2006-2007 Civil Grand Jury

City and County of San Francisco

PREPARING FOR A DISASTER:

ADMINISTRATIVE COMMITMENT AND APPROPRIATE FUNDING

IN THE

DEPARTMENT OF EMERGENCY MANAGEMENT

AND THE DEPARTMENT OF PUBLIC HEALTH

Report Released: July 9, 2007

Purpose of the Civil Grand Jury

The purpose of the Civil Grand Jury is to investigate the operations of the various departments, agencies, and officers of the government of the City and County of San Francisco to develop constructive recommendations for improving their operations, as required by law.

Each Civil Grand Jury has the opportunity and responsibility to determine which departments, agencies and officers it will investigate during its one-year term of office. To accomplish this task, the Civil Grand Jury divides into committees. Each committee conducts its research by visiting government facilities, meeting with public officials and reviewing appropriate documents.

The nineteen members of the Civil Grand Jury are selected at random from a pool of thirty prospective jurors. San Francisco residents are invited to apply. More information can be found at: http://www.sfgov.org/site/courts_page.asp?id=3680, or by contacting Civil Grand Jury, 400 McAllister Street, Room 008, San Francisco, CA 94102; (415) 551-3605.

State Law Requirement

Pursuant to state law, reports of the Civil Grand Jury do not identify the names or provide identifying information about individuals who spoke to the Civil Grand Jury.

Departments and agencies identified in the report must respond to the Presiding Judge of the Superior Court within the number of days specified, with a copy sent to the Board of Supervisors. For each finding of the Civil Grand Jury, the response must either (1) agree with the finding, or (2) disagree with it, wholly or partially, and explain why. Further, as to each recommendation made by the Civil Grand Jury, the responding party must report either (1) that the recommendation has been implemented, with a summary explanation of how it was implemented; (2) the recommendation has not been implemented, but will be implemented in the future, with a time frame for the implementation; (3) the recommendation requires further analysis, with an explanation of the scope of that analysis and a time frame for the officer or agency head to be prepared to discuss it (less than six months from the release of the report); or (4) that recommendation will not be implemented because it is not warranted or reasonable, with an explanation of why that is. (California Penal Code, sections 933, 933.05).

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FOREWORD

The 2006-2007 Civil Grand Jury has investigated the readiness of the City and County of San Francisco to protect its citizens in the event of a disaster, whether natural or man-made. We appreciate the complexity of planning for a disaster and the difficulties of turning those plans into effective operations. We remain convinced that careful planning and preparedness is the way to mitigate the effects of a catastrophic event for all.

The Civil Grand Jury believes that the City is at a crossroads. Disaster preparedness in San Francisco is rapidly changing. The era of extensive federal funding from the Department of Homeland Security has passed, but many departments and individual City employees persevere, planning for the tough job of protecting this City and its residents in an emergency or disaster. The Department of Emergency Management (DEM) continues to bring the City into compliance with the Mayor's Directive of May 10, 2006 (see Appendix C).

The Department of Emergency Management, as well as disaster response teams in other departments, operates without sufficient resources, administrative authority and committed funding.

The Civil Grand Jury recognizes the efforts of the dedicated employees throughout other City departments as well as the staff at the Department of Emergency Management. Time did not permit us to examine the disaster operations in all strategic departments, nor did it allow us to review the state of preparedness in all critical areas. In some of these, planning appears to be in early stages, for example, provisions for mass shelter and care, evacuations, or structural collapse rescue. In addition, we are aware that disaster response will differ according to the type and severity of an incident -- components necessary to respond to pandemic flu differ from those needed after a damaging earthquake.

The Civil Grand Jury focused its investigation on how the institutional management of disaster planning and preparedness in the City as a whole, and in the Department of Public Health, in particular, could ensure effective response in the likelihood of a damaging earthquake[1]. Our investigation convinced us that centralized leadership within key departments and across departmental lines and increased resources are the solution to successful response, no matter what the disaster.

The 2006-2007 Civil Grand Jury will make a number of recommendations. Implementation requires a political will for sustained action and cooperation between the administration and the legislative branch. Underlying each recommendation is our call to the policymakers of our City to demonstrate the high priority they place upon disaster preparedness with administrative commitment and appropriate funding.

[1] Jesse, McKinley, "Earthquakes Should Prod San Francisco's Preparedness," New York Times, May 16, 2006.

This Civil Grand Jury views itself as an advocate for citywide planning and preparedness. As a body made up of individual citizens without a unifying agenda, the Jury represents the public and we make our recommendations for the greater good of all residents and visitors. A chart summarizing the departments and agencies that must respond can be found at the end of this report.

PROCEDURES

The 2005-2006 Civil Grand Jury issued "Disaster Planning: The Realities of Emergency/Disaster Medical Preparedness in San Francisco" in June 2006. The 2006-2007 Jury tracked and monitored the responses to that report, in particular the responses made by the Department of Public Health (DPH) and the Department of Emergency Management. We will track the compliance with and implementation of agreed upon recommendations in a separate Continuity Report. On April 6, 2007, the Controller's Office of the City and County of San Francisco issued a status report on that report, as well.

The 2006-2007 Civil Grand Jury built its own Report on Emergency Preparedness on the foundation laid by the 2005-2006 Jury, but looked at the status of disaster and emergency planning and preparedness with fresh eyes. We visited and spoke with personnel in the Department of Emergency Management, the General Services Administration, the Fire Department and the Department of Public Health. We attended meetings, workshops, drills and exercises. We spoke with organizations and attended meetings outside City government, including at federal, private and state-run hospitals and private organizations. We consulted a variety of written materials, including working documents and official documents generated by the City employees. We reviewed materials in the media, and federal, state and private sector documents.[2]

The content of this report reflects the status of certain aspects of emergency preparedness response and medical emergency preparedness response as of May 25, 2007.

I. INTRODUCTION: ADMINISTRATIVE COMMITMENT AND APPROPRIATE FUNDING

San Francisco, largely because of the 1906 earthquake and fire, has historically had a basic emergency plan and an established disaster response hierarchy, albeit inadequately funded and with minimal administrative direction. After the Loma Prieta earthquake in 1989, the City embarked upon a flurry of disaster planning and preparedness. Planners revised the City's Disaster Response Plans, including the Office of Emergency Services (now the Department of Emergency Management) as well as departmental disaster plans.

[2] A complete list of the resources consulted by the Civil Grand Jury can be found in Appendix B.

Subsequent to the completion of these revisions, disaster preparedness energy dwindled and the City's attention turned towards our many other contemporary urban problems. Aside from periodic drills and tabletop exercises, review and upgrade of disaster response capabilities commanded little attention. With fading memories of the Loma Prieta scare, the City reallocated crucial funding away from dedicated disaster planning. Minimal staff at various departments continued to perform disaster response planning functions, but they did so with limited funding and little citywide administrative and political commitment.

The events of 9/11 and then Hurricane Katrina reawakened interest in disaster preparedness, not only in San Francisco, but also in the nation as a whole. Congress enacted the Department of Homeland Security Act creating the Department of Homeland Security in November 2002. The Urban Area Security Initiative (UASI) seeded emergency planning and preparedness activity throughout the nation. Local agencies nationwide received $207 billion in grant funding through 2006. Beginning in 2006-2007, though, the amount of homeland security money shrank and the national allocation formula changed. Local funds are now allocated through a "Super-Urban" consortium. In the Bay Area, the regional mutual aid district is composed of ten counties.[3]

Although ports in the San Francisco Bay Area were recently designated high risk for national security reasons, receiving increased allocation of funds in 2007 from 2006,[4] overall funding will not approach the pre-2006 level. The fact remains that those of us living in the Bay Area never doubted we are at "high risk." Without speculating on our vulnerability from a terrorist attack, the U. S. Geological Survey estimates a probability of two chances in three that a damaging earthquake will occur in the Bay Area in the next thirty years.[5]

Finding I-1: It is the responsibility of the elected and appointed public officials to safeguard and protect all the citizenry and act on their behalf for the public good.

Finding I-2: Reliable and coordinated disaster and emergency planning and preparedness should be of the highest priority.

Finding I-3: Progress has been made, but improvements cannot be completed without consistent administrative commitment and adequate funding.

- **Recommendation I-1**: The Civil Grand Jury calls on the elected and appointed public officials to protect the citizens of San Francisco with a renewed and sustained commitment to emergency and disaster planning and preparedness by empowering those responsible with the authority to carry out their duties and by assuring ongoing appropriate funding.

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[3] Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma and Santa Cruz.

[4] Palo Alto Times, "Feds Increase Funding for Bay Area Ports," January 10, 2007.

[5] "Why a Major Earthquake is Highly Likely" USGS, Earthquake Hazards Program – Northern California, June 15, 2000 [viewed 05/06/07].

Responses required from	Office of the Mayor (60 days) and Board of Supervisors (90 days)

II. THE DEPARTMENT OF EMERGENCY MANAGEMENT: ORGANIZING EMERGENCY PREPAREDNESS

In 2006, the Mayor issued two directives on May 10 and May 23 (See Appendix C), identifying action items on which the Department of Emergency Management should focus "in order to ensure that emergency preparedness continues to receive the highest priority in this administration and be addressed in a comprehensive citywide manner." He specified, "[T]he Office of Emergency Services and Homeland Security is the City department charged with coordinating emergency preparedness and response."

Without administrative commitment and adequate funding, the Department of Emergency Management (formerly, the office of Emergency Services and Homeland Security) will not be able to act on that mandate.

As outlined in the City's Administrative Code,[6] and the Mayor's Directive of May 10, 2006, the Department of Emergency Management[7] operates as the City's emergency planner and coordinator of regional support. It must work in close cooperation with departments to manage the City's emergency preparedness. The Department is charged with 1) coordinating disaster response, 2) developing the Emergency Operations Plan for the City and County of San Francisco, 3) participating in regional response planning among Bay Area counties, 4) facilitating the Disaster Council Meetings and 5) working with emergency responders, community groups and the public regarding emergency planning.

A. Coordinating Emergency Response

As soon as a significant incident occurs, each department in the City of San Francisco with a major defined disaster response role will activate its Departmental Operation Command Center (DOC). From this location, the Department communicates with its staff in the field and coordinates its response activities. After a confirmed incident, the Mayor may proclaim a local emergency. In a major incident, the local emergency would be elevated to a "State of Emergency" to enable the City to receive response aid from the State of California.

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[6] Administrative Code, Chapter 7, Section 7.7 The Department of Emergency Management shall … coordinate all protective and relief services for the City and County, train all personnel connected therewith, and direct the operation and implementation of all emergency plans and activities. He or she shall work in close cooperation with the Disaster Council and with the heads of the several departments of the municipal government and the officers in charge of the Emergency Services.

[7] In 2006, the newly appointed Director of the Department of Emergency Management reorganized the Department into two sections: the Division of Emergency Services and the Division of Emergency Communications (911 services). The Civil Grand Jury investigated the operations of the Division of Emergency Services, but in the report, we shall refer to the division in the collective as the Department of Emergency Management (DEM).

Concurrent with the activation of Departmental Operation Command Centers, the Emergency Operations Center (EOC) activates. The EOC is located at the department headquarters of the Department of Emergency Management. Participants in the EOC will include representatives from all departments with a major disaster response role. This becomes the focal point for coordinated command and control of citywide response efforts,[8] including communication with the Policy Group, the field, the DOCs and regional support agencies. The EOC operates as a multi-agency, multi-department coordinated command, providing support and communication to control citywide response efforts.

In the midst of a major incident, the Department of Emergency Management "will facilitate rapid response and mobilization of agencies and resources,"[9] but each City department has its own significant role to play and its own expertise to bring to disaster response. The Fire Department, the Police Department and Emergency Medical Services will be first responders; the Municipal Transportation Authority will disperse Muni buses; Public Works will clear streets; and Public Health will attend to medical issues. For these operations to work smoothly together, the people in charge must have laid the groundwork – planned, forecast, anticipated and practiced their roles.

To accomplish this, the Department of Emergency Management must have worked closely with City departments before the event: training, conducting exercises, and initiating special programs to enhance the City's preparedness.[10] These activities should build confidence in DEM's operations and abilities. For example, if there were an extended power outage in the City because of a damaging earthquake, fuel-pumping stations across the City would become inoperable and fuel for City vehicles would soon be in short supply. Preferably, the Department of Emergency Management would have considered the likelihood of this scenario in advance, assessed probable needs, developed a plan with the General Services Agency and the Department of Public Works, and reviewed the plan with all departments likely to be affected. Then, at the Emergency Operations Center, when calls came in that supplies were running low, supplies could be allocated, as planned, avoiding rancor and competition among departments.

Finding II-A1: The Department of Emergency Management has a single focus: disaster planning, preparedness and response.

Finding II-A2: The Department of Emergency Management, under its reorganized structure, operates an efficient organization.

Finding II-A3: At minimum cost and without creating a new layer of bureaucracy, the Department of Emergency Management is positioned to unify and coordinate the emergency planning and preparedness activities of all the agencies and departments of

[8] City and County of San Francisco, Emergency Operations Plan, Part I, Basic Plan, Section 2.36, January 2005.
[9] City and County of San Francisco, Emergency Operations Plan.
[10] Mayor's Executive Directive 06-01, May 10, 2006.

City government. Only if given clear authority, can the Department carry out this function.

- **Recommendation II-A1:** By December 31, 2007, the Mayor should provide the Department of Emergency Management with the clear and specific authority necessary to accomplish its responsibilities to plan for and coordinate disaster response operations of all the agencies and departments of City government.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days)

The Department of Emergency Management grew from six to twenty-three employees between 2002 and 2006. In 2005 and 2006, UASI grants paid for fifteen positions. In the current fiscal year, the Department has 11.5 full time Homeland Security grant-funded positions. In FY08, the Department reports only three grant funded positions will remain.

Finding II-A4: The Department of Emergency Management will not be able to act upon its mandate with a reduced staff.

- **Recommendation II-A2:** The Department of Emergency Management should develop and submit to the Mayor for FY09 a clearly defined program-staffing plan necessary to complete its disaster planning, coordination and preparedness duties in a professional manner, consistent with the highest standards of disaster response.

- **Recommendation II-A3**: The Mayor should submit a budget to the Board of Supervisors for FY09 that supports the Department of Emergency Management's clearly defined program-staffing plan and the Board should approve it.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days); Board of Supervisors (90 days)

Before the Department of Emergency Management reorganized under new leadership, other departments and specific individuals, recognizing the need to initiate planning sessions to solve the complex problems of emergency preparedness, stepped into the leadership vacuum. From communication to logistics to community involvement, a myriad of planning groups began to meet in a variety of departments, including DEM.[11] Departments identified a need based upon their own areas of expertise; often, activities overlapped. For example, in two weeks in March 2007, the Department of Public Health's Emergency Services Agency held a meeting on the Disaster Registry,[12] the

[11] Department of Emergency Management, FY06-07 SF DEM/DES Recurring Meetings, February 1, 2007.
[12]The San Francisco Disaster Registry Program (DRP) allows the elderly and persons with disabilities to pre-register with the Department of Public Health (DPH) Emergency Medical Services Agency (EMSA). The DRP should maintain a listing of all registrants and distribute updated lists to certain San Francisco Fire Department (SFFD) Stations to provide information to emergency responders after a disaster. The

General Services Agency held a Logistics Workgroup,[13] and the Department of Emergency Management held Community Disaster Preparedness and Disaster Forum meetings.

While the Civil Grand Jury commends the level of involvement of departments and dedicated public employees in emergency response planning, we observed that workgroups and meetings are not coordinated. Sometimes, participants concerned with particular aspects of disaster preparedness, such as disaster relief for the disabled or proposed alternate care and shelter sites, are at another disaster preparedness meeting scheduled for the same time. As a result, there is a lack of overall focus. Issues are discussed, priorities shaped and recommendations made without the participation and perspective of all key stakeholders. In addition, the frequency of conflicting meetings reduces the participation of representatives from the private sector, whether from hospitals, community or businesses.

The Department of Emergency Management is attempting to gain control over the numbers of recurring meetings by, at least, restructuring and reducing those organized by DEM.[14] In response to the Mayor's May 10, 2006 Directive, the Department holds bi-monthly meetings with departmental Disaster Preparedness Coordinators to dispense information and integrate disaster activities. Each department with a major defined disaster role designates a Disaster Preparedness Coordinator. DEM presently is expanding the committee now to reach departments with a limited disaster role in order to familiarize them with the overall City plans for disaster response.

Finding II-A5: The very existence of the multiple committees is duplicative, on the one hand, and non-inclusive, on the other.

- **Recommendation II-A4**: The Director of the Department of Emergency Management should review each department's legally required disaster response duties and expertise, in order to ascertain that each department is fulfilling its responsibilities. Then, it should compile a list of each department's recurring emergency preparedness committees, workgroups and meetings.

- **Recommendation II-A5**: Where the Department of Emergency Management finds duplication, it should require departments to combine committees and workgroups to guarantee the presence of each key stakeholder, including the integration of appropriate representatives from the private sector into operational planning by December 31, 2007.

- **Recommendation II-A6**: Departments should be required to notify the Department of Emergency Management of upcoming meetings, workgroups, drills, training exercises and disaster response related activities. A representative of the

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DRP contains information provided voluntarily such as the persons name, address and reason for registering.

[13]The Logistics Workgroup is now called the Emergency Resources Management Planning Workgroup.

[14] Division of Emergency Services –Meeting Reorganization, February 6, 2007.

Department should be present to assure continuity.

- **Recommendation II-A7**: A representative of the Department of Emergency Management should be present at workgroups and meetings on disaster response held by key private sector organizations, such as the Red Cross and the Hospital Council.

- **Recommendation II-A8**: Consistent with Mayor's May 10, 2006 Directive, the Mayor should propose and the Board of Supervisors should approve for FY09 requests of departments with major defined disaster roles to make its Disaster Preparedness Coordinator a full time dedicated staff position.

- **Recommendation II-A9**: Beginning with its 2007 report, the Department of Emergency Mangement should include in its annual report to the Mayor and the Board of Supervisors[15] an update on the function and progress of each disaster related government committee.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days); Board of Supervisors (Rec. II-A8) (90 days)

A streamlined, clear chain of command, bolstered by adequate authority and sufficient funding may still not be able to overcome ineffectual leadership. The reality is that the skill of the chair and the quality of his or her assembled team will determine the quality of the response and management of an incident.

Finding II-A6: Pursuant to the Administrative Code, Section 7.7, Director of the Department of Emergency Management Department, who is also the Executive Director of the Disaster Council, must act as the liaison between the Mayor, the departments and the public in the area of emergency/disaster response.

