | X | |
| Function 4: Demobilize volunteers | X | |

APPENDIX 2 – COMMUNITY EXCHANGE CONTRACTS

| Community Exchange | Contract Number | Dates |
|---------------------------|------------------------|--------------------------|
| Latino Health Access | MA-042-20012159 | 06/25/2020 to 06/30/2021 |
| Korean Health | MA-042-21010341 | 08/20/2020 to 06/30/2021 |
| Pacific Islander Health | MA-042-21010206 | 08/04/2020 to 12/20/2020 |

GLOSSARY

California State Blueprint for A Safer Economy - California's tier plan designed for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Every county in California was assigned to a tier based on its test positivity and adjusted case rate.

CARES Act - The Coronavirus Aid, Relief, and Economic Security Act provides fast and direct economic assistance for American workers, families, and small businesses, and preserve jobs for American industries.

CDC – The Centers for Disease Control and Prevention works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable, or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDPH - The California Department of Public Health works to protect the public's health in the Golden State and helps shape positive health outcomes for individuals, families, and communities.

DME - Durable Medical Equipment is equipment and supplies ordered by a health care provider for everyday or extended use. DME may include oxygen equipment, ventilators, or testing supplies.

DORA – Disease Outbreak and Response Annex, also known as **the Pandemic Planning Annex**, is part of the Emergency Operations Plan.

EMC - Emergency Management Council is the county disaster council mandated by the State of California to develop the local emergency plans for any type of natural or manmade disaster.

EOC – Emergency Operations Center functions as the communication and coordination center for both the County and Operational Area emergency response organization and disaster preparedness, providing a central point for coordinating operational, administrative, and support needs of the county and Operational Area Members.

EOP - Emergency Operations Plan – A reference and guidance document for disaster response.

Hot Spots - In infectious disease epidemiology areas of elevated incidence or prevalence, higher transmission efficiency or risk, or higher probability of disease emergence.

OCHCA – Orange County Health Care Agency works in partnership with the community and protects and promotes the health and safety of individuals and families in Orange County through assessment and planning, prevention and education, and treatment and care.

Pandemic – An outbreak of a disease over an entire country or the world.

Pandemic Influenza Preparedness Plan - The plan to help the County prepare and respond to a pandemic influenza outbreak.

PPE - Personal Protection Equipment is equipment worn to minimize exposure to hazards that cause serious injuries and illnesses. These items may include face masks, face shields, gloves, and protective gowns.

Threshold Language – are those which are spoken at a high proportional rate within a geographic region of the state and as such may contribute to obstacles of understanding and access for those seeking mental health services. In Orange County, threshold languages are English, Spanish, Vietnamese, Farsi, Korean and Chinese.

WHO – World Health Organization works worldwide to promote health, keep the world safe, and serve the vulnerable. Their goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.