

2020 - 2021 San Joaquin County Grand Jury



San Joaquin County:
A Fragmented COVID-19 Response
Case #0120



Summary

The challenges to San Joaquin County brought on by the emergence of the COVID-19 pandemic prompted the 2020-2021 Grand Jury to request a presentation by County staff outlining their capabilities and response to the situation. An investigation was opened into the County's overall capabilities, preparedness, and response to the devastating effects of the pandemic.

The investigation found that dedicated and capable County employees worked tirelessly to contain the virus, but their efforts were hampered and delayed by organizational and policy issues.

The Grand Jury investigated how the County's departments coordinated their activities and how successful they were in meeting the needs of the residents of San Joaquin County. The use of State and Federal funds received by the County, specifically for emergency preparedness, was reviewed for effectiveness.

The Grand Jury found that National, State, and Local Incident Command policies and procedures, as well as the county Emergency Operations Plan, were not working as effectively as they should. The Grand Jury attributed this shortfall to a lack of designated leadership for the pandemic response, a lack of definitive policies and procedures, and a lack of adequate training for employees pressed into the roles of disaster service workers. The public health needs of the County's residents were not met in a timely manner during this unprecedented public health emergency.

Recommendations to the Board of Supervisors (BOS) cover three primary issues:

- revision of the County's Public Health Services organizational structure to place the Public Health Officer (PHO) as a direct report to the Director of Health Care Services;
- written clarification of policies for placement and re-call of personnel deployed as disaster service workers; and
- written policies with definitive procedures requiring all County employees who may be called upon to perform disaster service work be trained annually on the County's Emergency Operation Plan.

Glossary

- **BOS:** Board of Supervisors
- **CAO:** County Administrator Office
- **CARES Act:** Coronavirus Aid, Relief, & Economic Security Act
- **CDC:** Federal Centers for Disease Control
- **CDPH:** California Department of Public Health
- **County Ordinance:** A law enacted by a municipal body such as a county that governs matters not already covered by State or Federal laws.
- **COVID-19:** Coronavirus disease
- **DSW:** Disaster Service Worker
- **ELC Award:** Epidemiology and Laboratory Capacity Award
- **Emergency Support Function Annexes (ESF):** Supports the EOP and provides specific information and direction, with a focus on responsibilities, tasks, and operational actions.

An annex should identify actions that not only ensure effective response but also aid in preparing for emergencies and disasters.

- **EMSA:** Emergency Medical Services Agency
- **EOC:** Emergency Operation Center
- **EOP:** Emergency Operations Plan
- **FEMA:** Federal Emergency Management Agency
- **HR:** Human Resources Department
- **MCM:** Medical Counter Measures
- **MHOAC:** Medical Health Operation Area Coordinator
- **OES:** Office of Emergency Services
- **PHO:** Public Health Officer
- **PHS:** Public Health Services
- **PHEP:** Public Health Emergency Preparedness Grant
- **PPE:** Personal Protective Equipment
- **Tabletop Exercise:** Discussion-based sessions where team members meet in an informal classroom setting to discuss their roles during an emergency and their responses to a particular emergency. A facilitator guides participants through a discussion of one or more scenarios.

Background

The dominant news of 2020-2021 has been the COVID-19 pandemic, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). It was first identified in December 2019, in Wuhan, China. The World Health Organization declared the outbreak a public health emergency of international concern in January 2020, and a pandemic in March 2020. As of May 1, 2021, more than 153 million cases have been confirmed worldwide, with more than 3.2 million deaths attributed to COVID-19. The magnitude of this pandemic and its effect on the world was unlike anything in recent history. The speed at which the pandemic spread was primarily due to a lack of shared information, which prevented early containment of the virus. Delayed worldwide recognition of the emergency allowed several months to pass before action was taken to slow the spread of the virus.

Without international cooperation, all attempts to stop, contain, and isolate the virus were ineffective. International travel was not restricted, a mask policy was nonexistent, and accurate public information was woefully inadequate. Federal plans and guidelines were delayed and changed so frequently that states and counties, in large part, had to fend for themselves.