- **Recommendation II-A10**: The Director of Department of Emergency Management should always be a qualified manager, with experience in disaster emergency response.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days)

B. Strategic Planning and Operational Plans

During 2007, the Department of Emergency Management embarked upon a strategic planning program, in compliance with the Mayor's Directive of May 10, 2006. Although this process, recommended by the 2005-2006 Civil Grand Jury, has taken a year to commence, the City has now entered into a contract with ICF Consulting

[15] The Mayor's May 2006 directive required the Department of Emergency Management to make an annual report to the Mayor and the Board of Supervisors.

Service[16] to assist it in drafting a Strategic Plan to align its emergency operations with the National Incident Management Standards (NIMS) and the State of California's Standardized Emergency Management System (SEMS). The contract is funded by a federal Homeland Security grant. The consulting service will conduct a broad-based assessment by compiling benchmarks from NIMS[17] and applying these to San Francisco. All departments with a major defined disaster response role will participate. The consultants will assess San Francisco's compliance, make recommendations, outline options, and then do a breakdown by individual projects. They will conduct a comparables study of other municipalities and assess our preparedness against theirs to make budgetary recommendations.

While this process moves toward a final draft of the Strategic Plan, the Department of Emergency Management is rewriting and streamlining the City's Emergency Operations Plan and each department is revising its own Emergency Operations Plan[18] to make them NIMS compliant and consistent.[19]

Finding II-B1: The Strategic Plan and the revised Emergency Operations Plan are the appropriate documents in which to set forth centralized authority for disaster planning and preparedness.

- **Recommendation II-B1**: The Strategic Plan and the revised Emergency Operations Plan should state that the Department of Emergency Management has clear and specific authority to carry out its responsibilities to plan for and coordinate disaster response operations of all the agencies and departments of City government, including all workgroups and committees.

- **Recommendation II-B2**: Beginning with its 2007 annual report to the Mayor and the Board of Supervisors, the Department of Emergency Management should include an update on the state of short and long range planning, including time revisions of Strategic and Operational Plans.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days); Board of Supervisors (Rec. II-B2) (90 days)

[16] Agreement between the City and Count of San Francisco and ICF Consulting Services, LLC, Office of Contract Administration, January 19, 2007.
[17] ICF will also do an assessment Emergency Management Accreditation Program (EMAP) in order to dovetail our plans and programs with the NIMS standards to help in obtaining grant funding.
[18] All City Departments were to submit revised Emergency Operations Plans by March 2007, according to the Mayor's May directive.
[19] Laura Phillips, Department of Emergency Management, "Response to the Draft Board of Supervisor's Budget Analyst Report of April 2007 – Status of Implementation Recommendations," April 19, 2007.

C. The Role of the Disaster Council

The Administrative Code, Section 7, sets forth the authority and organization of the Disaster Council. As currently constituted, the Disaster Council consists of Department Heads or their designees, heads of agencies with emergency response duties, three members of the Board of Supervisors, representatives from the American Red Cross, the Hospital Council,[20] and other community organizations. The Agenda for the March 9, 2007, meeting of the Disaster Council lists thirty-five members,[21] plus the Mayor and the Director of the Department of Emergency Management. The Mayor chairs the council. The Director of the Department of Emergency Management is the Executive Director.

The Disaster Council has responsibility for developing a plan for meeting any emergency. According to the updated Community Safety Element Plan[22], the Disaster Council serves as a central repository for all mitigation, preparedness, response and recovery activities. The Code empowers the Council to recommend to the Board of Supervisors such ordinances, resolutions, rules, regulations, and mutual aid plans as are necessary to implement the city's emergency plan. In practice, though, the Disaster Council does not operate as a planning body. It meets only quarterly. Meetings consist of reports on the status of developing programs and plans. Members of the public participate; TV cameras and the press cover the proceedings.

The Department of Emergency Management conducts frequent meetings with other policy setting committees[23]: it meets quarterly with its own Homeland Security Executive Steering Committee, and bimonthly with the Homeland Security Steering Committee,[24] and monthly with the Planning Committee. In the event of a disaster, under the mandated National Incident Command System, the City's Emergency Operations Center, the Mayor and the Policy Group, not the Disaster Council, would manage the disaster response operations.

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[20] The 2005-2006 Civil Grand Jury urged participation by hospitals in Disaster Council activities.

[21] Division of Emergency Services, City and County of San Francisco, Disaster Council, Agenda, March 9, 2007. The Mayor expanded the Council to include representatives of the private sector and volunteer community. The American Red Cross already sat on the Disaster Council; the Mayor added The Volunteer Center, the San Francisco Collaborating Agencies Responding to Disaster (CARD), Salvation Army, Building Owners Association, Chamber of Commerce, San Francisco Foundation, Labor Council and the Hospital Council.

[22] San Francisco Planning Department," San Francisco General Plan, Community Safety Element Update," Preliminary Draft 3-1-07, available
[viewed April 12, 2007].

[23] Homeland Security Executive Steering Committee includes Police Chief, Fire Chief, Director of DPH, Sheriff and designees; Homeland Security Steering Committee includes second in command to the Heads meeting as Executive Committee and San Mateo OES; and Planning includes those working on various specific response plans. Division of Emergency Services –Meeting Reorganization, February 6, 2007.

[24] The Mayor's Directive of May 10, 2006 mandated that each Department appoint a senior staff person as the Disaster Preparedness Coordinator, the appointment approved by the Mayor after submission to the Department of Emergency Management.

Finding II-C1: The size of the Disaster Council alone makes it too unwieldy a body for effective planning.

Finding II-C2: The infrequency of quarterly meetings compromises the ability of the Disaster Council to engage in effective planning. Backlogs delay this body from addressing new issues. Proposals, if approved by the Disaster Council, are unnecessarily delayed by the time they reach the Board of Supervisors for consideration of enactment.

Finding II-C3: The Disaster Council, in practice, is not operating as a policy-making body, but as a Public Forum.

- **Recommendation II-C1**: By December 31, 2007, the Mayor should work with the Department of Emergency Management to propose amendments to Section 7 of the Administrative Code redefining the Council to recognize that the Disaster Council operates as a public forum and should not be characterized as a planning body.

- **Recommendation II-C2**: The meetings and workgroups coordinated by the Department of Emergency Management should reflect the public/private sector makeup of the Disaster Council. These groups should report to the Council to use it more fully as a public forum.[25]

- **Recommendation II-C3**: Until the Administrative Code has been changed, the Disaster Council should meet as frequently as needed to consider in a timely manner the proposals on which it must rule. The Mayor, if he or she cannot be present, should be able to designate a representative to chair the meeting. The Mayor, however, should continue to chair the meetings at least quarterly.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days)

D. Regional Response Planning

The Civil Grand Jury cannot emphasize enough the importance of regional coordination. In the case of a widespread disaster – like a damaging earthquake – San Francisco will be competing with other entities for limited supplies and resources. The City must articulate our needs and acquire the critical resources. The sooner we are able to articulate the City's needs to regional authorities, the more likely our needs will be met.

The State of California has historically relied upon mutual aid in responding to disasters because of the prevalence of wild fires and the threat of earthquakes. After the Oakland Hills fire in 1991, the State revised its emergency response plans into an Incident Command System (ICS) to conform to the Standardized Emergency

[25] The 2005-2006 Civil Grand Jury recommended, "…work groups under the Disaster Council could serve as such a forum."

Management System (SEMS). On February 28, 2003, the federal government introduced the National Incident Management System (NIMS). SEMS and NIMS are similar, but not identical.[26]

The State of California is required by Governor's Executive Order S-2-05 to have fully integrated SEMS with NIMS by the end of fiscal 2007 in order to continue to receive Homeland Security Grant Funding. Both SEMS and NIMS are Incident Command Systems (ICS). NIMS emphasizes command and control, communication, technological and resource management and backup. SEMS remains the operational incident management system.

With the integration and the revised means of distributing Homeland Security grant funding through urban regional districts, ongoing regional mutual aid planning continues to develop. The ten Bay Area counties that make up our regional mutual aid district for purposes of Homeland Security grant funding are beginning to develop plans under the Bay Area Regional Emergency Cooperation Plan.

Finding II-D1: The Department of Emergency Management must participate in regional planning to secure federal funding, to establish professional relationships with counterparts across the area, and to advocate for San Francisco's interests when plans cross political boundaries.

- **Recommendation II-D1**: As soon as the Department of Emergency Management has completed this phase of City strategic and operational planning, but no later than December 31, 2007, it should focus on regional and mutual aid planning.

Responses required from	Department of Emergency Management (60 days)

E. Disaster Preparedness in Neighborhoods: NERT

San Franciscans are fond of observing that our city is "just a small town." In many ways, this is true. Politically, the City divides into 11 Supervisorial Districts. Within these districts are numerous discrete neighborhoods. Neighborhood improvement associations abound. Blocks form SAFE Neighborhood Watch Groups and Neighborhood Emergency Response Teams (NERT). In addition, the City boasts numerous community-based and faith-based organizations.

In an emergency, the public will rely upon neighbors and local organizations in addition to the City for disaster support. The Department of Emergency Management is charged with working with community groups and the public regarding emergency planning, but many of the City's organizations have not been sitting around waiting for

[26] Available at State of California, Office of Emergency Services website, www.OES.ca.gov, NIMS/SEMS, National Incident Management System power point presentation and Standardized Emergency Management System (SEMS) Guidelines, Governor's Office of Emergency Services' (OES) Website (www.oes.ca.gov), 2006 Edition. [viewed on May 23, 2007].

the City to make a community plan for them. Neighborhood improvement associations from Pacific Heights to Noe Valley are busy organizing emergency response plans within their neighborhoods. Some plans are highly developed; others are in their infancy. Volunteer organizations have formed Collaboration Agencies Responding to Disaster (CARD) to assist community service providers to prepare disaster plans for their organizations and clients.

The City has been reorganizing its disaster response plans to follow the Incident Command System and NIMS. When the Mayor declares a state of emergency, the City will automatically organize under ICS command, and will operate under this quasi-military structure. Not all City personnel who must work under this system have sufficient training to do so; no one has trained the public, nor has the public been informed about the changes that will occur in City government operations during a declared state of emergency. Yet, all around the City, after a disaster, spontaneous volunteers will organize themselves, often around obvious neighborhood sheltering sites.

Coordination of neighborhood resources by the City's Department of Emergency Management has just begun. The Department of Emergency Management, along with the Department of Public Health, has completed Phase I of a series of workshops for Community/Neighborhood Planning to develop neighborhood disaster response on the hub model. The challenge for the workgroup is coordinating a citywide plan with the various existing neighborhood plans. NERT, a neighborhood based volunteer emergency response program supported through the Fire Department, participates through its staff in these sessions.

As of 2006, NERT had trained 2,300 volunteers, but many are unaffiliated with specific NERT groups or do not participate in neighborhood disaster planning. Less than a third of the City's identified neighborhoods have an active neighborhood NERT group, making the effectiveness of NERT vary significantly from neighborhood to neighborhood.

NERT is required to coordinate neighborhood disaster response activities with the City. For example, NERT is set up to communicate through a chain of command from the Fire Department up to the City's Emergency Operations Center. However, plans for how NERT will communicate and how it will coordinate with other neighborhood groups are far from final.

The Community/Neighborhood Workgroup is discussing utilizing a "hub" model where areas within the Districts center on the primary care Community Clinics and the nine Public Health Clinics. Involving the primary care Clinics has merit because in a large-scale disaster, hospitals will only be able to provide acute care. Clinics could provide needed non-critical or "urgent" medical care[27]. The clinics, though, are not evenly distributed throughout the City, and their mission and prominence in each neighborhood varies. In addition, at this time, the clinics are not equipped with the

[27] Patient care is generally categorized as primary, urgent and acute. Urgent care, for example, might be a broken bone; acute care a life-threatening head wound.

necessary medical equipment to operate as urgent care centers in a disaster, nor do most of the clinics have back-up generator power. Some neighborhoods will look to their clinics for a variety of medical services; other neighborhoods will rely upon NERT for emergency response services.

Organization on this level cannot be superimposed on communities from the top down. Neighborhoods may remain organized around the ten Fire Department battalion stations, also known as Emergency District Communications Centers (EDCC), [formerly, Emergency Response Districts (ERD)].

In the meantime, the Emergency Resource Planning Group, a logistics workgroup run by the General Service Administration, is compiling a list of potential staging areas throughout the City where departments could set up equipment to disburse emergency resources, organize care and shelter, direct transportation fleets, or even run alternate Departmental Operation Command Centers. Some neighborhood groups claim to have already identified rallying sites around the City. The sites identified by the City and by the neighborhood may be the same.

Right now, there are more questions than answers. Who decides who can use what areas and for what purpose? Will the City categorize staging areas as primary or secondary for specific use by the City and make others available for the neighborhood? When would that decision be made? If neighborhood groups already occupy a site, can the City commandeer it? How will information about sites be publicized?

Some information cannot be distributed in order to protect precious resources from vandalism. For example, if the City were to stockpile pharmaceuticals, the location of the drug cache should be on a need-to-know basis only. However, other information should be widely available. For example, people must know in advance, where in their neighborhood they can seek assistance.

Finding II-E1: Inclusion of neighborhood NERT groups and Department of Public Health primary care clinics in pre-disaster planning discussions is essential, but to date there has been no consistent, neighborhood-by-neighborhood, planning sessions with the Department of Emergency Management.

Finding II-E2: The Department of Emergency Management and the Community/Neighborhood Planning Workgroup have just begun to envision how to organize neighborhood disaster response.

Finding II-E3: Neighborhood emergency response is already channeled through the Emergency District Communications Centers of the Fire Battalion stations. NERT is the neighborhood group with the most comprehensive organizational history, administrative support and public credibility.

Finding II-E4: NERT organization and neighborhood planning should be much further along than it is.

➢ **Recommendation II-E1:** The Department of Emergency Management should take the lead in developing the plan to organize neighborhood response.

➢ **Recommendation II-E2:** The Department of Emergency Management and the Emergency Resources Management Planning workgroup should pre-designate and categorize staging sites to be used by the City for its emergency response and then inform neighborhood groups by the beginning of FY09.

➢ **Recommendation II-E3:** By the beginning of FY09, in order to function effectively as the neighborhood based emergency response group, NERT should be

- integrated into City disaster response planning;
- recognized as the lead neighborhood response group;
- provided with a clear set of procedures, responsibilities and functions;
- provided with resources, including communication equipment, to carry out its functions; and
- trained in incident command.

➢ **Recommendation II-E4:** The Department of Emergency Management, General Services Agency, Department of Public Health and the Fire Department should submit to the Mayor clearly defined funding requests necessary for community planning resource requirements. The Mayor should approve the requests and forward them to the Board of Supervisors for approval by FY09.

Responses required from	Office of the Mayor; Department of Emergency Management, Fire Department/ NERT, Department of Public Health and General Services Agency (60 days); Board of Supervisors (Rec II-E4)(90 days)

III. FUNDING EMERGENCY PREPAREDNESS TO PROVIDE PROGRAM CONTINUITY AND TO MAINTAIN AND SUSTAIN EQUIPMENT

During the frenetic period from 2002 through 2006, when federal emergency grant funding flowed into the City, the Department of Emergency Management functioned as a clearinghouse, helping City departments and agencies obtain federal and state grant funding. With the grant funds, they acquired equipment, initiated programs, and expanded staff. Now, as intended by the federal funding program, the City is obligated to continue programs begun under grant funding and to maintain equipment acquired under grant funding with ongoing local funding. This the City must do on its own, without a high level of funding support.

In a "take the money and run" mentality, without thoughtful pre-planning on what must be invested in the future in personnel for implementation, sustenance and maintenance, the temptation to pursue grant money can lead to a trap. San Francisco fell into that trap.

Grant funding is not designed to be permanent. It is intended to "jumpstart" local planning and capability to respond to certain social issues. It is the intent of the grantors that local governments assume the various funding functions and provide continuity of services. The expiration of federal grants to support disaster response now requires local funding in order to continue the functions. Local governments have the responsibility to their constituency to provide that funding.

After the fact, the Mayor recognized the lack of controls on grant funding and, in his May 10, 2006 Executive Directive, listed five steps the Department of Emergency Management should take to get control of the City's grant funding and grant-funded projects. The list ranges from holding seminars on grant funding to monthly grant encumbrance and expenditure reports. DEM and other affected departments completed these specific requirements.

In the meantime, the City must call upon its political will to sustain programs and maintain equipment obtained under grant funding. Absent a disaster, programs and equipment will sit dormant, out of the public eye and awareness. Long-range disaster preparedness must compete against other programs for limited department funds. All departments have programs that are critical to the well-being of San Franciscans. In the Health Department, for example, these programs range from AIDS prevention to healthcare for seniors, all of which have an immediate impact on City residents who form interest groups lobbying for allocation of limited Health Department funds.

Emergency Preparedness has no such constituency. Disaster preparedness affects all indiscriminately and funding considerations should be made at a centralized level.

Finding III-1: Although the generous bestowal of federal Homeland Security grant funding has ceased, some targeted grant-funding remains. Now, the Port is the beneficiary of increased levels of federal funding.

Finding III-2: In the past, the City has not had an institutionalized policy regarding the grant funding process. The Mayor's May 10 Directive states some policy procedures for current grants.

Finding III-3: The City still lacks an ongoing policy mandating consistent commitment to support grant-acquired equipment and operational programs in advance of purchase.

Finding III-4: The burden for maintaining grant funded equipment and sustaining grant-funded programs will fall on the General Fund.

➢ **Recommendation III-1**: The City should have a permanent grant oversight program in place by December 31, 2007. The Mayor should issue guidelines for grant proposals incorporating long-range planning for maintaining and sustaining equipment and programs.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days)

No City oversight body or policy body has the authority to allocate emergency/disaster funds, or to make basic decisions as to maintaining and sustaining grant-funded disaster equipment, across departmental lines. Instead, each department has ongoing funding responsibility for maintenance in its own budget. Once federal grant funding expires, departments will compete against each other for limited local funds to sustain programs and maintain equipment. For example, the Health Department has ongoing responsibility for six field care hospitals acquired by Homeland Security funds;[28] the Fire Department has responsibility for decontamination tents to use in case of a biological hazard terror attack or industrial accident. The Department of Public Health will need funds to store and secure the field hospital trailers, at the same time as the Fire Department will need funds to store and secure the decontamination tents.

Resource management interviewees told the Civil Grand Jury during its investigation that the accepted lifetime ratio of acquisition cost of equipment to maintenance cost is 30% to 70%. Grant funding pays for acquisition and initial implementation of equipment only. Acquisition cost includes personnel to complete preliminary setup and conduct initial training. Ongoing maintenance entails the storage, security, and inventory control of programs and equipment, as well as personnel to continue training and to conduct skillful implementation.

Although the Department of Emergency Management maintains lists of grant-funded disaster and of disaster-related equipment, there is no citywide data management inventory control system to track the equipment; logistics are fragmented; and there is no centralized coordination of storage, security and accessibility. A policy body should make these decisions before acquisition. As this was not done, the City must accept its fiduciary responsibilities, and make appropriate post-acquisition plans. [29]

Finding III-5: There is no consistent citywide plan to coordinate the maintenance and security of equipment in the most cost effective manner. The cost of a broad range of disaster preparedness equipment and programs will be charged piecemeal against the budget of the acquiring Department.

Finding III-6: The piecemeal funding creates a competition for resources among the various city departments, which can hinder effective cooperation of working groups.

[28] Specifics of the Field Care Hospitals are more fully discussed in Section V.D.i below.
[29] Emergency Resource Planning Workgroup Meeting , April 21, 2007 and "Six Month Self Evaluation: October 2006-March 2007."

- **Recommendation III-2**: The Mayor should direct the Department of Emergency Management to develop a plan for permanent ongoing local funding for staffing, maintenance and storage of equipment and sustaining programs obtained under federal Homeland Security grants. The Board of Supervisors should approve funding to maintain and sustain the program and/or equipment.

- **Recommendation III-3**: The Mayor should require each department's annual budget to include a line item request for disaster preparedness related resources, which should be prepared and approved consistent with documented programmatic need. The Board of Supervisors should approve these funding requests.

- **Recommendation III-4**: To provide for monitoring commitment to grant-funded projects, the City's revised Emergency Operations Plan should incorporate the grant related requirements of the Mayor's Directive of May 10, 2006. Beginning with its 2007 Annual Report, the Department of Emergency Management should include performance benchmarks and requirements related to grant acquired equipment and programs.

Responses required from	Office of the Mayor and Department of Emergency Management (60 days); Board of Supervisors (Recs. III-2, III-3) (90 days)

The Mayor's May 10, 2006 Directive designates the General Services Agency (GSA), as the purchaser of supplies**,** to be the custodian of special equipment and other property obtained from any source for use by the Department of Emergency Management.[30] As such, GSA took the lead and organized the Resources Management Planning Workgroup. The Civil Grand Jury found the Workgroup to be a vigorous and dynamic group with broad participation across departmental lines.[31]

The Workgroup is exploring, along with the Department of Emergency Management, the availability of a software system compatible with FEMA resource regulations, to track all emergency/disaster supplies and equipment across the City. In addition, the Workgroup is compiling a list of possible storage sites in the City. Planning for storage has just begun and the key stakeholders need to make several policy decisions. For example, tents, field care hospitals, and heavy moving equipment, under the control of several different departments, are not stored in permanent locations. Should the City centralize equipment in warehouses or disburse it? Should individual departments fund storage or should the City centralize cost under the General Services Agency or the Department of Emergency Management? How should the City secure equipment to prevent vandalism?

[30] Administrative Code, Section 7.9.
[31] The Emergency Management Resources Planning Workgroup is examining a variety of issues that are not discussed here.

Finding III-7: No one department has the authority to prepare special funding requests, manage the annual budget, and coordinate maintenance, storage and security for all disaster response equipment. Policy makers will have to decide whether this should be the Department of Emergency Management or the General Services Agency, or some working combination, and make appropriate changes to the Administrative Code, if necessary.

- **Recommendation III-5:** The Resources Management Planning Committee, chaired by the General Services Agency, should continue as the workgroup for logistical planning under the Department of Emergency Management's revised centralized committee and workgroup structure.

- **Recommendation III-6**: The Resources Management Planning Committee should devise a plan to centralize storage and maintenance of appropriate equipment by December 31, 2007.

- **Recommendation III-7**: By December 31, 2007, the Mayor should provide the Department of Emergency Management and the General Services Agency clear and specific authority to review the status of equipment obtained under Homeland Security grant funding and to propose a plan to coordinate the funding of equipment maintenance and storage across departmental lines where appropriate.

- **Recommendation III-8**: The Mayor and the Board of Supervisors should fully fund and staff the Department of Emergency Management and the General Services Agency to enable them to coordinate maintenance and security of all disaster equipment across departmental lines by FY09.

Responses required from	Office of the Mayor (Recs. III-7, III-8)(60 days); Department of Emergency Management and General Services Agency (60 days); Board of Supervisors (Rec. III-8) (90 days)

IV. OPERATIONAL PREPAREDNESS: DEPARTMENT EMERGENCY OPERATION CENTERS, DISASTER SERVICE WORKERS, INCIDENT COMMAND LEADERS, TRAINING

A. Departmental Operation Command Centers

A damaging earthquake is the most probable threat facing the City and County of San Francisco. No matter how sound the organizational structure, how complete the strategic and organizational plans, if the leadership cannot execute the plans and cannot operate because of unsafe facilities, no amount of planning will render the City prepared.

The Emergency Operations Center, the command center for the City, is located at the Department of Emergency Management Headquarters, 1011 Turk Street in a

seismically safe building, which is currently being upgraded to improve internal functioning.

Each department with major defined disaster response duties pre-designates and equips a location where it would activate its own Departmental Operations Center – its command center in a disaster -- and at least one back-up or alternate site. Some key departmental headquarters and/or pre-designated Departmental Operation Command Centers, though, are located in seismically unsafe structures, which have not been retrofitted to meet the standards for risk set by the State of California Building Code. These sites may or may not be in City-owned buildings. The Civil Grand Jury has investigated the status of the DOC for the Department of Public Health and has determined that it is located in a seismically unsecured structure that is not City-owned (see Section V-E below).

Unfortunately, if a pre-designated Departmental Operation Command Center location proves not to be seismically safe, Homeland Security grants cannot pay for seismic construction, renovation or upgrade. If the DOC is not located in a City-owned building, City funds should not be used to retrofit it.

The Mayor's Directive of May 10, 2006 directed the City Administrator and the Department of Emergency Management to convene an interdepartmental taskforce consisting of the Departments of Building Inspection, Planning, Public Works and General Services to review the status of the Community Safety Element of the City's General Plan, and update the plan with relevant seismic and building information.

The preliminary draft, the "Community Safety Element Update," refers to the need to "recognize that emergency centers may be destroyed or rendered inaccessible in a major catastrophe…and alternate sites for temporary Emergency Command Centers should be established."

Finding IV-A1: The City of San Francisco has not taken the preliminary step of mandating that each of the Departmental Operation Command Centers for a department with a major defined disaster response role locate its DOC and alternate DOC in seismically safe structures.

Finding IV-A2: If essential Departmental Operation Command Centers are not located in seismically safe structures, the City has not proposed a plan to fund retrofitting of designated DOCs in City-owned sites.

- **Recommendation IV-A1**: The Department of Building Inspection, coordinating with the Department of Emergency Management, should survey each essential Departmental Operation Command Center or alternate DOC for seismic safety and, if it is not safe, determine whether it is City-owned by December 31, 2007.

- **Recommendation IV-A2**: If the site of the Departmental Operation Command Center or alternate DOC is determined to be seismically unsafe, the

Department of Emergency Management should, by June 30, 2008, direct the Department to relocate the DOC to a seismically safe location.

Finding IV-A3: When no safe location is available, technical and financial resources are needed to repair and retrofit City-owned structures that house Departmental Operation Command Centers.

- **Recommendation IV-A3:** In each instance where no seismically safe location is available, the City should utilize its capabilities to assess hazards, then create and implement bonds and/or other funding methods to carry out retrofit projects to house essential Departmental Operation Command Centers in City-owned properties.

Responses required from	Office of the Mayor (Fin. IV-A3, Rec. IV-A3) (60 days); Department of Emergency Management (60 days); Department of Building Inspection (Fins. IV-A1, IV-A2 , Recs. IV-A1, IV-A2, IV-A3)(60 days); Planning Department (Fin. IV-A1, F-IV-A2)(60 days); Capital Improvement Advisory Committee (Fins. IV-A1, IV-A2, IV-A3, Rec IV-A3) (60 days); Department of Public Works (Fins. IV-A1, IV-A2, Recs. IV-A1, IV-A2, IV-A3) (60 days)

B. Equipping Departmental Operation Centers

In order for Departmental Operation Command Centers to operate in the required command and control capacity, they must be properly equipped with dedicated communication systems and related disaster equipment. Recently, the Department of Emergency Management, in compliance with the Mayor's Directive of May 10, 2006, surveyed the Departmental Operation Command Centers, developed a checklist for basic equipment necessary to run a command center, and provided the departments with necessary items, including 800MHz band equipment and some satellite phones.

Electrical power is fundamental to the operation of equipment in a command center. In the case of a disaster, it is generally accepted that the only electrical power available for a period of time would be from a back-up generator. Several interviewees told the Civil Grand Jury that, to sustain viable emergency response function in a department with a major defined disaster response role, power produced by a generator fixed in place is preferable to that of the smaller portable generators. There is no master checklist of generators, whether fixed or portable, in pre-designated Departmental Operation Command Centers.[32]

[32] The Emergency Resource Management Planning Workgroup is updating a list of all generators under the control of departments for the purpose of fuel allocation, which includes size, in order to know how long each generator will remain active, but not dedicated use.

The Civil Grand Jury was able to investigate the status of back-up generator power in the Department of Public Health's DOC at 1380 Howard Street. The Jury has determined that it is inadequate (see Section V-E, below). During its investigation, the Civil Grand Jury heard from several sources that the Department of Public Health had attempted to place a generator in its DOC, but had encountered multiple conflicts with City Code provisions and abandoned the project when it became too expensive.

Finding IV-B1: Backup generator power in case of a power failure is vital to run essential command operations, i.e., to operate all aspects of the electrical power requirements necessary to sustain viable emergency response function. No determination has been made that Departmental Operation Command Centers for departments with a major defined disaster response role have sufficient generator power.

Finding IV-B2: The Department of Emergency Management developed a list of standardized equipment necessary to the operation of Departmental Operation Command Centers and assisted departments in equipping and setting up their DOCs with communication equipment.

- **Recommendation IV-B1**: The Department of Emergency Management should conduct an annual inspection of the Departmental Operation Command Center and alternate DOC of each department with a major defined disaster response role, catalog standardized equipment, including back-up generator power, coordinate its list with the General Services Agency and the Resource Workgroup, and recommend procurement. The first review should be completed by December 31, 2007, and the status of the standardized equipment and generator power should be included in DEM's annual report thereafter.

- **Recommendation IV-B2**: Each department with a major defined disaster response role should be responsible for requesting funding to equip a Departmental Operation Command Center and an alternate DOC, including fixed generator power by the end of fiscal 2008.

- **Recommendation IV-B3**: Beginning in fiscal year 2008, the Mayor and the Board of Supervisors should annually appropriate funding to equip DOCs with disaster response equipment, including fixed generator power. This funding should also provide for maintenance and replacement.

- **Recommendation IV-B4**: The Emergency Resource Management Planning Workgroup of the General Services Agency should maintain a separate and current list of fixed and portable generators dedicated to the use by Departmental Operation Command Centers of departments with a major defined disaster response role for the allocation of fuel.

Finding IV-B3: Problems with obtaining fixed generator power goes beyond the cost of acquisition. Placement of generators in existing buildings may run afoul of a complex level of City regulations and restriction.

➢ **Recommendation IV-B5**: The Mayor should direct the Department of Emergency Management and the Department of Building Inspection to work together to develop rules and regulations that would allow the expedited placement of fixed generators at Departmental Operation Command Centers and alternate DOCs in departments with a major defined disaster response role.

➢ **Recommendation IV-B6**: Until fixed generators are in place, departments with a major defined disaster response role should budget for, and the relevant Commissions, the Mayor and the Board of Supervisors should approve back-up portable generators, capable of supporting multiple computer and communication devices, and dedicated to the Departmental Operations Command Center.

Responses required from	Office of the Mayor (Recs. IV-B3, IV-B5, IV-B6)(60 days); Department of Emergency Management and General Services Agency (60 days); Department of Building Inspection (Fin. IV-B3, Rec. IV-B5) (60 days); Board of Supervisors (Recs. IV-B3, IV-B6) (90 days)

C. Staffing in an Emergency

i. Disaster Service Workers

All City and County employees are designated by State law (California Government Code Section 3100-3109) as Disaster Services Workers in the event of a declared emergency.

As part of the regional Volunteer Management Program, the City is in the process of issuing all City employees Disaster Service Worker identification cards, color-coded to identify access eligibility of each worker: red for public safety workers, yellow for access to unsafe or sensitive areas, and green for general access. By November 2007, the Department of Human Resources (DHR) expects to have issued each City employee an ID card. In compliance with the Mayor's Directive of May 10, 2006, each department certifies quarterly to the Department of Emergency Management an updated disaster activation and recall list of personnel. DEM is working with DHR to accomplish this.

All City employees must receive basic training on their probable duties in a disaster and on the components of the National Incident Management System. Without proof of employee training to the correct level, FEMA could deny reimbursement to the City. By the end of 2007, all Disaster Service Workers are supposed to have achieved NIMS Level 700 and ICS Level 100 training. Training emphasizes personal safety and individual family pre-emergency planning and preparedness. City employees need to know that their families are safe before they will be able to concentrate on emergency response.

City employees may obtain individual training on-line or from a Department of Human Resources DVD or in-class group training. Each Department determines whether to budget for and provide classroom training. Human Resources has left availability of group trainings, as opposed to interactive on-line training, to the discretion of the department supervisor. Employee supervisors verify employee training.

The Department of Human Resources will have a computer generated contact list for all City employees by the end of 2007, but the system will not be fully operational in the field until the City obtains further equipment. As employees return to the City after a disaster or report to a checkpoint, they will present their IDs. In order to retrieve information from a bar code on the ID card, the city needs a supply of reader devices at each checkpoint, which must in turn connect to a laptop computer.

In addition, the data management program only allows for tracking basic name and department information about City employees. It does not allow for the input and retrieval of skill sets that might be essential in case of a disaster, such as identifying employees who are ham radio operators or bi-lingual.

Finding IV-Ci1: The City has embarked upon a plan to have employee supervisors verify that each City employee has obtained basic training levels in NIMs and disaster procedures, but there is no provision for departments to fund group training sessions in addition to on-line individual training.

- **Recommendation IV-Ci1**: The Mayor should direct the departments to budget for training funds and offer group training to all employees who request it or would be best served by it. The Board of Supervisors should approve funding for appropriate training by FY09.

Finding IV-Ci2: The Department of Human Resources does not have an adequate number of reader devices and laptop computers needed to supply multiple Disaster Service Worker checkpoints to process returning workers.

Finding IV-Ci3: The Department of Human Resources does not have a data management program that can track data on Disaster Service Workers that would include skill sets critical in disaster response in order to employ each Worker in his or her most beneficial capacity.

- **Recommendation IV-Ci2**: The Department of Human Resources, under the auspices of the Department of Emergency Management, should seek funding to provide an adequate number of reader devices and laptops in order to process returning Disaster Service Workers.

- **Recommendation IV-Ci3**: The Department of Human Resources, under the auspices of the Department of Emergency Management, should seek funding to upgrade the City's Disaster Service Workers' data management program to include skills and

expertise of City employees pertinent to disaster response. The Department of Emergency Mangement should report on the upkeep of the data in its annual report.

Responses required from	Office of the Mayor (Rec. IV-Ci1) (60 days); Department of Emergency Management and Department of Human Resources (60 days); Board of Supervisors (Rec. IV-Ci1) (90 days)

ii. Supplementing Pool of Available Disaster Service Workers

The Department of Emergency Management has been developing a logistics plan for returning City employees to work in case of a disaster, including getting employees who reside out of the City back, then transported to their assignment, and housed and fed while on their assignment.

No one knows how many City employees will fail to report to duty after a disaster because of injury to themselves or immediate family, inability to travel because of destruction of roadways, or deliberate absence. The Civil Grand Jury has heard estimates beginning at 30% and ranging upward. Absent employees could include those with essential expertise, including security and crowd control experience, plumbers, electricians, drivers licensed to drive multi-axle vehicles, or bi-lingual workers.

In the case of a damaging earthquake, Disaster Service Workers residing outside the City's ability to return may be further delayed, if they must cross a bridge. The Civil Grand Jury was told that the number of City employees living in the City or on duty at any one time varies from department to department and that each department plans according to the employees and operations of its department. For example, 40% of the General Service Administration employees reside in the City. At the Police Department, a 24/7 operation, at least 39% of all sworn officers are here and on duty at all times.

According to the Employees' Retirement System, approximately 6,700 retired City workers reside within the City and County of San Francisco. Among these are able retirees with expertise and skills essential to emergency response. Retired City employees could be an untapped resource to supplement a decimated workforce.

Some of these retirees will no doubt be "spontaneous volunteers" who offer their services in an emergency, but in today's codified workplace environment, rules and regulations might stop supervisors from accepting their offers of assistance. For example, in order to be protected by Workers Compensation if injured, volunteers must have completed necessary paperwork and taken an Oath. In order to access transportation and City work sites, the volunteers would need to display City Emergency Identification Cards. In order to operate effectively volunteers would need to receive basic training in NIMS and ICS.

Finding IV-Cii1: To secure the safety of its citizens, the City will need to expand its workforce to include volunteers. Volunteers will be more effective if they have been identified in advance, possess skills essential to disaster response, and are adequately trained. Retired City employees with critical expertise could supplement the rolls of Disaster Service Workers.

- **Recommendation IV-Cii1**: Through the San Francisco Employees' Retirement System, the Department of Emergency Management should direct a questionnaire to retired City employees inquiring whether they reside in San Francisco or northern San Mateo County and would be willing to volunteer.

- **Recommendation IV-Cii2**: The Department of Emergency Management should identify which City residents who volunteer have skills essential to disaster response. The selected volunteers could be sworn in as retired worker volunteers, be issued Emergency Identification Cards, and trained in NIMS and ICS. Volunteer status should be renewed annually.