On March 4, 2020, the Governor of the State of California, with the authority vested in him by the State Constitution and statutes, proclaimed a state of emergency to exist in California. San Joaquin County declared a local health emergency on March 12, 2020, in accordance with the authority provided by the California Health and Safety Code.

Reason for Investigation

In view of the emergence of the COVID-19 pandemic in early 2020, the Grand Jury investigated San Joaquin County's response to the emerging health crisis to determine its effectiveness in meeting the needs of the public.

Method of Investigation

This investigation included interviews, reviews of documents and operational assessments, as well as media and internet research to determine whether the overall capabilities, preparedness, and response to the COVID-19 pandemic met the needs of the County residents.

Interviews

The Grand Jury conducted 20 interviews with San Joaquin County leadership and staff from departments directly involved in and responsible for the response efforts:

- San Joaquin County Health Care Services
- San Joaquin County Administrators Office
- San Joaquin County Public Health Services
- San Joaquin County Office of Emergency Services
- San Joaquin County Emergency Medical Services
- San Joaquin County Human Resources
- Members of the Board of Supervisors

The Grand Jury interviewed two private hospital administrators to gain a comparative perspective between public and private sector challenges and approaches to the pandemic.

Documents

- The Coronavirus Aid, Relief and Economic Security (CARES Act) and the Coronavirus Response and Relief Supplemental Appropriations Act of 2021
- Epidemiology and Laboratory Capacity (ELC) Award requirements, strategies, health equity plan and spending guidelines
- Public Health Emergency Preparedness (PHEP) contracts between San Joaquin County and the State of California which set forth requirements for the use of grant funds and reporting of expenditures
- Public Health Emergency Preparedness (PHEP) California Department Public Health Relief Fund Audits
- Emergency action plans developed by the National Centers for Disease Control and Prevention (CDC), California Department of Public Health, and various San Joaquin County departments contributing to the COVID-19 response efforts
- Medical Counter Measures (MCM) Plans 2017 and 2018 outlined in the San Joaquin County Emergency Operations Plan
- Multi-agency Coordination Annex Report dated October 4, 2019, which includes, meeting agendas, staff evaluations, Human Resources operational assessments, and Public Health Services operational assessments and progress reports

- Medical Health Operational Area Coordinator (MHOAC) Personal Protective Equipment inventories plan and distribution report
- San Joaquin County COVID-19 response timeline
- San Joaquin County daily hospital reports
- San Joaquin County Board of Supervisors meeting videos, agendas, and minutes
- San Joaquin County organizational charts
- State of California COVID-19 guidelines and orders
- State of California COVID-19 testing and reporting requirements
- State of California procedures for case investigation and contact tracing
- Local, state, and national press releases, and
- News articles related to the COVID-19 pandemic

Websites

- Centers for Disease Control and Prevention: Accessed June 23, 2021. www.cdc.gov
- California Department of Public Health: Accessed June 23, 2021. www.cdph.ca.gov
- San Joaquin County Public Health Services: Accessed June 23, 2021. www.sjcphs.org
- San Joaquin County website: Accessed June 23, 2021. www.sjgov.org (to access information relating to all departments participating in the overall COVID-19 response efforts)
- SJReady Office of Emergency Services: Accessed June 23, 2021. www.sjready.org

Discussions, Findings, and Recommendations



San Joaquin County
As of June 22, 2021

1.0 Overall Lack of Coordination & Collaboration

While coordination and collaboration between various county departments has improved over the last couple of months, department personnel are unable to answer the critical question: “Who has overall responsibility for the coordination and collaboration as it relates to the County’s COVID response?”

San Joaquin County’s Emergency Operations Plan (EOP) policies and procedures exist to ensure a coordinated and collaborative effort during a declared emergency. For the first 10 months of the declared COVID emergency the EOP procedures were not followed. Departments were not sharing information and were not working together to the extent required to meet the public health needs of the San Joaquin County residents in a timely manner.

The San Joaquin County Office of Emergency Services (OES) has overall responsibility for overseeing disaster management and activities, as stated in the [EOP](#).