Responses required from	Department of Emergency Management and Employees' Retirement System (60 days)

iii. Incident Command System Positions

The Department of Emergency Management allocates to each Department with a place in the Emergency Command Center the number of slots and the required skills that DEM needs to run the command post. Each department designates the personnel to fill those positions. In addition, each department designates the personnel to staff its own Departmental Operations Center and each department with a major defined disaster response role is supposed to appoint a Disaster Preparedness Coordinator. FEMA mandates that personnel with emergency responsibilities dictated by law or ordinance, by delegation or involved in emergency planning, or in Command Center roles or incident site roles, obtain higher levels of NIMS and ICS training, many at the most advanced level.[33]

The Mayor's Directive of May 10, 2006 required departments to certify to the Department of Emergency Management which personnel have completed training on ICS. DEM is to work with departments to determine which members of its staff are supposed to be NIMS compliant, and to what level. DEM has been conducting the advanced training required at command and EOC positions,[34] but DEM does not have a data management system that cross-references the NIMS and ICS training obtained by each City employee with their position either in a Departmental Operation Command Center or at the Emergency Operations Center.

[33]The NIMS Integration Center, Department of Homeland Security, FEMA-Mandated NIMS and ICS Training Standards, available from. October 2005.

[34] For example, San Francisco Executive Emergency Management Training Seminar, conducted October 20, 2006.

Finding IV-Ciii1: The Department of Emergency Management has no appropriate data management program and, therefore, no real way to ascertain that personnel with direct roles to perform in a disaster, whether as first responders in the field or as Command Center personnel, have obtained appropriate levels of training.

- **Recommendation IV-Ciii1**: The Mayor should provide the Department of Emergency Management with the authority to require departments to certify to the DEM that its responders and management personnel in Departmental Operation Centers or in the City's Operation Command Center have achieved the required level of NIMS and ICS training.

- **Recommendation IV-Ciii2**: The Mayor should require departments to maintain this information in the personnel file of each employee.

- **Recommendation IV-Ciii3**: The Department of Emergency Management, working with the Department of Human Resources, should obtain and, subsequently, maintain a data management system that cross-references the mandated NIMS and ICS training levels with job assignments of each departmental personnel expected to operate from Departmental Operation Centers, the Emergency Operation Center or at an incident site.

Responses required from	Office of the Mayor, Department of Emergency Management and Department of Human Resources (60 days)

D. Drills: Practicing for an Emergency or Disaster

Disaster preparedness does not end with the development of a plan. Disaster preparedness planning requires ongoing training to ensure that responders are operationally aware of the plan and the roles they play. Drills hone their skills. Drills enable planners and supervising personnel to identify shortcomings in existing emergency plans and correct deficiencies in operations. Since June 2006, when the prior Civil Grand Jury issued its report on emergency and disaster preparedness, the 2006-2007 Civil Grand Jury has observed improvement in every aspect of drilling.

In 2006, the Department of Emergency Management decided that, until the City has completed its Strategic Plan and operational, logistic and community resources plans, it would emphasize tabletop and functional drills focused on single discrete operational concerns, and workshops to work through more complex problems. From these, the designers could derive valuable data for improvement. Tabletop drills bring responders together to review procedures and plan operations, either for a brief period or for an extended one, as in a workshop. Functional drills focus on testing specific operations, like the operation of communication devices, in order to uncover weaknesses in equipment and gaps in training.

Two drills held annually, one in November and one in April, bring together many departments and private entities, including hospitals and the Red Cross. In the past, these have been full-scale drills: the State's Golden Guardian exercise in November and the City's 1906 anniversary earthquake drill. This year the Department of Emergency Management decided that participating in Golden Guardian or designing of City full-scale drills was not cost effective.[35] The City's earthquake anniversary drill in April 2007 was a tabletop exercise. The Civil Grand Jury observed senior and disaster staff from a broad range of departments and outside agencies review and discuss Operation Return, the plan for transporting Disaster Service Workers to their assignments within the City. The regional mutual aid district is planning Operation Safe Return, the transport of City employees back to the City after a major incident. These plans have not progressed to the point where a regional full exercise drill, like Golden Guardian, would be a valuable practice tool.

The Civil Grand Jury observed the two full-scale drills held during the first two quarters of 2007: the ATT Park Evacuation Drill and the Department of Public Health Mass Prophylactic Drill. Both of these drills received outside funding. Observing these drills, the Jury learned how difficult it is to design and execute a full-scale drill that effectively mimics a real life situation.

In the ATT Park Evacuation Drill, the Jury observed skeleton participation of the Police and Fire Departments. Communication during the evacuation part of the exercise with volunteers was disorganized and inadequate. The evacuation volunteers were not asked for feedback after the drill. A full complement of volunteers did participate, however, including, for the first time, volunteers from NERT who played the essential role of "wounded" to be triaged.

The small pox prophylactic drill did not require full participation of departments other than the Department of Public Health, and the exercise designers brought together an impressive, trained team from DPH. Missing were enough volunteers. During the exercise, there was never a time when the staff was busy interacting with volunteers. As a result, the drill was unrealistic. In real life, the staff would have been inundated by a crush of anxious people demanding antibiotics.

The Department of Emergency Management conducts functional drills and tabletop exercises. DEM coordinates drills through weekly meetings of the Exercise Design Team. At the same time, other departments run drills specific to the duties and responsibilities of their departments. Often a particular drill results from a grant-funded program. Department-run drills that occur because of funding availability do not always fit into the overall plan for improving disaster preparedness citywide.

[35] Department of Emergency Mangement, "2007 Training & Exercise Strategy," prepared by Rob Dudgeon, March 5, 2007.

Finding IV-D1: To be a valuable exercise, a full-scale drill must be the result of comprehensive planning, because the Department of Emergency Management working with affected departments has identified a need to practice or to observe a complex response procedure, not because a grant or funding is available.

Finding IV-D2: To be a valuable exercise, a full-scale drill must include full participation by all responding departments and an adequate number of volunteer "victims."

- **Recommendation IV-D1**: The Department of Emergency Management should coordinate tabletop, functional and full-scale drills and training across departmental lines, and monitor and verify the adequacy of the drills to determine if the City is improving our emergency response capabilities.

- **Recommendation IV-D2**: The Department of Emergency Management should have the authority to require departments with major defined roles to participate in any drill or exercise in ratio to the role they would play in a real life scenario.

- **Recommendation IV-D3**: NERT should always be solicited to provide volunteer "victims" to participate in full-scale drills. NERT leaders should be asked to participate in table top and functional exercises.

Responses required from	Department of Emergency Management and Fire Department/NERT (60 days)

The Civil Grand Jury observed frequent immediate "hot-wash" reviews after drills, and read timely written After Action Reports. Many After Action Reports were either on-line or available upon request. In general, personnel interviewed voiced the opinion that there was a growing awareness that valuable drilling puts the emphasis on practice to improve skills and test equipment, and there was less concern that flaws in operations would reflect badly on participants.

After the "hot-wash" sessions and release of After Action Reports, though, the Civil Grand Jury found a lack of follow through to correct the deficiencies identified in the reports. The Jury also noted a lack of adequate follow-up in re-training and, then, re-drills to improve disaster response. In particular, when outside consultants, instead of the participants, wrote the After Action Reports, interest in revisiting the exercise appeared to wane. For example, participating departments did not each write up their own After Action Report following the 2006 April Earthquake drill. Although there was a summary report covering all departments, many of the participants interviewed by the Civil Grand Jury were unfamiliar with it. On the other hand, when interviewees had participated in the writing of an After Action Report, they were conversant with its contents and interested in discussing it.

The Jury had an opportunity to review reports prepared at San Francisco General Hospital after hospital-initiated and hospital-conducted drills, as well as after general

exercises. San Francisco General follows the practice of preparing a report measuring performance and identifying corrections[36] even though the Department as a whole, as well as other participating departments, chose not to write a report.

Finding IV-D3: "Hot-wash" reviews and After Action Reports are timely and available for review after a general participant full-scale exercise.

Finding IV-D4: When outside consultants design and run drills and write After Action Reports, there is less follow-up after the drill.

Finding IV-D5: Shorter, more informal reviews, of small exercise and tabletops drills are not consistently prepared and circulated as often as are After Action Reports for full-scale drills.

Finding IV-D6: There is no institutional tradition of continued follow-up to After Action Reports in order to objectively identify areas of improvements and make needed corrections.

Finding IV-D7: Neither the Department of Emergency Management nor the participating departments consistently measure progress on recommended corrective action.

Finding IV-D8: The Department of Emergency Management can coordinate and encourage departments to prepare After Action Reports and conduct appropriate follow-up to correct gaps in emergency response capabilities, but it has no authority to do so.

- **Recommendation IV-D4**: To measure the performance of and improve disaster response capabilities in all City departments, the Mayor should direct all departments to report all performance measures and improvements to the Department of Emergency Management.

- **Recommendation IV-D5**: City-employee-drill participants should always write the After Action Reports to encourage a sense of departmental "ownership."

- **Recommendation IV-D6**: The Department of Emergency Management should take the lead in institutionalizing the SMART goal setting system (specific, measurable, achievable, relevant and time-based goals) after the release of After Action Reports to identify the critical issues that need improvement and make corrections.

- **Recommendation IV-D7**: The Mayor should provide the Department of Emergency Management with the authority to carry out the functions needed to improve practice on emergency response procedures and provide the Department with the staff to do so.

[36] For example, "Citywide Earthquake Exercise, April 19, 2006, SFGHMC After Action Report."

➢ **Recommendation IV-D8**: Beginning with its 2007 Annual Report, the Department of Emergency Management should report on gaps in emergency response capabilities identified in exercises and drills, and recommended corrective actions.

Responses required from	Office of the Mayor (Recs. IV-D4, IV-D7)(60 days); Department of Emergency Management (60 days); Board of Supervisors (Rec. IV-D8) (90 days)

E. Off-site Training for Key Personnel

The National Emergency Response and Rescue Training Center designed a course to help jurisdictions prepare for and respond to potential terrorism incidents. The course is held at Texas A&M University at College Station. Designed as an intensive three-day workshop that combines small-group discussions with simulated disaster incidents, the course allows participants to put aside their daily responsibilities to practice on emergency/disaster response with colleagues. San Francisco obtained grant funding to send groups of key City employees to Texas to participate together in the program. To date one hundred and twenty City employees from departments with a major defined disaster response role have participated. The Department of Emergency Management has funds for at least one more session, to be held in September 2007, for forty-five City employees.

The Civil Grand Jury spoke with many participants. All thought the program valuable, not only for the opportunity to practice different emergency scenarios, but also for the time spent in collaboration with City employees from various departments. Often employees across key department lines, who would need to develop an esprit de corps when working closely together in a disaster mode, have no contact in their daily working lives in the City.

Finding IV-E1: The Texas A&M program is a valuable tool for training key personnel in emergency/disaster preparedness. It provides practical application of ICS principles beyond training.

➢ **Recommendation IV-E1**: The Civil Grand Jury urges the Department of Emergency Management to solicit funding to continue making the training program at Texas A&M available to City employees.

Responses required from	Department of Emergency Management (60 days)

V. DISASTER/EMERGENCY PREPAREDNESS: DEPARTMENT OF PUBLIC HEALTH

A. Introduction

In its investigation, the Civil Grand Jury found the Department of Public Health and the Emergency Medical Services Agency to be functionally capable of providing excellent routine emergency response support, but we believe that a large-scale disaster would overwhelm their resources. Inadequate resources can cause chaos. Hospitals, ambulance systems, clinics, and pharmaceutical suppliers will be unable to meet critical needs.

In our investigation, the Civil Grand Jury found the concept of disaster preparedness and response in the medical arena to be complex and technical. As laypersons, however, we were able to view the arena from a non-medical perspective and we offer recommendations for administrative changes and funding requirements to better position the Department to meet its commitment to disaster response.

While the Department of Emergency Management is charged with coordinating all City emergency preparedness and response, the Department of Public Health is the department charged with coordinating public health and emergency medical operations, disease and outbreak investigations, community and mental public health services, medical resources and system recovery operations.[37] In a disaster, DPH would play a vital role in medical response from treating mass casualties in the case of a damaging earthquake to mass immunization in the case of an infectious disease outbreak.

Substantial grant money from the federal Department of Homeland Security's grant program funnels into the Department of Public Health. Additional federal funds from the federal Center for Disease Control and the Department of Health and Human Services flow directly to the Department. Among current grant funding requests, the Mayor approved the request for additional Department UASI grant funding for Mass Casualty Incidents, Surge Capacity and Mass Prophylaxis.[38]

The Civil Grand Jury investigated how this Department organizes its disaster planning, interacts with the Department of Emergency Management, and budgets for maintenance of equipment and programs obtained under grant funding. In this report, we shall highlight the need for administrative commitment and adequate funding for medical emergency response in developing and writing the Strategic Plan and the Emergency Operations Plan.

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[37] Mayor's Executive Directive 06-03 Emergency Medical Disaster preparedness, May 23, 2006.
[38] Bay Area, Super-Urban Area, "Urban Area Security Initiative (UASI), Super-Urban Area Security Initiative (SUASI)," March 20, 2007.

B. Organizing Disaster Preparedness in the Department of Public Health: Management Structure and Coordination

Medical disaster planning and preparedness must take its place among the responsibilities of the complex, multi-layered Department of Public Health. Resources in the Department of Public Health are stretched thin for many reasons, including an increase in under-funded local mandates, the growing complexity of its public health responsibilities, and extensive day-to-day duties.

The Department of Public Health will be responsible for medical response in any incident or disaster. If the severity of an incident warrants it, DPH will activate its Departmental Operations Command Center.[39] The Director of Public Health or the designee and the Medical Health Operational Area Coordinator will be either at the Emergency Operations Center or at the Policy Group. Which of the Department's personnel would staff the DOC or assist at the EOC within the chain of command (Appendix D Organizational Chart) depends upon the scale and character of the emergency, and who is available.

In planning and preparing for a disaster, the Director of the Department of Public Health has a seat on the Homeland Security Executive Committee as head of a department with a major disaster response role; the "second in command" sits on the Homeland Security Steering Committee. The Department designates a Disaster Preparedness Coordinator to sit on the Disaster Preparedness Coordinators Committee.

Until 9/11, Hurricane Katrina and the specter of pandemic flu, disaster preparedness and planning had not been a Department of Public Health priority. To take advantage of the increase in grant funding and subsequent call to revise emergency plans, the Director of the DPH delegated disaster planning to the Office of Policy and Planning (OPP). In general, during this period OPP has taken the lead in disaster planning, both inside and outside the Department. Although the Director has delegated medical disaster planning to OPP, the staff of OPP are administrators, not medical professionals.

The Mayor directed departments to revise their own emergency plans by March 2007 to make them consistent with the City plan and NIMS compliant. The Department of Public Health is currently revising its Plan. With the completion of this revision, the emphasis on disaster preparedness will shift from planning to implementation, although, of course, planning is ongoing. In fact, the Mayor's May Directive requires departments to revise operational plans every two years.

Sections other than the Office of Policy and Planning within DPH, such as Infectious Disease and Environmental Health, have specific disaster response duties related to their expertise. One section, the Emergency Medical Services Agency (EMSA), is designated by the State of California as the local agency to coordinate disaster response with the State, along with its other legislated pre-hospital emergency medical support duties.

[39] San Francisco Department of Public Health, Emergency Operations Plan, Revised January 12, 2006.

The Department of Public Health does not have a centralized staff dedicated only to disaster preparedness with clear authority to coordinate disaster response activities for DPH. During its investigation of medical disaster planning and preparedness in DPH, the Civil Grand Jury heard and observed independently that there is an unclear chain of command and working coordination. Often, the areas of responsibility in the Department overlap. The Civil Grand Jury observed frustration within the Department and with those who rely upon it --whether other City departments or private sector medical organizations -- due to this lack of clear authority and coordination to execute their health and disaster related mission.

The Civil Grand Jury is concerned that, as the intense grant funded planning stage completes, a vacuum will occur and leadership and continuity will be lost. A number of key employees who have been able to concentrate on disaster preparedness during this period may return to their other duties.

Finding V-B1: The revised Emergency Operations Plan for the Department of Public Health is the appropriate document in which to set forth centralized authority for disaster planning and preparedness.

- **Recommendation V-B1**: In its revised Emergency Operations Plan, the Department of Public Health should specifically delegate responsibilities for all aspects of disaster planning and operations within the Department.

Responses required from	Department of Emergency Management and Department of Public Health (60 days)

The Emergency Medical Services Agency (EMS) is an operating division of the Department of Public Health. State law designates the local EMS Agency as the regulator and coordinator of pre-hospital emergency medical services and ambulance support within the City and County of San Francisco.[40] San Francisco enjoys a dedicated and effective ambulance service. State law also designates the EMS Agency as the local agency through which the State coordinates disaster response.[41] The Medical Director of EMS is the Medical Health Area Operational Coordinator (MHOAC) for regional mutual aid and runs the Multi-Casualty Working Group. The EMS Medical Director interacts on policy matters with hospitals, ambulance services and other medical services providers in the Emergency Medical Services Advisory Committee.

[40] The duty of the EMS Agency is to regulate and assure quality of the EMS system to ensure a superior standard of emergency medical care for residents and visitors to San Francisco. The goal of the EMS Agency is to fulfill this mandate under the California Public Health and Safety Code Sections 1797 through 1799. Section 1797.151, etc., includes disaster preparedness as a local EMS Agency duty, declaring that the state EMS Authority shall coordinate, through local EMS Agencies, medical and hospital disaster preparedness.

[41] California Public Health and Safety Code, Section 1797.151. The authority shall coordinate, through local EMS agencies, medical and hospital disaster preparedness with other local, state, and federal agencies and departments having a responsibility relating to disaster response, and shall assist the Office of Emergency Services in the preparation of the emergency medical services component of the State Emergency Plan as defined in Section 8560 of the Government Code.

The Medical Director and his assistants in the EMS Agency have medical qualifications, experience in disaster preparedness, and statutory responsibility for disaster preparedness. While the Office of Policy and Planning has able administrators, they have broad planning and coordination duties in addition to emergency/disaster operations. The EMS Agency, through its experience with first responders in its capacity as regulator and monitor of pre-hospital emergency care and ambulance support, is the most appropriate to assume the responsibility of disaster preparedness for the Department of Public Health.

The Mayor in the Executive Directive of May 23, 2006 directed the Medical Health Operational Area Coordinator to convene a Multi-Casualty Working Group "to identify gaps in current disaster medical response and ensure the development of plans, policies and procedures for an effective medical response to disasters."

The Multi-Casualty Working Group has held three tabletop workshops, each examining the many variables present in medical response to increasingly severe levels of emergency: Level I, suicide bombing, Level II, Sarin gas release and Level III, a 7.9 magnitude earthquake. Issues raised and solutions formulated were to be incorporated into the Multi-Incident Plan, but the plan is not complete.

In the meantime, committees and workgroups continue to meet on topics integral to the work of the Multi-Casualty Working Group. Yet, the Medical Director of the EMS Agency or his staff, do not participate in all emergency/disaster workgroups and committees where the Department of Public Health is represented, nor do they participate in all Department disaster preparedness activities. Often, the Office of Policy and Planning solely represents the entire Department of Public Health.

For example, the Department may schedule or participate in key disaster workgroups covering disaster/emergency response issues without regard for regularly scheduled meetings of the Emergency Medical Services Agency. The EMS Agency is not the designated department representative at the Community/Neighborhood Task Force or the Disaster Forum. The Agency did not participate in the design of the Communicable Disease Prevention Unit's Anthrax antibiotic dispensing exercise. Even though issues raised by all of these would, in a real life disaster situation, involve the Agency.

In addition, as the primary Medical Health Operational Area Coordinator, the Medical Director of the EMS Agency is the liaison for regional mutual aid support in case of a disaster. In a disaster, the MHOAC will articulate our medical needs to the region and the State to acquire the critical resources. The person who will assume this role in a disaster should have practical experience meeting and negotiating with the other regional representatives, with whom he or she will coordinate during this trying time. With that in mind, the Mayor directed a Working Group to be organized by the MHOAC to develop plans to coordinate regional, federal and state resource requests that may be necessary in a large-scale disaster when local resources have been exhausted.

Finding V-B2: The Emergency Medical Services Agency is the local agency through which the State coordinates disaster preparedness, and its Medical Director is the designated Medical Health Operation Area Coordinator.

- **Recommendation V-B2**: In its revised Emergency Operations Plan, the Director of Public Health should designate the Medical Director of the Emergency Medical Services Agency as the coordinator of medical disaster planning and response.

Finding V-B3: The Mayor directed the Medical Director of the Emergency Medical Services Agency to convene the Multi-Casualty Working Group to ensure the development of plans, policies and procedures for an effective medical response to disasters.

Finding V-B4: Uncoordinated representation by the Department of Public Health on committees and at workgroups stifles the flow of information and impedes decision-making.

- **Recommendation V-B3:** In its revised Emergency Operations Plan, the Department of Public Health should require that the Medical Director of the Medical Emergency Services Agency or designee participate with all sections of the Department in their medical disaster planning and activities.

- **Recommendation V-B4:** As the planning and operational arm of disaster preparedness, either the Medical Director of the Medical Emergency Services Agency or designee should be present at all disaster related workgroups, task forces, exercises and committees where the Department of Public Health has representation.

Responses required from	Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days)

Finding V-B5: In case of an emergency affecting the Bay Area, the City will need to call upon regional mutual aid for medical supplies and assistance. The Medical Health Operational Area Coordinator is the designated liaison with regional disaster management.

- **Recommendation V-B5**: The Medical Health Operational Area Coordinator or designee and staff should begin immediate participation in pre-disaster regional planning workgroups and committee meetings to be familiar with the plans, rules, regulations and staff counterparts from other jurisdictions.

Responses required from	Department of Emergency Management, Department of Public Health and Emergency Medical Services Agency (60 days)

C. Funding and Staffing Disaster Preparedness in the Department of Public Health

The reduction in total grant funding significantly affects Department of Public Health and the Emergency Medical Services planning and response operations. Through grants, the Department was able to hire staff to develop disaster response plans, but disaster preparedness does not end with a plan.

Beginning in the 1990's, with the reduction in City surpluses, citywide-funding reallocation negatively affected the operational staffing levels at the Department of Public Health. The influx of federal funding after 9/11 temporarily lessened the impact of local cutbacks. The Department, as a whole, had 40 employee positions paid for by Homeland Security grants. The Department projects that, when existing Homeland Security funding expires, the Department will have one grant-funded position left.

Increased federal grant funding did not make up for the staff cutbacks in the Emergency Medical Services Agency. Although grant funding paid staff positions in the Emergency Medical Services Agency, the number of full time employees in the EMS Agency declined. In March 1999, the EMS Agency section had 14.8 full time employees; on March 31, 2007, it had 11.5 employees.[42] In the most recent budget cycle, the EMS Agency has requested 4.85 new full time employees needed to sustain or maintain programs. At the time the Mayor appointed the Medical Director of the EMS Agency the MHOAC and directed him to convene the Multi-Casualty Working Group, only two new positions were proposed.[43] Even with funding of the proposed positions, the EMS Agency would not be adequately staffed. Other proposals for maintaining equipment and sustaining programs in the Agency merely burden existing and new personnel with additional duties.

Finding V-C1: The reduced staff of the Emergency Medical Services Agency is torn between its routine duties to regulate and coordinate pre-hospital emergency medical care and its responsibilities to coordinate disaster preparedness.

- **Recommendation V-C1**: The Emergency Medical Services Agency should develop a clearly defined and comprehensive program-staffing plan to ensure the professionalism and consistency of medical disaster planning, the maintenance of programs and equipment initiated or acquired under the grant programs, and complete successfully the emergency/disaster tasks required.

- **Recommendation V-C2**: The Department of Public Health should budget for and the Public Health Commission should approve the clearly defined and comprehensive program-staffing plan proposed by the Emergency Medical Services Agency by FY09.

[42] Of the 11.5 employees, 8.5 are paid by the General fund, 1 by a UASI Grant, 1 by State Homeland Security and 1 by EMS Fund.
[43] As of this writing, the budget process is not complete.

Finding V-C2: No department is more essential than the Department of Public Health to disaster response. Its "second in command" sits on the Homeland Security Steering Committee of the Department of Emergency Management; it sends a Disaster Preparedness Coordinator to the meetings of Disaster Preparedness Coordinators.

- **Recommendation V-C3**: In order for the Department of Public Health to carry out its disaster response functions, the position of Disaster Preparedness Coordinator in the Department of Public Health should be a dedicated disaster position.

Finding V-C3: The Emergency Medical Services Agency is the appropriate agency to act as the coordinator of disaster preparedness for the Department of Public Health.

- **Recommendation V-C4:** The Department of Public Health should assign the new position of Disaster Preparedness Coordinator to the Emergency Medical Services Agency. The incumbent would act as a senior manager dedicated to medical disaster preparedness, oversee and implement planning and preparedness, act as a bridge between planning and operations, and as a liaison with the Department of Emergency Management. The position's job description should include professional medical disaster response experience.

- **Recommendation V-C5:** The Disaster Preparedness Coordinator should either attend the Homeland Security Steering Committee Meetings as the second in command for the purposes of disaster preparedness, or accompany the second in command, and should assist the Medical Health Operational Area Coordinator.

- **Recommendation V-C6:** The Department of Public Health should budget for and the Public Health Commission, the Mayor and the Board of Supervisors should approve a new full time manager position of Disaster Preparedness Coordinator assigned to the Emergency Medical Services Agency by FY09.

Responses required from	Office of the Mayor (Rec. V-C6)(60 Days); Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days); Board of Supervisors (Rec. V-C6) (90 days)

On April 20, 2007, the Office of Policy and Planning posted a new Employment Opportunity, a full time position as Health Program Planner, assigned to the staff of the Office of Policy and Planning.[44] Until now the Department of Public Health has not had a permanent full-time position dedicated to ongoing disaster planning, although a Senior Planner in the Office of Policy and Planning has been dedicating most, if not all, staff time to disaster planning. Neither the minimum job qualifications, nor the "desired" job qualifications, as posted for the Health Program Planner position, include experience, education or skills in disaster preparedness response.

[44] Department of Public Health, Employment Opportunity, Health Program Planner, May 4, 2007.

Forecasting what will work and what will not work in a disaster situation links directly to the planning process. To be workable, ongoing planning should take place through feedback from workgroups and from the observed success of operational plans, so that the planner understands how operations will be resourced.

Finding V-C4: Emergency planning is ongoing. The relationship between planning, operations and performance should be interdependent and collaborative. After the Department of Public Health completes its current revisions of its Emergency Operation Plan, it will need to devise operational programs to implement the Plan.

- **Recommendation V-C7:** The Department of Public Health should budget for and the Public Health Commission should approve ongoing local funding to maintain critical disaster planning continuity.

Finding V-C5: The Civil Grand Jury agrees that the Department of Public Health needs the new position of Health Program Planner to support ongoing disaster planning.

- **Recommendation V-C8**: The Department of Public Health should assign the newly posted position of Health Program Planner to the staff of the Emergency Medical Services Agency.

- **Recommendation V-C9**: The Department should amend the job scope of the Health Program Planner position to specify this as an ongoing medical disaster preparedness position, and amend the posted "desired" qualifications of the job to include experience in documented disaster response.

Responses required from	Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days)

D. Funding Program and Equipment: Maintain and Sustain

Through grants, the Department of Public Health and the EMS Agency were able to acquire significant amounts of disaster equipment, supplies and pharmaceuticals, and institute programs. At the direction of the Department , EMS acquired 1) field care clinics and trailers with medical supplies, 2) communication equipment, and 3) a Patient Tracking Program. Local funding of maintenance, however, must follow acquisition.

In the meantime, the Department of Public Health will be the recipient of further grant funding. Included in the 2006 UASI grant requests are plans for Mass Casualty Incidents, Surge Capacity (the ability of hospitals to handle a sudden rush of patients needing care) and Mass Prophylaxis. All of these plans would require extensive follow-up, including with the private sector, to become operational.

i. Field Care Clinics and Supplies

The Department of Public Health has purchased six complete Field Care Clinics, five equipped with 20,000 watt mobile generators and standard heating, ventilation and air conditioning units (HVAC) and one with a 36,000 watt mobile generator and a 5-ton positive-negative pressure HVAC unit so it can be upgraded to use as an operating room, if needed. Six cargo trailers capable of holding the clinics have been funded, as well.[45]

The six field care clinics, the cargo trailers, and the pharmaceutical supplies must be stored, secured, made accessible, and upgraded when necessary. Permanent plans for this maintenance are not in place. Investigation has led the Civil Grand Jury to believe that this function requires two full time positions to perform the necessary tasks to support appropriate maintenance.

Finding V-Di1: Grant funding to acquire the field care clinics, cargo trailers, equipment and supplies does not include ongoing funding for inventory and maintenance. Local fiduciary responsibility requires funding maintenance.

Finding V-Di2: Two full-time positions are required to support maintenance of this equipment.

- **Recommendation V-Di1**: To secure, store and keep the field care clinics accessible, the Emergency Medical Services Agency should partner with the Department of Emergency Management and the General Services Agency to develop a coordinated maintenance and budget plan to safeguard the field care clinics.

- **Recommendation V-Di2**: The Department of Public Health should budget for, and the Public Health Commission, the Mayor and the Board of Supervisors should approve, the clearly defined program-staffing positions requested by the Emergency Medical Services Agency as necessary to support maintenance of the field care clinics and other disaster preparedness equipment by FY09.

- **Recommendation V-Di3**: The Department of Emergency Management should verify the maintenance, security and state of readiness of the grant-funded field care clinics.

To supply the field care clinics and other emergency response operations, the Department of Public Health has acquired and stockpiled pharmaceutical supplies. Investigation has led the Civil Grand Jury to believe that this function requires one full time position to perform the necessary tasks.

Finding V-Di3: UASI grants have paid for the acquisition and stockpiling of various pharmaceuticals necessary to protect first responders and citizens from the effects of

[45] Stephen LaPlante, Department of Public Health, "Field Care Clinics," March 8, 2007.

biological and chemical terror attacks, pandemic events, and treatment of injuries sustained in a catastrophic event. The Department must inventory, store and replace pharmaceuticals when outdated.[46]

Finding V-Di4: One full-time staff position is required to support inventory, maintenance, security and state of readiness of disaster response pharmaceuticals.

- **Recommendation V-Di4**: The Department of Public Health should budget for, and the Public Health Commission, the Mayor and the Board of Supervisors should approve, the clearly defined program-staffing positions as requested by the Emergency Medical Services Agency to support this function by FY09.

Responses required from	Office of the Mayor (Recs. V-Di2, V-Di4)(60 days); Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days); General Services Agency (Rec.V-Di1) (60 days); Board of Supervisors (Rec.V-Di2, V-Di4) (90 days)

ii. Patient Tracking System

One of the key elements of medical response to a major emergency incident or disaster is treatment of patients. On the scene, medical and Emergency Medical Service Agency staff will triage patients' medical conditions and either treat on site or direct/transport to a more appropriately staffed and equipped medical care facility. It is critical to direct transport of patients in need of acute care to facilities that are appropriate to their injuries and have available space and staff to handle them. The Department of Public Health and the Emergency Medical Services Agency is working to put in place a sophisticated patient tracking system, which the Department would activate after a "red alert," that could electronically receive and communicate data between the field and hospitals in real time

San Francisco was the first metropolitan area to acquire and set up the EMSystem Electronic Patient Tracking System.[47] The origination cost of the Electronic Patient Tracking Pilot Project of $1.3 million was paid for by grant funds. Problems within the complex technical communications and computer software and hardware however have delayed the operational date of the system. The Emergency Medical Services Agency is still working with the contractor to make the system operational.[48]

[46] Typically, drugs expire within three to five years.
[47] Agenda and Minutes, Emergency Medical Services Advisory Committee, February 14, 2007, available at http://www.sanfranciscoems.org/
[48] Emergency Medical Services Agency, "Budget Request to Develop and Continue the Electronic Patient Tracking System," June 7, 2006.

Investigation has led the Civil Grand Jury to determine that implementation of this program will require additional staff of 1.5 full time employees, and that after implementation, continued operation and training on this program will require one full time employee.

Finding V-Dii1: Local fiduciary responsibility requires funding to implement the grant-acquired Electronic Patient Tracking System.

Finding V-Dii2: Implementation of the Electronic Patient Tracking System requires 1.5 full time employees dedicated to this function, including an EMSystems specialist, computer technician and program manager.

- **Recommendation V-Dii1**: The Department of Public Health should budget for, and the Public Health Commission, the Mayor and the Board of Supervisors should approve, the clearly defined program-staffing positions requested by the Emergency Medical Services Agency as necessary to complete the development and operational phase of the Electronic Patient Tracking Pilot Project and implement the System by FY08.

- **Recommendation V-Dii2**: The Department of Emergency Management should track the implementation and verify that training and technical support is ongoing on the Patient Tracking System.

Finding V-Dii3: The Patient Tracking System will only be in use during an emergency. In order for the Patient Tracking System to be effective, hospital personnel, first responders and ambulance workers must receive training and regular practice.

Finding V-Dii4: Local fiduciary responsibility requires local ongoing funding to sustain the grant-acquired Electronic Patient Tracking System after it is implemented, in the equivalent of one full-time employee, including responsibility for program management, technical support and training.

- **Recommendation V-Dii3**: After the Patient Tracking Program is operational, the Department of Public Health should budget for, and the Public Health Commission, the Mayor and the Board of Supervisors should approve the clearly defined program-staffing positions requested by the Emergency Medical Services Agency as necessary for ongoing technical support and program training on the Electronic Patient Tracking System by FY09.

Responses required from	Office of the Mayor (Recs. V-Dii1, V-Dii3)(60 days); Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days); Board of Supervisors (Recs.V-Dii1, V-Dii3) (90 days)

iii. Communication Equipment

Between 2003 and 2006, the Department of Public Health and the Emergency Medical Services Agency applied for and received UASI grants to procure communication equipment. Some of the equipment improves and facilitates the normal operations of emergency departments, but much of it will be activated to facilitate communication, command and control among ambulances, hospitals, clinics and DPH in the event of a disaster.

The communication devices provide "communication redundancy." They complement each other, so, if one system is unable to function in an emergency, others will be available. This includes 800 MHz radios for use by emergency departments; satellite phones, including satellite antennas hardwired to the roofs, for use by command centers; and handheld portable units for use by hospital CEOs. In addition, the Department of Public Health is implementing the HEARNet System/VHF that operates on band 155. The Department will then be able to provide the hospital with an open system, so emergency departments can talk to each other and to DPH. This pre-existing system needs to be hardwired to the roof antenna. A web-based computer program, EMSystem Resource monitors the availability of beds in hospital emergency departments.

The communication equipment must be available and ready for use without prior notice. In order to ensure availability, it must be maintained and tested regularly, obsolete items replaced, and contracts with outside services updated. It must be incorporated into functional drills, not only to test equipment operability, but also to refresh personnel on its use and identify any operational flaws that need correction.

Investigation has led the Civil Grand Jury to determine that ongoing maintenance and training on communication equipment is labor intensive. For example, the Emergency Medical Services Agency replaced an older system by which hospitals reported bed availability in emergency departments with the EMSystem Resource, a more advanced computer program with data management and interactive capabilities. When the EMS Agency replaced the old system, reporting by hospitals on the new, more complex system, dropped from 95% to 50% in early 2006. The EMS Agency provided additional training and facilitated reporting by obtaining pagers for charge nurses and, as of August 2006, reporting had improved to 84%.

Finding V-Diii1: New and complex equipment requires training and practice in disaster scenario drills and exercises. To facilitate operations and use, the equipment requires testing and technical support, and may need to be supplemented with additional equipment.

Finding V-Diii2: Grant funds are not allocated for maintenance, training and control of equipment. Local fiduciary responsibility requires local ongoing funding to sustain the grant-acquired communication equipment, in the range of one to two full time employee positions.

- **Recommendation V-Diii1**: The Department of Public Health should budget for, and the Public Health Commission, the Mayor and the Board of Supervisors should approve the clearly defined program-staffing positions requested by the Emergency Medical Services Agency as necessary to maintain and test communications equipment and conduct training on communications systems.

- **Recommendation V-Diii2**: The Department of Emergency Management should track and verify testing of the grant-funded communication equipment.

Responses required from	Office of the Mayor (Rec. V-Diii1)(60 days); Department of Public Health, Emergency Medical Services Agency, and Department of Emergency Management (60 days); Board of Supervisors (Rec.V-Diii1) (90 days)

E. Departmental Emergency Operation Center and Equipment

In case of a disaster, the Department of Public Health will manage disaster medical operations from its Departmental Operations Command Center, including: allocating all medical resources; assessing the impact of a disaster on the public healthcare infrastructure; directing management of casualties; and coordinating with regional mutual aid response agencies. The Department would communicate with the City's Command Center from this center. The Community Emergency Response Plan, which is being prepared by the Community/Neighborhood Planning Workgroup, may assign DPH the role of activating and managing the Neighborhood Disaster Response Hubs located at primary care clinics through its Department Headquarters and its Departmental Operations Center.