The Emergency Operations Plan is meant to facilitate multi-agency and multi-jurisdictional coordination during emergency operations, public information functions, and resource

management. The EOP establishes a county incident management structure which will coordinate and support responses, including:

- maintenance of situational awareness;
- facilitation of effective communication between operations centers at various levels of government;
- maintenance of government continuity; and
- interaction with public information sources.

San Joaquin County’s response to the COVID-19 Public Health Emergency involved multiple County departments: Office of Emergency Services, Public Health Services, Emergency Medical Services Agency (EMSA), Health Care Services, County Administrator’s Office (CAO), Human Resources, Public Works, and Purchasing.

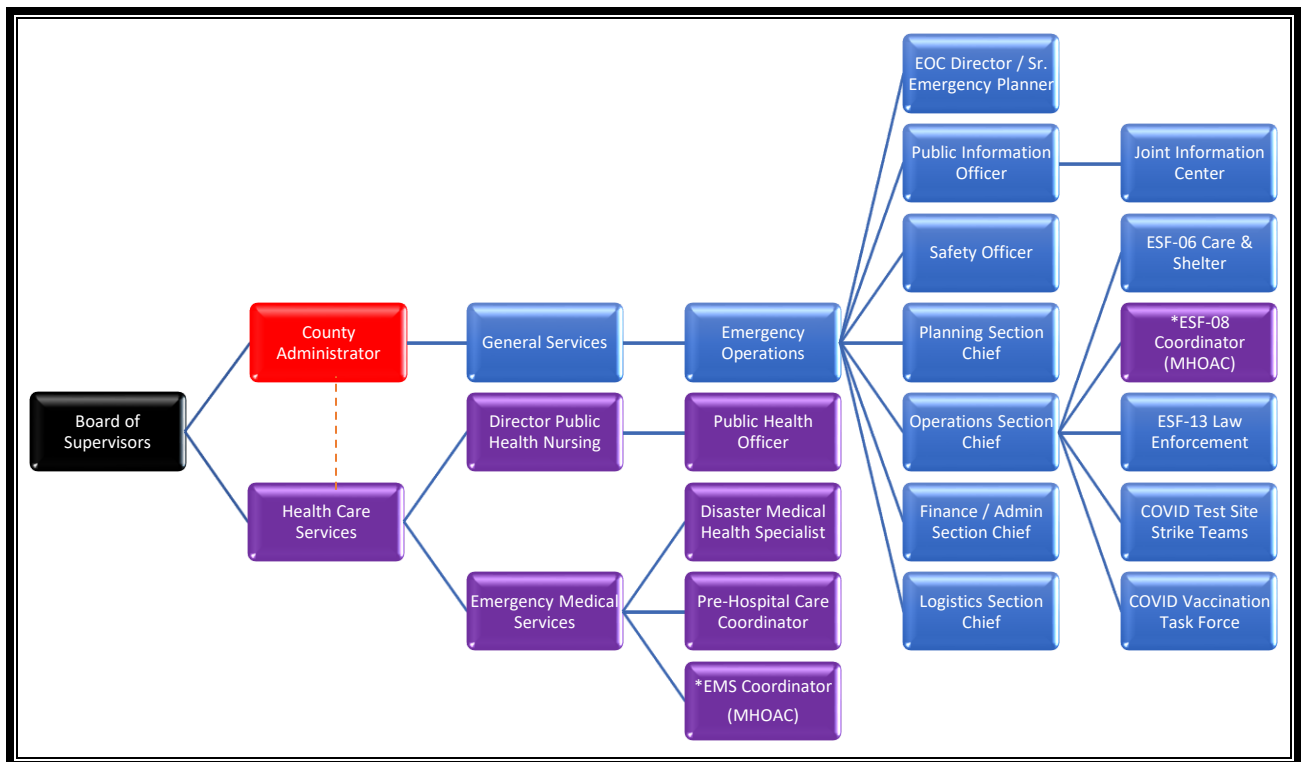


Figure 1. San Joaquin County EOP organizational chart.

**After the declaration of an emergency, the EMS Coordinator as the MHOAC also fills the role as the ESF-08 Coordinator (adapted from: San Joaquin County 2020-2021 Organizational Chart Office of the County Administrator November 20,2020, Interviews, and San Joaquin County Emergency Operations Plan)*

A review of the County’s organizational structure revealed the most critical departments operate independently of one another (see **Figure 1**). The Director of General Services (in **blue**) oversees the Office of Emergency Services (in **blue**) and reports directly to the CAO (in **red**), who reports directly to the BOS. The Director of Health Care Services (in **purple**), who oversees the Emergency Medical Services Agency (in **purple**) and Public Health Services (in **purple**), also reports directly to the BOS. The Director of Health Care Services consults with the CAO, usually involving staffing and budgetary issues.

The initial proclamation of a local emergency was made by the Director of the Office of Emergency Services in accordance with San Joaquin County Ordinance 4.3005. This step was necessary to secure FEMA funds as the OES is the logistical support agency in the time of an emergency response. OES has the staffing and expertise in incident management, such as setting up testing sites, vaccination sites, inventory coordination, and resource distribution. The San Joaquin County Office of Emergency Services established the Medical Health Operation Area Coordinator (MHOAC) and designated the Emergency Medical Services Agency (EMSA) to fulfill this responsibility. The MHOAC holds regular meetings with key personnel in all departments, including local hospitals, to distribute the most current information available. The OES established a joint information center to pass on a unified, clear, and concise message to the public. Public Health Services used their own website but was resistant to collaboration with the joint information center. This caused the public information and state reporting functions to be inconsistent, and this responsibility was ultimately transferred back to OES.

Shortly after the Director of OES declared the Local Emergency on March 12, 2020, it was determined that the COVID-19 pandemic was really a Public Health Emergency and not an OES natural disaster. OES was willing to provide services to support Public Health.

Public Health Services then took over response management of the emergency. The overall organizational structure did not lend itself to cooperation between departments at the initial stages of the emergency declaration. When the responsibilities shifted, communication and coordination between departments failed. Public Health took on the responsibility for contact tracing, public health communication, and case reporting to the public and to the State. Public Health attempted to take on all logistical responsibilities and did not take up OES's offer of support to work in a coordinated manner.

Qualified people were needed to fulfill a variety of roles including such specialties as trained nurses, epidemiologists, laboratory staff, and contact tracers. Federal funding was available via the Epidemiology and Laboratory Capacity ([ELC](#)) Award. This Federal funding was intended to assist in establishing or enhancing PHS' ability to aggressively identify cases, to conduct contact tracing and follow up, as well as to implement recommended containment measures.

Despite receiving the funding, the staffing to fulfill this requirement was met with resistance by the County Administrator's office.

While OES attempted to locate space for the anticipated required additional personnel, Public Health had specific requests that were difficult to meet and delayed contact tracing.

The Emergency Medical Services Agency and Public Health Services both report to the Director of Health Care Services. EMSA operates independently of Public Health Services, which created many instances of communication breakdown between EMSA and PHS. Differences in management styles hindered coordination between the two departments. As is their role, EMSA attempted to take on the task of securing and distributing Personal Protective Equipment (PPE) to all stakeholders and to facilitate testing in skilled nursing facilities. Public Health Services was resistant to this partnership and originally attempted to take the leadership role in the response, instead of collaborating and allowing each department to facilitate their own area of expertise.

The Board of Supervisors did not recognize the severity and lack of coordination of the County emergency response until the vaccine distribution failed to roll out as planned. At this time, the Public Health Department, EMSA, and OES, under the direction of the Interim CAO, began correcting the coordination and collaboration issues and were negotiating a unified response.

Prior to January 2018, the Chair of the BOS had direct oversight responsibility for the Office of Emergency Services. The San Joaquin County code was then modified. It designated the CAO as the Director of Emergency Services and the head of OES as the Deputy Director of Emergency Services. County Ordinance 4-3005 lists the Powers and Duties of the Director of Emergency Services and Director of Emergency Operations. One such duty empowers the CAO, as Director of Emergency Services, to “...direct cooperation between and coordination of services and staff of the emergency organization of the County; and resolve questions of authority and responsibility that may arise between them...”