The Department of Public Health Headquarters occupies 101 Grove Street, San Francisco, a city owned building. Located in its headquarters are the Director of Public Health, the Office of Policy and Planning, and the Public Health Laboratory, among others. The City leases additional space at 1380 Howard Street and 68-12th Street for Department of Public Health offices. The Emergency Services Agency occupies 68-12th Street. 1380 Howard Street is designated as the site of the Department of Public Health's Department Operations Center. 101 Grove Street and SF General are the designated alternate DOC sites.

Although 101 Grove Street, with a Seismic Hazard level Rating 2, was one of the public buildings included in the 1990 Earthquake Bond approved by the voters, the

retrofitting was not funded.[49] The City's Capital Improvement Advisory Committee has not currently included it as a targeted building for retrofitting.[50] 1380 Howard is leased by the City and County of San Francisco. The Civil Grand Jury was told that 1380 Howard Street has been upgraded, but is a seismically unsecured structure**;** however, the Jury has been unable to verify this.

Finding V-E1: In a damaging earthquake, the Department of Public Health would need to manage essential medical services in the City of San Francisco and interact with the mutual regional aid District from its Departmental Operations Command Center. The Department must have a seismically safe facility.

- **Recommendation V-E1**: The Mayor and the Board of Supervisors should recognize that the Department of Public Health Headquarters located at 101 Grove Street is critical to the command and control of continued medical services to the community in the case of a disaster. They should acknowledge that the retrofitting approved by the voters in 1990 was not completed, and create and implement bond or other funding methods to carry out retrofit projects.

- **Recommendation V-E2**: Until the seismic safety of 1380 Howard Street has been verified, a retrofitted seismically safe alternate to 1380 Howard should be designated as the Department's Operational Command Center, no later than the end of fiscal year 2008.

The Civil Grand Jury refers the reader back to Section IV. B. above and the discussion of inadequate generator power in the Department of Public Health's Departmental Operations Command Center.

Finding V-E2: Departmental Operation Command Centers must have adequate generator power (see Section IV, Operational Preparedness, Section B, above), sufficient to operate all aspects of the electrical power requirements necessary to sustain viable emergency response function.

Finding V-E3: Although the Department of Public Health has some fixed generator power and some portable generators (see Section V-D1, Field Care Clinics, above), the designated site of the Department of Public Health's Operational Command Center has inadequate generator power.

- **Recommendation V-E3**: A retrofitted Department of Public Health Departmental Operations Command Center and alternate Command Center should have a fixed generator.

- **Recommendation V-E4**: Until a seismically upgraded Departmental Operations Command Center is operable, both 1380 Howard and the alternate DOC site

[49] San Francisco Citizen's General Obligation Bond Oversight Committee, Minutes, October 28, 2004.
[50] San Francisco Planning Department, "San Francisco, General Plan, Community Safety Element Update, Preliminary Draft 3-1-07."

for the Department of Public Health should have a dedicated (identified for use by the DOC), portable backup generator capable of supporting multiple computer and communication devices by FY09.

Finding V-E4: Sections, divisions and offices of the Department of Public Health essential to disaster planning and preparedness, and essential to medical response in case of an emergency, should be located at the same site for consistent preparations and coordinated response.

➢ **Recommendation V-E5**: Once retrofitted, 101 Grove should be designated as the Department of Public Health Departmental Operations Command Center, and should house the Medical Director, Office of Policy and Planning and the Emergency Medical Services Agency for optimal coordination among the entities in charge during a disaster.

Responses required from	Office of the Mayor (Rec. V-E1)(60 days); Department of Public Health, Department of Emergency Management and Department of Building Inspection (60 days); Capital Improvement Advisory Committee (Fin V-E1, Rec. V-E2)(60 days); Department of Public Works (Fin V-E1, Recs. V-E2 and V-E3) (60 days); Board of Supervisors (Rec.V-E1) (90 days)

VI. DEPARTMENT OF PUBLIC HEALTH: COORDINATING DISASTER PREPAREDNESS WITH HOSPITALS

A. Introduction

Hospitals provide the third spoke of the 24/7 delivery of emergency services in the City and County of San Francisco, together with the Police Department and the Fire Department. The Department of Public Health provides inpatient, outpatient and emergency services through San Francisco General Hospital, Laguna Honda Hospital, and various clinics. The other hospitals in San Francisco are privately, state or federally owned. Whether public or private, though, hospitals are under extensive state and federal regulation. They undergo rigorous inspection by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to obtain certification. Before the Katrina disaster, JCAHO had emergency/disaster regulations; effective July 1, 2006, JCAHO disaster management requirements became more robust, including placing increased emphasis on evacuation drills and pandemic flu preparation.[51]

Hospitals face the same conundrum as the City: the demand for increased disaster preparedness from JCAHO is occurring at the same time as the reduction in

[51]Joint Commission on Accreditation of Healthcare Organizations, "2006 Hospital Accreditation Standards for Emergency Management Planning, Emergency Management Drills, Infection Control, Disaster Privileges;" and "Proposed Revisions to the Emergency Management Standards, Hospital, Critical Access Hospital and Long Term Care Accreditation Programs."

federal disaster funding. Hospitals have benefited from federal Homeland Security grant funding. For example, UCSF Medical Center received $3 million in 2005 for structural seismic mitigation and another $3 million this year for nonstructural improvements from the FEMA pre-disaster mitigation program.[52] In addition, the Department of Public Health has provided hospitals with programs, equipment and supplies that it purchased with federal grant funds.

By September 30, 2006, hospitals providing emergency services and receiving federal preparedness funds must fully comply with NIMS requirements to continue to receive funding.[53] FEMA has issued a 17-point NIMS implementation activities plan for hospitals. "Ultimately, the implementation of these activities enhances the relationship between hospitals and their respective local governments, public health and other emergency response agencies. Hospitals…are strongly encouraged to coordinate with local public health agencies to work through these implementation activities."[54] Although federal Homeland Security requires NIMS compliance by local governments and hospitals, NIMS regulations are still evolving, and levels of required NIMS training and compliance are progressing. Discussions on the national level relate NIMS compliance concepts and principles to day-to-day emergency operations, as well as during major incidents. NIMS compliance in daily emergency services operations may someday be required.[55]

In interviews the Civil Grand Jury conducted, hospital personnel, both private and public, reported weaknesses in hospital emergency preparedness and a lack of coordination with the City. In his May 23, 2006 Directive, the Mayor stated that the "OES/HS shall include hospitals and health care providers both public and private …when developing plans, exercise and training programs related to disaster preparedness and response."

The 2005-2006 Civil Grand Jury noted the lack of involvement and input from the hospitals in City-run emergency planning sessions; the 2006-2007 Civil Grand Jury observed some increase in hospital participation during the last year, especially when hospitals had a vested interest. For example, the Department of Public Health and all city hospitals participated together in a tabletop exercise on Pandemic Flu[56] and Catholic Healthcare West, medical providers to the Giants, participated in the AT&T Park evacuation exercise. The Civil Grand Jury views the more rigorous JCAHO's disaster preparedness requirements and new FEMA NIMS requirements as an opportunity for the City to improve coordination with hospitals to strengthen disaster preparedness for all.

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[52] Lisa Cisneros, "UCSF Offers Updates on Disaster Preparedness," UCSF Today News, September 11, 2006.
[53] Department of Homeland Security, FEMA, NIMS Integration Center, "NIMS Implementation Activities for Hospitals and Healthcare Systems," September 12, 2006.
[54] FEMA, NIMS, September 12, 2006.
[55] National Association of State EMS Directors, quoting NIMS Integration Center, August 17, 2005.
[56] "2006 Pandemic Influenza Infection Control Tabletop Exercise, After Action Report" September 14, 2006.

Hospitals and the Department of Public Health interact constantly and hospitals depend upon the Department in areas of its expertise. It is the City's epidemiologist and dispenser of medical information.[57] DPH educates hospitals on issues affecting public health of ethnic communities[58] or cultural communities.[59] It stockpiles supplies and pharmaceuticals. On a daily basis, its Emergency Medical Services Agency regulates ambulances and pre-hospital emergency care, managing the transport and delivery of patients to hospitals.

To support the goals and objectives of protecting the public health, the Department of Public Health also coordinates medical disaster preparedness. Hospitals and the Department participate in the Hospital Council, various City-run workgroups and committees, on the Emergency Medical Services Advisory Group and on the Multi-Casualty Incident Working Group.

The Emergency Medical Taskforce of the Hospital Council, a private association of hospitals, meets regularly and the Department of Public Health and Emergency Medical Services Agency participate. The Taskforce is an important venue for sharing information, but it is not a policy-making body. The Mayor recently expanded the Disaster Council to include the Hospital Council. In addition, representatives from various private hospitals and from UCSF now participate in various disaster meetings, including the Community/Neighborhood Planning Group, the Disaster Council, and the Resource Management Workshop. Attendance from all hospitals and other medical service providers, though, remains inconsistent.

To provide a forum in which hospitals and ambulance providers can discuss and review the regulation of pre-hospital emergency medical care, the Emergency Medical Service Agency runs the Emergency Medical Services Advisory Committee (EMSAC). EMSAC reviews policy, procedure and treatment protocols and makes recommendations to the Medical Director of the EMS Agency.[60] The committee operates under a quorum of 33% + 1 of hospital representatives and 33% +1 of pre-hospital EMS providers to assure participation of all affected sectors, including private and public hospitals, clinics, ambulance providers and Fire Department EMS providers.

In addition to pre-hospital policies and protocols, the committee discusses and makes recommendations to the Director of the EMS Agency on "disaster and emergency management, including mitigation, preparedness, response and recovery."[61] Members of the Civil Grand Jury observed vigorous debate and discussion, agreement and disagreement at EMSAC meetings. The high degree of give and take among the participants demonstrated to the Civil Grand Jury that a committee made of these

[57] For example, mutations of virus strains.
[58] For example, cultural awareness and sensitivity, ethnic differences, language, and disease vulnerabilities.
[59] For example, education regarding health considerations unique to the homeless or to AIDS patients.
[60] San Francisco Emergency Medical Services Agency, Advisory Committee, Policy Reference No. 1010, September 1, 2005.
[61] San Francisco Emergency Medical Services Agency Advisory Committee, No. 1010.

disparate entities could cooperate and accomplish results. The main business of EMSAC, though, is discussing daily pre-hospital emergency care, not disaster preparedness.

To involve medical support providers specifically in disaster medical response, the Mayor in his Directive of May 23, 2006, instructed that "the Multi-Causality [Casualty] Working Group…shall consist of both public and private hospitals, pre-hospital, public safety and transportation representatives.…" The composition of this workgroup is similar to that of EMSAC. The workgroup is still developing the plans directed by the Mayor.

Finding VI-A1: In order to manage and coordinate response operations in a disaster, the Department of Public Health, the hospitals, and other medical service providers must have clearly defined roles and responsibilities. Medical service providers still are not consistently present, nor fully involved in, City-run disaster preparedness planning.

Finding VI-A2: Achieving full integration with the City in disaster planning and preparedness is a challenge because all but City-owned medical service providers are independent entities, with their own administration and/or Board and financial concerns, and the City has no direct authority over intra-hospital care.

Finding VI-A3: Hospitals are under pressure from FEMA and from JCAHO, their accreditation agency, to meet rigorous disaster preparedness requirements. To meet those requirements hospitals benefit from working with the Department of Public Health and the Department of Emergency Management on issues like disaster planning for alternate treatment sites, participation in City-run drills, equipment and supplies.

Finding VI-A4: The City and hospitals would mutually benefit from integrating public and private hospitals into plans to improve City response capabilities. Hospitals and the City should work together as they did in the 2006 Pandemic Influenza Exercise. Hospitals should be included in programs such as Operation Return.

Finding VI-A5: Hospitals and medical service providers interact regularly with the Department of Public Health. As members of the Emergency Medical Services Advisory Committee, they provide input on policy setting. The Emergency Medical Services Advisory Committee's emphasis, though, is every day emergency care, not disaster preparedness.

Finding VI-A6: The Multi-Casualty Working Group, as directed by the Mayor, combines private and public medical service providers in a working group to review policy and procedures for medical disaster response. The Working Group has not yet met the goals set by the Mayor.

- **Recommendation VI-A1**: The Multi-Casualty Working Group should be a permanent advisory committee. The Committee should be dedicated to providing input on matters of disaster and emergency management, policy, procedure, and treatment protocols, including mitigation, preparedness, response and recovery, to the Director of

the Department of Public Health and the Director of the EMS Agency. The membership of the committee should represent all medical service providers and operate under a quorum modeled on the Emergency Medical Services Advisory Committee.

- **Recommendation VI-A2:** The permanent Working Group should consult with all sections of the Department of Public Health and the Department of Emergency Management and write a proposal on how to involve the hospitals and other medical service providers in all aspects of disaster preparedness, including planning, training, and drills.

- **Recommendation VI-A3**: Once the Working Group, the Department of Public Health, the Emergency Medical Services Agency and the Department of Emergency Management have agreed upon a plan to coordinate the integration of the hospitals and medical services providers in disaster preparedness, the Mayor should personally negotiate with the CEO's of the private and public hospitals and medical service providers to encourage their full participation.

- **Recommendation VI-A4**: In drafting the Strategic Plan, the Department of Emergency Management should consult with the Department of Public Health and the Emergency Medical Services Agency to assist the ICF Consultant Group in soliciting commentary from representatives of key medical service providers and obtaining input from hospitals.[62]

- **Recommendation VI-A5**: To involve all medical service providers in implementing the Strategic Plan, the Department of Emergency Management, in consultation with the Department of Public Health and the Emergency Medical Services Agency, should include representatives of the key medical service providers, including hospitals, in workgroups and committees.

Finding VI-A8: Administrators and disaster personnel interviewed by the Civil Grand Jury agreed that cost was an impediment preventing hospitals from giving a higher priority to disaster preparedness, preventing every hospital from having a dedicated fulltime disaster coordinator.

- **Recommendation VI-A6**: To enable the partnership between the City and the hospitals to succeed, the Mayor should personally encourage hospital CEOs to appoint dedicated disaster coordinators, who would then have the authority to speak for the hospital.

- **Recommendation VI-A7**: The Mayor should direct the Department of Public Health to work with hospital CEOs to identify funding to support the positions of dedicated disaster coordinators.

[62] The Mayor's Directive of May 23, 2006, "OES/HS shall include hospitals and health care providers both public and private, as appropriate when developing plans, exercise and training programs related to disaster preparedness and response."

In its responses to the 2005-2006 Civil Grand Jury report, the Department of Public Health reported that it would create a new position of Hospital Coordinator. In 2007, the Department added the position of Hospital Coordinator to the staff of the Office of Policy and Planning, but it was not budgeted at a level to include medical training and disaster preparedness expertise.

Finding VI-A8: The Department of Public Health needed the new position of Hospital Coordinator because both the Office of Policy and Planning and the Emergency Medical Services Agency were and are understaffed.

Finding VI-A9: The Emergency Medical Services Agency interacts with hospitals in disaster preparedness operations, such as designing drills, distributing and testing communication equipment, and implementing the Patient Tracking Program, in addition to its daily interactions regulating pre-hospital emergency medical services. The Medical Director of the Agency has convened the Multi-Casualty Working Group to develop plans and procedures with hospitals for effective medical disaster response.

Finding VI-A10: The Multi-Casualty Working Group does not have enough staff support to fulfill the directives of the Mayor's Executive Directive of May 23, 2006.

- **Recommendation VI-A8**: The newly filled position of Hospital Coordinator should be assigned to the staff of the Emergency Medical Services Agency, not the Office of Policy and Planning, in order to support the Agency's disaster preparedness operations. The job description of Hospital Coordinator should specifically include assisting the Director of the EMS Agency in carrying out the Mayor's May 23, 2006 Directive and the work of the Multi-Casualty Working Group.

Responses required from	Office of the Mayor (Recs. VI-A3, VI-A6, VI-A7)(60 days); Department of Public Health and Emergency Medical Services Agency (60 days); Department of Emergency Management (Recs. VI-A4, VI-A5) (60 days)

B. Preparing Hospital to Accept a Sudden Increase in Patients

Hospitals' ability to accommodate a sudden swell of patients after a major incident is called "surge capability." The targeted surge capacities for the City of San Francisco is set by the federal Human Resources and Services Administration at 600

extra beds based on a weekday population of 1.1 million.[63] "Beds" is shorthand for all components, including personnel, facilities, supplies, equipment and management.[64]

All medical and disaster response personnel interviewed by the Civil Grand Jury expressed the opinion that, on the one hand, 600 beds was an unrealistically low estimate of the number of acute care[65] beds that San Francisco would need after a major incident and, on the other hand, nonetheless, that San Francisco could not produce 600 extra beds.

The California Department of Health Services and the California Emergency Medical Services Authority, in response to the federally issued benchmarks of surge capacity, is funding, and requesting additional grant monies to fund, proposals to address gaps in surge capabilities[66] and develop a hospital surge template. By acquiring field care clinics and identifying alternate treatment sites, by supplying communication equipment and maintaining caches of pharmaceuticals and medical supplies, the Department of Public Health assists hospitals in planning for surge. The Emergency Medical Services Agency acquired the six field care clinics to use as adjuncts to hospitals for triage and treatment of "urgent care" patients to reduce pressure on hospitals.

After a major incident, like a damaging earthquake, the Department of Public Health would first contact the private and public hospitals in the City and ascertain their condition and the number of beds available for acute care. The Emergency Medical Services Agency envisions that the Electronic Patient Tracking System will be an invaluable aid in managing the movement of patients in a disaster.

As with all disaster response operations, pre-planning, training and practice builds the confidence to operate in a crisis. The Emergency Medical Services Agency, as part of its regulatory duties, monitors the delivery of patients transported to all San Francisco hospital emergency departments, whether public or private. Medical disaster personnel interviewed urged the Civil Grand Jury to address the issue of transport and delivery of patients to hospital emergency departments throughout the City in relation to the need to transport an increased number of patients in a disaster scenario.

When hospitals declare they can accept no more patients because they are too "congested," ambulances are diverted to another facility. In emergency medical care parlance, this practice is called "diversion." Diverting an ambulance from the nearest hospital may endanger the recovery of the patient. Medical personnel with disaster experience counseled the Civil Grand Jury to think of the daily incremental increases in the number of emergency patients as "mini-surges" and to relate the practice of diversion directly to a hospital's ability to handle a surge of patients in a disaster scenario.