It was unclear to the Board of Supervisors as to who was directing the coordination of the COVID response. It was also not clear to them, until late into the response, that the Public Health Officer was not setting the restrictions, and that the restrictions were being dictated by the State and changed constantly. Almost daily, the Governor made statements and exceptions regarding the guidelines being set forth by the State Department of Public Health. This made it impossible to follow the inconsistent regulations.

Findings

F1.1 A lack of full understanding and application of San Joaquin County’s Emergency Operations Plan, and its Emergency Support Function Annexes, delayed a collaborative and coordinated response.

F1.2 The most critical departments operate independently of one another during the declaration of a Local Disaster or Public Health Emergency, making it difficult to coordinate and collaborate their response.

F1.3 When Public Health Services took over management of the COVID-19 response, communication and coordination between departments failed, which delayed the process of curtailing the spread of the COVID-19 Virus.

Recommendations

R1.1 By March 1, 2022, San Joaquin County train all Public Health Services, Emergency Medical Services Agency, and Office of Emergency Services staff on the overall coordination and application of San Joaquin County’s Emergency Operations Plan, including its Emergency Support Function Annexes, and thereafter provide refresher training on an annual basis.

R1.2 By March 1, 2022, the Director of the Office of Emergency Services develop a written policy with procedures and practical application exercises, requiring annual testing of the overall

coordination, effectiveness, and application of San Joaquin County’s Emergency Operations Plan, including its Emergency Support Function Annexes.

R1.3 By June 1, 2022, the San Joaquin County Board of Supervisors approve the Office of Emergency Services written policy with procedures and practical application exercises, requiring annual testing of the overall coordination, effectiveness, and application of San Joaquin County’s Emergency Operations Plan, including its Emergency Support Function Annexes.

R1.4 By October 1, 2022, Office of Emergency Services conduct the first assessment of the overall coordination, effectiveness, and application of San Joaquin County’s Emergency Operations Plan, and its Emergency Support Function Annexes using practical application exercises and report their findings and recommendations to the Board of Supervisors.

2.0 Public Health Services Organizational Impediments

San Joaquin County reorganized its Public Health Services Department in November of 2019. Prior to the reorganization, the Public Health Officer reported directly to the Director of Health Care Services. Under the new structure, the Public Health Officer became subordinate to the Public Health Director, in contrast to most counties in California.



Figure 2. San Joaquin County Public Health Services organization chart.

(adapted from: San Joaquin County 2020-2021 Organizational Chart Office of the County Administrator November 20,2020, Interviews, and San Joaquin County Emergency Operations Plan)

One of the first actions taken by the Public Health Services Director in their new role was to terminate the Public Health Officer and appoint an interim PHO. As a result, when the COVID

pandemic began in March 2020, San Joaquin County had a new organizational structure in place wherein the Public Health Officer was subordinate to the Public Health Services Director. By comparison, in other counties the role of the Director of Public Health Services is a subordinate or equal role to the Public Health Officer. The PHO, during a declared Public Health Emergency, is usually the ultimate authority as provided by the California Health & Safety Code §101040.

The Public Health Officer soon became the face of the pandemic response, receiving advisories and directives from the State of California. As State guidelines were constantly changing, the Public Health Officer attempted to communicate with the public and regularly update the Board of Supervisors. However, the Public Health Services Director was hesitant to share pertinent information, thus preventing the Public Health Officer from fulfilling the job of disseminating information to the public and other County Departments. The Public Health Officer was often the object of Board, management, and constituent frustration. Despite these hurdles, the Public Health Officer performed admirably and was commended by peers.

Findings

F2.1 Requiring the Public Health Officer to report directly to the Director of Public Health Services impeded the Public Health Officer's ability to fulfill the statutory requirements of responding to the Public Health Emergency.

Recommendations

R2.1 By March 1, 2022, the San Joaquin County Board of Supervisors approve an organizational structure wherein the Public Health Officer reports directly to the Director of Health Care Services Agency.