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[63] U .S. Department of Health and Human Services, Public Health Services, Optimizing Surge Capacity: Hospital Assessment and Planning, January 2004.
[64] Sally Phillips, "Current Status of Surge Research," Agency for Healthcare Research and Quality, Academic Emergency Medicine, October 10, 2006.
[65] Patients care can be identified as acute (emergency or trauma), urgent (for example, a broken arm), or primary (basic care not involving immediate emergency intervention).
[66] Office of the Governor, Budget Overview, "2006-2007 Governor's May Revision Highlights, California Department of Health Services," May 12 2006.

In January 2003, the San Francisco Board of Supervisors, acting upon legislation sponsored by then-Supervisors Gavin Newsom and Sophie Maxwell, received the report of "Emergency Room Diversion" Task Force.[67] At that time, some hospitals in San Francisco were on diversion as high as 40% of the time. The Emergency Medical Services Agency reports diversion rates by number of hours a day each hospital is on diversion. Hospitals, ambulance providers, the Fire Department emergency medical personnel and EMSAC have worked together to improve rates, but diversion hours can vary widely. In March 2007, the EMS Agency reported 678 diversion hours for the eight receiving emergency departments in San Francisco, or an average of 11%, up from 6%, the average of the prior year.[68]

Finding VI-B1: As part of its State mandated regulatory duties, the Emergency Medical Services Agency monitors and tracks diversion rates to emergency facilities in San Francisco. It reports its findings to the Emergency Medical Services Advisory Committee to assist the Medical Director in the development of procedure and policy.

Finding VI-B2: Among the job description duties of the new position of Health Program Planner posted by the Office of Policy and Planning are: assisting in developing plans related to surge capacity, and assisting in the collection and analysis of demographic data related to hospital surge capacity. [69] The duties described in the newly posted position of Health Program Planner overlap with the regulatory duties and the daily workings of the Emergency Medical Services Agency

- **Recommendation VI-B1**: The Medical Health Operation Area Coordinator should work with the Multi-Casualty Working Group to develop plans and procedures to integrate the daily practice by hospitals of handling an increase in patient arrivals with plans to prepare for the handling of a surge of patients after a major incident.

- **Recommendation VI-B2**: The Emergency Medical Services Agency and the Multi-Casualty Working Group should have sufficient staff to carry out the integration of daily emergency operations with disaster preparedness.

Responses required from	Department of Public Health and Emergency Medical Services Agency (60 days)

C. Planning for the Evacuation of Hospitals

During Hurricane Katrina, Americans were horrified to learn that a hospital might have to evacuate. The ability of a hospital to "sit tight" for a period of time with adequate staff and medical supplies is and has been a critical aspect of disaster planning. Adequate generator power and fuel are also essential to hospitals' ability to continue

[67] Scott J. Campbell, MD, "Rethinking San Francisco's Ambulance Diversion Crisis," Report to the San Francisco Board of Supervisors, Emergency Room Diversion Task Force January 27, 2003.
[68] Emergency Medical Services Agency, March 2007 EMS Operations Report, Ambulance Diversion.
[69] Department of Public Health, Employment Opportunity, Health Program Planner, May 4, 2007.

operations.[70] After Katrina, however, it became clear that comprehensive disaster preparedness must also include planning for the evacuation of part or all of any hospital facility. JCAHO's strengthened emergency requirements for hospitals require more planning and preparedness for the possibility that patients would have to be evacuated from a hospital, whether from an entire structure or a section. Included in the JCAHO requirements are hospital emergency plans that incorporate plans for transporting patients to alternate sites.

In the Mayor's Directive of May 23, 2006, Section 2.2, the Mayor directed "the Multi-Causality [Casualty] Working Group will specifically address the issue of hospital evacuation and develop appropriate response plans to address evacuation scenarios. This analysis shall be complete by December 31, 2006." The Emergency Medical Services Advisory Committee's Multi-Casualty Incident Working Group has met, but, to date, the plan is not complete.

At the same time, the Resources Emergency Management Planning Workgroup is identifying alternate sites for multiple uses in a disaster scenario. Some of these sites could potentially be identified as possible sites for hospital evacuation and could be used to assist hospitals in evacuation planning. In addition, the Department of Public Health with the Community/Neighborhood Planning Work Group is involved in the possibility of enlisting primary care medical facilities in the City (clinics, nursing homes, etc.) as community hubs and/or as alternative treatment sites for urgent care patients. Although the Department of Public Health participates in these committees, the Civil Grand Jury did not observe that the work of these two committees was integrated with the work of the Multi-Casualty Working Group on hospital evacuation.

Finding VI-C1: Every hospital is responsible for its own emergency evacuation plan and for carrying out its own operations. Any evacuation of patients from a hospital to alternate sites will be coordinated by the Department of Public Health's Departmental Operations Center. If mutual regional aid were necessary, it would be requested through the Medical Health Operational Area Coordinator (MHOAC).

Finding VI-C2: Planning for hospital evacuation and the identification of alternative community sites are interrelated.

Finding VI-C3: Planning for hospital evacuation and aspects of the operations of the Emergency Medical Services Agency's disaster planning – like the patient tracking program – are interrelated.

Finding VI-C4: JCAHO requires drills to test emergency management. Drills of hospital evacuations, albeit difficult to work into the busy hospital schedule, are not being practiced in all hospitals.

Finding VI-C5: To revise a comprehensive mass casualty plan, the Multi-Casualty

[70] Joint Commission on Accreditation of Healthcare Organizations, "Preventing Adverse Events Caused by Emergency Electrical Power System Failures," Sentinel Event ALERT, Issue 37, September 6, 2006.

Working Group must have adequate staff and coordinate with all sections of the Department of Public Health and with the Department of Emergency Management.

- **Recommendation VI-C1**: The Department of Public Health should assign to the staff of the Emergency Medical Services Agency the budgeted position of Hospital Coordinator, the new position of Health Program Planner and the position of Disaster Preparedness Coordinator, recommended herein by the Civil Grand Jury, so it can fulfill its disaster preparedness duties as mandated by the State of California and directed by the Mayor.

- **Recommendation VI-C2**: The Department of Emergency Management, working with the Department of Public Health, should include staff from the Multi-Casualty Working Group at all disaster preparedness and planning workgroups, committees and meetings.

Responses required from	Office of the Mayor (Recs. VI-C2)(60 days); Department of Public Health, Emergency Medical Services Agency and Department of Emergency Management (60 days)

D. Accounting for Grant-Funded Communication Equipment: MOUs, Agreements or Contracts

The communication equipment acquired by the Department of Health and the Emergency Medical Services Agency under UASI grant funding, and discussed in this report in Section V, D iii. above, is City-owned. This equipment has been distributed to both public and private hospitals throughout the City.

The communication devices include 800 MHz radios, satellite phones, and handheld portable units. Satellite phone antennas and the HEARNet radio system were hardwired to hospital roofs for operations. The Department of Public Health and the Emergency Medical Services Agency is planning to acquire and install one hardwired ham radio in each hospital.

In interviews with many sources, the Civil Grand Jury has been unable to ascertain the existence of any written agreements between the hospitals and the Department of Public Health setting forth ownership of the communications equipment, the terms by which the equipment rests in the hospitals' possession, and the terms by which the equipment will be maintained and secured.

The Civil Grand Jury in its investigation has been unable to identify a data management system that tracks the chain of custody of the communication equipment. In its investigation, the jury was told that this function would take an additional full time staff position.

How this came to pass has a reasonable explanation. Through the grant process, the Department of Public Health and the Emergency Medical Services Agency had an opportunity to obtain critical communication equipment to improve both disaster and normal EMSystem communication. Acquisition was on a finite timeline. The Department and the EMS Agency had to complete its grant application, then distribute the equipment, within a defined period or the grant money would no longer be available.

The hospitals resisted entering into contracts with the Department of Public Health because City contract provisions are cumbersome and seemed, to the hospitals, to be onerous. When the Department received the equipment, in order to implement emergency medical response, it was distributed without a contract, Memorandum of Understanding (MOU) or agreement. For ongoing, workable emergency response, the Department would have been satisfied with MOUs between the Department and the hospitals whereby the Department would retain title to the equipment, the hospitals would agree to secure and maintain the equipment, and the Department would provide technical advice and ongoing training. Whether or not an MOU of this nature would satisfy the contract requirements of the City or the provisions of the federal grant program is unclear to the Civil Grand Jury.

The Civil Grand Jury has been informed that part of the immediate duties of the newly hired Hospital Coordinator in the Office of Policy and Planning will be obtaining equipment agreements with the hospitals. To date, however, no MOUs or contracts are in place between the Department of Public Health and hospitals reciting the terms by which the hospitals received the grant-funded communication equipment.

Finding VI-D1: To meet the grant requirements, the Department of Public Health has a fiduciary responsibility to get appropriate MOUs, agreements or contracts, which will define rights and responsibilities over the grant-produced equipment placed in the private sector.

Finding VI-D2: The Department of Public Health is responsible for tracking the chain of custody of the Department's capital equipment. The Department would need approximately one additional full time staff person to accomplish this function.

Finding V1-D3: The Emergency Medical Services Agency provides technical support, coordinates regular testing, provides training, designs and facilitates drills in which the communication equipment is used. The EMS Agency also uses the EMSystem equipment to carry out its normal, non-disaster responsibilities.

- **Recommendation VI-D1**: The City Attorney and the Department of Public Health should work together with representatives of each hospital to devise an agreement governing the ownership, user training, maintenance and security of grant-acquired disaster equipment. Appropriate agreements should be in place by December 31, 2007.

- **Recommendation VI-D2**: The Emergency Medical Services Agency is the responsible City agency for supervising the use of the grant-procured communication

equipment. As such, it is the most appropriate agency to negotiate the MOUs, agreements or contracts with the hospitals. It does not have the staff to accomplish this work.

- **Recommendation VI-D3**: If the Hospital Coordinator is going to negotiate with hospitals to obtain agreements, the newly filled position should be assigned to the staff of the EMS Agency. If the Hospital Coordinator is not going to assume these duties and obtain agreements, the Department of Public Health should budget for and the Public Health Commission should approve a new position assigned to the Emergency Medical Services Agency to negotiate and finalize these agreements.

- **Recommendation VI-D4**: The Emergency Medical Services Agency should develop a data management program to inventory and track all Department-owned medical disaster equipment and should be provided the staff necessary to accomplish this function.

In addition to the placed communication equipment, the Department of Public Health, the EMS Agency and the Department of Emergency Management are in the initial stages of coordinating with the hospitals to install one hardwired ham radio in each hospital. Training of ham operators requires more than occasional in-house training. The FCC requires ham operators to be certified. The Departments and the EMS Agency have not yet worked out with the hospitals how many operators each hospital will have to run the ham radio and how they will receive certification training.

Finding VI-D4: The FCC requires certification of ham operators.

Recommendation VI-D5: Before the Department of Public Health, the Emergency Services Agency and the Department of Emergency Management acquire, provide and hardwire ham radios in hospitals, they should not only reach an agreement as to the maintenance of the equipment; they should also reach an agreement regarding the commitment of the hospitals to guarantee the certification of ham radio operators available on each section of the 24 hour shifts.

Responses required from	Department of Public Health, Emergency Medical Services Agency, and Department of Emergency Management (60 days); City Attorney (Rec. VI-D1) (60 days)

E. Helipad at San Francisco General Hospital

The 2005-2006 Civil Grand Jury noted that no San Francisco hospital has a helipad.

In fact, today San Francisco remains the only Level I Trauma Center in a major city in the United States that does not have air medical access.[71] In an interview Andre Campbell, Chief of Staff at San Francisco General, said that, "This is a citywide issue for all the people in San Francisco. Rapid treatment saves lives on a daily basis. We speak of the "golden hour" in trauma. This means that the first 60 minutes are essential…."[72] In an interview on Channel 7, Dr. Mitch Katz, Director, Department of Public Health pointed out another use for a helipad: "…something will go wrong in a hospital, such as a hospital will lose electricity and you need to be able to rapidly evacuate people to another facility."[73]

Neighbors of San Francisco General Hospital have fought the helipad project, expressing concern about noise.[74] Helicopters fly across the City many times during each day monitoring traffic or newsworthy events, or transporting dignitaries or others. They just cannot deliver the injured to the nearest medical facility.

The project is on hold waiting for an Environmental Impact Report.

Finding VI-E1: Sometimes people in an urban environment have to forfeit some amenities for the benefit of all City residents. Obtaining a helipad on San Francisco General Hospital is such a situation.

- **Recommendation VI-E1**: The Mayor should recommend and the Board of Supervisors should approve the funding for a helipad on San Francisco General Hospital.

Responses required from	Office of the Mayor, Department of Emergency Management, Planning Department and Department of Public Health (60 days); Board of Supervisors (90 days)

[71] Lisa Cisneros, "Q & A with SFGH Chief of Staff Andre Campbell," UCSF at San Francisco General (2006).
[72] Lisa Cisneros, "Q & A with SFGH Chief of Staff Andre Campbell."
[73]Ken Miguel, Channel ABC 7, "S.F. General Not Equipped for Medevac," May 10, 2007, viewed 5/17/07].
[74] Bonnie Eslinger, "Helipad Study Not Ready to Land," San Francisco Examiner, February 26, 2007.

VII. SUMMARY CHART OF REQUIRED RESPONSES

Required Responses

Recommendations:	I-1	II-A1	II-A2	II-A3	II-A4	II-A5	II-A6	II-A7	II-A8	II-A9	II-A10	II-B1	II-B2	II-C1	II-C2	II-C3	II-D1	II-E1	II-E2	II-E3	II-E4	III-1
Requires Response within 90 days:																						
Board of Supervisors (BoS)	●		●	●						●			●								●	
Requires Response within 60 days:																						
Office of the Mayor	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●
Department of Emergency Management (DEM)		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Department of Public Health (DPH)																		●	●	●	●	
Emergency Medical Services Agency (EMSA)																						
General Services Agency (GSA)																		●	●	●	●	
San Francisco Fire Department (SFFD)/ NERT																		●	●	●	●	
Department of Building Inspection (DBI)																						
Planning Department																						
Department of Human Resources																						
Employees' Retirement System																						
Capital Improvement Advisory Committee																						
Department of Public Works																						
City Attorney																						

Required Responses

Recommendations:	III-2	III-3	III-4	III-5	III-6	III-7	III-8	Find: IV-A1	Find: IV-A2	Find: IV-A3	IV-A1	IV-A2	IV-A3	Find: IV-B3	IV-B1	IV-B2	IV-B3	IV-B4	IV-B5	IV-B6	IV-Ci1	IV-Ci2
Requires Response within 90 days:																						
Board of Supervisors (BoS)	•	•					•										•			•	•	
Requires Response within 60 days:																						
Office of the Mayor	•	•	•			•	•			•			•				•		•	•	•	
Department of Emergency Management (DEM)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Department of Public Health (DPH)																						
Emergency Medical Services Agency (EMSA)																						
General Services Agency (GSA)				•	•	•	•							•	•	•	•	•	•	•		
San Francisco Fire Department (SFFD)/ NERT																						
Department of Building Inspection (DBI)								•	•		•	•	•	•					•			
Planning Department								•	•													
Department of Human Resources																					•	•
Employees' Retirement System																						
Capital Improvement Advisory Committee								•	•	•			•									
Department of Public Works								•	•		•	•	•									
City Attorney																						

Required Responses

Recommendations:	IV-Ci3	IV-Cii1	IV-Cii2	IV-Ciii1	IV-Ciii2	IV-Ciii3	IV-D1	IV-D2	IV-D3	IV-D4	IV-D5	IV-D6	IV-D7	IV-D8	IV-E1	V-B1	V-B2	V-B3	V-B4	V-B5	V-C1	V-C2
Requires Response within 90 days:																						
Board of Supervisors (BoS)														●								
Requires Response within 60 days:																						
Office of the Mayor				●	●	●				●			●									
Department of Emergency Management (DEM)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Department of Public Health (DPH)																●	●	●	●	●	●	●
Emergency Medical Services Agency (EMSA)																	●	●	●	●	●	●
General Services Agency (GSA)																						
San Francisco Fire Department (SFFD)/ NERT							●	●	●													
Department of Building Inspection (DBI)																						
Planning Department																						
Department of Human Resources	●			●	●	●																
Employees' Retirement System		●	●																			
Capital Improvement Advisory Committee																						
Department of Public Works																						
City Attorney																						

Required Responses

Recommendations:	V-C3	V-C4	V-C5	V-C6	V-C7	V-C8	V-C9	V-Di1	V-Di2	V-Di3	V-Di4	V-Dii1	V-Dii2	V-Dii3	V-Diii1	V-Diii2	Find:V-E1	V-E1	V-E2	V-E3	V-E4	V-E5
Requires Response within 90 days:																						
Board of Supervisors (BoS)				●					●		●	●		●	●			●				
Requires Response within 60 days:																						
Office of the Mayor				●					●		●	●		●	●			●				
Department of Emergency Management (DEM)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Department of Public Health (DPH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Emergency Medical Services Agency (EMSA)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						
General Services Agency (GSA)								●														
San Francisco Fire Department (SFFD)/ NERT																						
Department of Building Inspection (DBI)																	●	●	●	●	●	●
Planning Department																						
Department of Human Resources																						
Employees' Retirement System																						
Capital Improvement Advisory Committee																	●		●			
Department of Public Works																	●		●	●		
City Attorney																						

Required Responses

Recommendations:	VI-A1	VI-A2	VI-A3	VI-A4	VI-A5	VI-A6	VI-A7	VI-A8	VI-B1	VI-B2	VI-C1	VI-C2	VI-D1	VI-D2	VI-D3	VI-D4	VI-D5	VI-E1
Requires Response within 90 days:																		
Board of Supervisors (BoS)																		●
Requires Response within 60 days:																		
Office of the Mayor			●			●	●					●						●
Department of Emergency Management (DEM)				●	●						●	●	●	●	●	●	●	●
Department of Public Health (DPH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Emergency Medical Services Agency (EMSA)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
General Services Agency (GSA)																		
San Francisco Fire Department (SFFD)/ NERT																		
Department of Building Inspection (DBI)																		
Planning Department																		●
Department of Human Resources																		
Employees' Retirement System																		
Capital Improvement Advisory Committee																		
Department of Public Works																		
City Attorney													●					

APPENDIX A. GLOSSARY/ACRONYMS

CARD	Collaboration Agencies Responding to Disaster
DEM	Department of Emergency Management (new name for OES)
DOC	Departmental Operations Center (Command Center for Individual Department in case of an emergency)
DPH	Department of Public Health
DHR	Department of Human Resources
EDCC	Emergency District Communications Centers
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Agency
EMSAC	Emergency Medical Services Agency Advisory Committee
EOC	Emergency Operations Center
EOP	Emergency Operations Plan (Emergency Plan for City and County of San Francisco)
ERD	Emergency Response Districts
FEMA	Federal Emergency Management Agency
GSA	General Services Agency
ICS	Incident Command System (System to direct Field operations in case of an emergency -- EOC may or may not be activated)
JCAHO	Joint Commission on Accreditation Healthcare Organization
MHOAC	Medical Health Operational .Area Coordinator
MOU	Memorandum of Understanding
NERT	National Emergency Response Team
NIMS	National Incident Management System
OES	Office of Emergency Services, now called Department of Emergency Management
SEMS	Standardized Emergency Management System (San Francisco is in District II of this mutual aid system)
SFGH	San Francisco General Hospital
SFFD	San Francisco Fire Department
SFPD	San Francisco Police Department
UASI	Urban-Area Security Initiative
UCSF	University of California San Francisco

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City and County of San Francisco Department of Public Health, Health Commission

City and County of San Francisco Department of Public Health, Office of Policy and Planning

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San Francisco Veteran's Administration Medical Center

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APPENDIX C: Mayor's Directives, 06-01 and 06-03

Office of the Mayor
City & County of San Francisco

Gavin Newsom

Executive Directive 06-01
May 10, 2006

By virtue of the power and authority vested in me by Section 3.100 of the San Francisco Charter to provide administration and oversight of all departments and governmental units in the executive branch of the City and County of San Francisco, I do hereby issue this Executive Directive to become effective immediately.

The Office of Emergency Services and Homeland Security (OES/HS) is the City department charged with coordinating emergency preparedness and response. In doing so, OES/HS works closely with City Departments to coordinate training and exercise efforts, initiate special programs intended to enhance the City's preparedness, and manage a myriad of Federal and state grants.

Since 2004, OES/HS has significantly increased the City's level and quality of emergency planning and preparedness; in many instances has developed models for other jurisdictions to emulate. OES/HS has updated the City's Emergency Operations Plan for the first time in ten years, led the creation of a regional emergency response plan, significantly increased the number and size of training exercises, updated the Citywide siren system, created a new Disaster Service Worker Program, implemented innovative public outreach campaigns such as www.72hours.org, created new outreach opportunities with the housing authority, created a pilot program for community disaster planning in District 5, and developed new plans for responses to tsunami, terrorism, severe weather, animal care and shelter and other threats.

To further the City's emergency planning efforts, this Executive Directive identifies 19 action items for OES/HS and City departments to focus their efforts on in order to ensure that emergency preparedness continues to receive the highest priority in this administration and be addressed in a comprehensive citywide manner.

1. COORDINATION

1.1. The Mayor's Office of Policy shall convene an interdepartmental working group with OES/HS and key emergency preparedness Department Heads and/or Disaster Preparedness Coordinators. This group will meet on a regular basis to ensure that the mandates outlined in this Executive Directive are implemented in a timely and expeditious manner. The first meeting of the working group shall commence by May 12th, 2006 and continue meeting until all of the mandates outlined in this Executive Directive have been implemented.

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gavin.newsom@sfgov.org • (415) 554-6141

1.2. Each City department shall appoint a Disaster Preparedness Coordinator to be responsible for coordination of emergency preparedness activities in their respective departments. The Disaster Preparedness Coordinator shall be either the Department Head or a senior departmental staff member who reports directly to the Department Head. Departments will notify the Mayor and OES/HS of their appointee along with contact information in writing by May 19, 2006. The Mayor shall review all Department appointments to the position of Disaster Preparedness Coordinator, after their submission to OES/HS.

2. **PLANNING**

2.1 OES/HS shall build upon current strategic planning efforts to provide a timeline for completing an updated strategic plan for emergency preparedness and homeland security activities, including the long-term vision for adoption of voluntary Emergency Management Accreditation Program (EMAP) standards and compliance with the National Incident Management System (NIMS).

2.2. OES/HS, in conjunction with the Departmental Preparedness Coordinators, shall develop a survey of all Departments to ascertain priority needs for equipment, training, exercises, and planning, related to homeland security and disaster preparedness. The survey and compilation of data shall be completed by September 30, 2006.

2.3. All Departments shall update their departmental emergency plans on a bi-annual basis, beginning with the first update due March 1st, 2007, and thereafter provide an update on a bi-annual basis. OES/HS has created a template for emergency plans and has assigned a staff liaison to work with all departments to ensure that departmental emergency plans are up to date and complete. Departmental plans must include a section on the status of the Department's Operations Center, plans for emergency supplies, storage and sustainability, as well as continuity of operations.

2.4. All Departments shall, on a quarterly basis, certify to OES/HS that they have an updated activation and recall list of personnel to be called upon during a disaster, beginning July 1, 2006.

2.5. The City Administrator and OES/HS shall convene a interdepartmental taskforce consisting of DBI, Planning, DPW and GSA to review the status of the Community Safety Element of the City's General Plan, and update the plan with relevant seismic and building information. This group shall begin regularly scheduled meetings by July, 2006.

3. GRANT FUNDING

3.1. OES/HS shall host a mandatory Grant Funding and Reimbursement seminar for all departments who have currently received, or would like to receive, UASI and Homeland security funding. All Departments receiving or seeking federal or state homeland security grant funds shall participate. The Disaster Preparedness Coordinator, departmental grants manager and/or fiscal officer should attend the seminar for an update and training on grant requirements, projected spending deadlines, documentation and procedures for reimbursement and reporting. This seminar shall be developed in cooperation with departments and be held on or before June 15, 2006.

3.2. Each Department shall submit to OES/HS by June 30, 2006 a detailed spending plan for current allocations of homeland security grant funds. This plan shall be utilized by the department as a baseline to track expenditures and verify that spendout rates are proceeding as planned.

3.3. Each Department receiving Urban Areas Security Initiative (UASI) or Homeland Security Funds managed by OES/HS shall submit to OES/HS a monthly grant encumbrance and expenditure report on the financial status of funds that have been allocated to their department. OES/HS shall ensure that departments have an appropriate, standardized template to account for the status of funds. The monthly financial tracking report shall be submitted beginning June 30, 2006 to OES/HS and will also be incorporated into the quarterly SFStat report sent by each department to the Mayor and Controller.

3.4. By June 15, 2006, OES/HS shall issue a Request for Qualifications (RFQ) to every city department in order to qualify projects that are deemed eligible for grant funding. OES/HS shall issue guidance to all departments including eligibility criteria, grant objectives, timelines and project specifications. Pre-qualified programs and projects shall be placed on a priority list to be utilized in the event that any grant funds become available for reallocation.

3.5. OES/HS shall distribute Federal guidelines regarding the approved expenditures of overtime costs associated with Code Yellow and Code Orange alerts. Public Safety Departments shall identify and keep record of all allowable overtime costs that may be eligible for reimbursement by UASI funds. This guidance shall be promulgated and reviewed at the Grant Funding and Reimbursement seminar to be held on or before June 15, 2006.

4. TRAINING AND EXERCISES

4.1. All appropriate public safety and emergency response departments shall utilize the Incident Command System (ICS) when responding to an emergency. Each department shall issue a departmental directive, general order, or policy to codify this directive. Disaster Preparedness Coordinators shall

certify which departmental personnel have completed training on ICS and ensure that all required departmental staff attends future ICS trainings. Departments should submit their certified list to OES/HS by September 30, 2006.

4.2. OES/HS, in conjunction with Disaster Preparedness Coordinators shall develop specifications, level of staff, and the depth of departmental learning that is targeted to meet the objectives of each training and exercise.

4.3. OES/HS shall plan for at least two trainings and/or exercises per year that include the participation of City Elected Officials, and other appropriate Department Heads.

4.4 Department Heads shall certify that all relevant departmental personnel are compliant with the National Incident Management System (NIMS) by August 15, 2006; and provide a list to OES/HS. OES/HS shall work with departments to determine which department staff should be NIMS compliant, and to what level. Departments shall provide this list to OES/HS on an annual basis, on or before August 15 of each subsequent year.

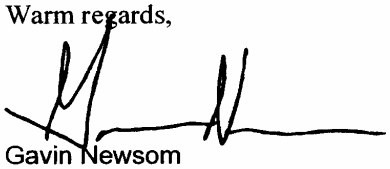
4.5 OES/HS shall produce After Action Reports (AARs) in accordance with Homeland Security Exercise and Evaluation program guidelines for all major exercises. OES/HS shall coordinate with departments to develop appropriate improvement plans and corrective actions. Corrective actions and other follow-up items shall be reported on by relevant departments at SFStat meetings.

5. <u>REPORTING</u>

5.1. The Controller's Office shall work with OES/HS to review appropriate performance benchmarks and reporting requirements that should be tracked and monitored. This shall include grant expenditures, progress on improvement plans, and required mandates listed in this directive.

5.2. Beginning in 2006, OES/HS shall make an annual presentation to the Mayor and Board of Supervisors on the status of emergency planning in San Francisco. This presentation shall be in conjunction with the hearing called for by the Mayor to meet the requirements of Administrative Code Section 7.19.

Warm regards,



Gavin Newsom
Mayor

Office of the Mayor
City & County of San Francisco

Gavin Newsom

Executive Directive 06-03
Emergency Medical Disaster Preparedness

May 23, 2006

By virtue of the power and authority vested in me by Section 3.100 of the San Francisco Charter to provide administration and oversight of all departments and governmental units in the executive branch of the City and County of San Francisco, I do hereby issue this Executive Directive to become effective immediately.

The Office of Emergency Services and Homeland Security (OES/HS) is the City department charged with coordinating emergency preparedness and response. In doing so, OES/HS works closely with City departments to coordinate training and exercise efforts, initiate special programs intended to enhance the City's preparedness, and serve as a resource and reference center to assist public and private partners in furthering emergency preparedness activities.

The Department of Public Health (DPH) is the City department charged with protecting and promoting the health of all San Franciscans. DPH coordinates public health and emergency medical operations as well as disease and outbreak investigations, community and mental health services, health and medical resources and health system recovery operations.

DPH has consistently provided leadership in the development of public health activities, including the development of the Mass Prophylaxis Plan for San Francisco; infectious disease and outbreak surveillance and guidelines for health professionals; the development and execution of mass immunization training and exercise for health care response; and the Pandemic and Avian Flu Task Force for San Francisco.

In January of 2006, the Mayor directed representatives on the 2006 UASI Approval Authority to include Mass Casualty Incidents, Surge Capacity and Mass Prophylaxis as a high priority for the City and the region in the 2006 UASI application. In addition, the 2005 UASI grants have provided substantial funding for Mass Care and Shelter, Mass Casualty Equipment, including outfitting for a field hospital and trailers with medical supplies placed in strategic areas in the counties of San Francisco, Marin and San Mateo. These efforts are in addition to the monies which flow directly to DPH and hospitals through the Center for Disease Control and the Department of Health and Human Services.

Within the City and County of San Francisco, the Director of the Department of Public Health serves as the Local Health Officer (LHO). The Emergency Operations Plan of the DPH delineates the lines of succession for the role of LHO. Per directive of the Emergency Medical Services Authority of California, the LHO assumes the role of the Operational Area Medical and Health Coordinator, whose responsibilities include coordination with local medical and health facilities to asses their preparedness. The LHO

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has overall responsibility for medical/health disaster preparedness response and recovery.

To further the City's medical and health care emergency planning efforts, this Executive Directive identifies 12 action items for DPH, OES/HS and City departments to focus their efforts on in order to ensure that the health and medical needs in a disaster continue to receive the highest priority in this administration and that the resources and needs of private sector health care partners are addressed and utilized.

1. Coordination

   1.1 **DPH shall designate a Medical Health Operational Area Coordinator,** to ensure establishment and operation of a 24-hour point of contact capable of communication with local, regional, and state government agencies and officials with emergency management responsibilities, hospitals and other healthcare entities and individuals who are to be notified/mobilized in the event of activation of disaster medical response system. This position shall be designated by June 1, 2006.

   1.2 **The Medical Health Operational Area Coordinator shall be an experienced health care provider,** with knowledge of Emergency Medical Services, Standardized Emergency Management System, the National Incident Management System and the Hospital Incident Command System; and shall have knowledge in the field of emergency management.

   1.3 **DPH shall convene a meeting of medical and health stakeholders to update current activities for comprehensive medical disaster planning in San Francisco.** This meeting shall take place on or before August 30, 2006.

2. Planning

   2.1 **The Medical Health Operational Area Coordinator shall convene a Multi-Causality Working Group to identify gaps in current disaster medical response and ensure the development of plans, policies and procedures for an effective medical response to disasters.** This Committee shall consist of both public and private hospital, pre-hospital, public safety and transportation representatives and will meet no later than June 30, 2006.

   2.2 **The Multi-Causality Working Group will specifically address the issue of hospital evacuation and develop appropriate response plans to address evacuation scenarios.** This analysis shall be complete by December 31, 2006.

   2.3 **The Multi-Causality Working Group will work to develop plans to coordinate regional, federal and state resource requests that may be necessary in a large scale disaster when local resources have been exhausted.** Plans shall be submitted by December 31, 2006.

2.4 **Medical health experts at OES/HS shall work collaboratively with DPH to develop effective medical disaster response plans.**

2.5 **OES/HS shall include hospitals and health care providers both public and private, as appropriate when developing plans, exercise and training programs related to disaster preparedness and response.**

2.6 **OES/HS shall coordinate and support the efforts of DPH and the Fire Department to develop a medical component of the Emergency Structural Collapse Rescue team (ESCRT).** This component shall be designed by December 31, 2006.

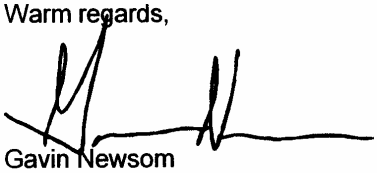
2.7 **DPH will work with stakeholders to develop alternate standards of care consistent with national best practices.** A document describing these standards shall be submitted to the Health Commission no later than December 31, 2006.

3. Reporting

3.1 **DPH shall work with OES/HS and the Controller's Office, to develop performance measures for medical and health disaster preparedness activities and plans for entry into SF Stat.**

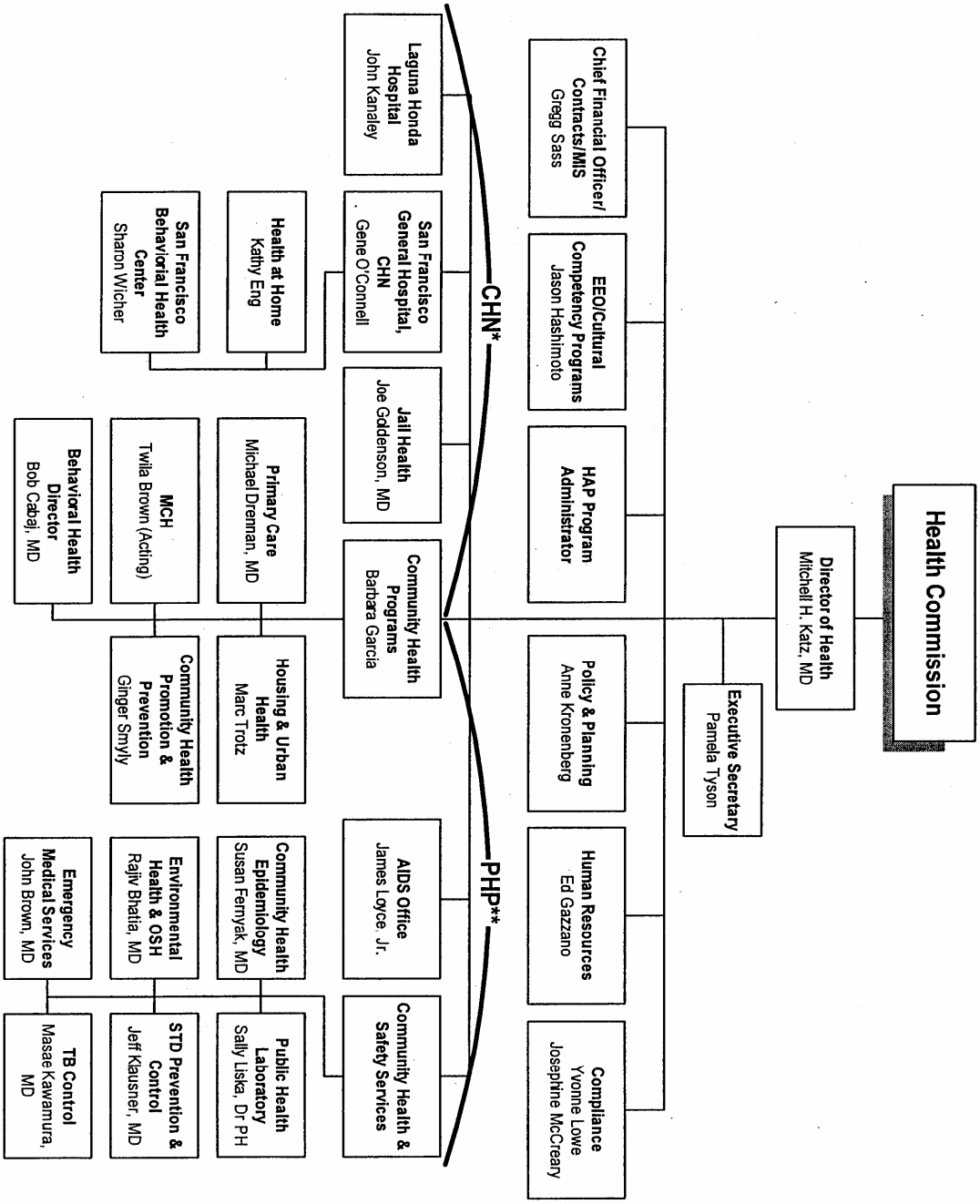
3.2 **DPH shall prepare an annual presentation identifying the state of medical and health disaster preparedness in San Francisco.** The first presentation shall be delivered to the Mayor and the OES/HS director before June 30 of each year, beginning in 2007.

Warm regards,



Gavin Newsom
Mayor

APPENDIX D: Organizational Chart, Department of Public Health



*CHN = Community Health Network, the integrated healthservice delivery system of the Health Department

**PHP = Population Health and Prevention

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