3.0 Lack of Understanding and Use of County Disaster Workers

Under State Law, Title 1, Sections 3100-3109 of California Government Code, all government employees are declared Disaster Service Workers (DSW) who can be called upon to perform their regular duties or work in another department during a declared emergency.

Throughout this investigation it became evident that there was not a clear understanding of how Department Heads could retain Disaster Service Workers assigned to them. The written policy in San Joaquin County does not explicitly state the procedure for how and when employees are recalled to their home departments.

During emergency situations, departments place a request for staff with the Human Resources Department (HR) who then coordinates that effort countywide. Issues included a shortage of personnel, departments not making a timely request for personnel, and staff members being prematurely recalled back to their original departments. Some Department Heads believed that employees assigned to their department to deal with the pandemic were assigned until released; not until recalled. Department Heads recalled their employees when they felt it was necessary, regardless of pressing needs of the borrowing department. Several departments had personnel recalled prematurely, which left the emergency response departments short-staffed. As a result,

Department Heads had to go through the process of getting a staff request approved by the CAO and placed on the BOS agenda. In some instances, this took several months. To obtain urgently needed workers, Department Heads were required to find alternative methods, such as requesting part-time staff, which did not require Board of Supervisor approval.

Findings

F3.1 San Joaquin County does not have a clear policy or procedure that stipulates how Disaster Service Workers are deployed to emergency departments, and how they are recalled to their home departments. This caused personnel shortages and delayed the County's emergency response.

F3.2 Not all County employees receive training about their Disaster Service Workers responsibilities, causing confusion when an emergency is declared.

Recommendations

R3.1 By March 1, 2022, San Joaquin County Board of Supervisors develop, approve, and implement a written policy establishing an annual process to review the hiring, training, and gathering of a pool of Disaster Service Workers.

R3.2 By March 1, 2022, San Joaquin County Board of Supervisors develop, approve, and implement a written policy detailing how Disaster Service Workers are assigned to other departments and released back to their home department.

R3.3 By March 1, 2022, San Joaquin County Board of Supervisors develop, approve, and implement a written program to train all county employees on their responsibilities as Disaster Service Workers.

4.0 Inadequate Public Health Emergency Response Capabilities

In response to the September 11, 2001, attacks on the World Trade Center, and the subsequent anthrax attacks, Congress established a new program to help health departments prepare for emergencies. The Center for Disease Control and Prevention's Public Health and Emergency Preparedness (PHEP) program works with state, local, and territorial public health departments to not only prepare for, but also to withstand and recover from public health emergencies. Every year, the PHEP program provides funding to ensure public health departments can effectively deal with outbreaks of infectious diseases, natural disasters, and chemical, biological, or radioactive events. PHEP funds are used to support epidemiologists, lab staff, and planners. The funds also require the maintenance of an inventory of personal protective equipment.

San Joaquin County entered into a \$4.2 million five-year grant agreement with the California Department of Public Health (CDPH) to receive PHEP funds for the term July 1, 2017, through June 30, 2022. The funds support the National Response Plan/National Incident Management System

and are intended to ensure the following response capabilities have been developed and put in place:

Community Preparedness	Community Recovery	Emergency Operations Coordination	Emergency Public Information and Warning
Fatality Management	Information Sharing	Mass Care	Medical Countermeasure Dispensing
Medical Material Management	Medical Surge	Non-Pharmaceutical Interventions	Public Health & Laboratory Testing
Surveillance & Epidemiological Investigation	Responder Safety and Health	Volunteer Management	Program Management

Figure 3. Public Health Emergency Preparedness Capabilities.

(Public Health Emergency Preparedness Agreement between San Joaquin County and the California Department of Public Health dated July 1, 2017 Attachment A 1: Scope of Work/Work Plan)

The Grand Jury reviewed the PHEP Grant Agreement, as well as other associated documents between CDPH and San Joaquin PHS, to determine how the PHEP Funds were utilized and whether PHS achieved the response capabilities listed above.

The Grand Jury focused on Community Preparedness, Emergency Operations Coordination, and Information Sharing to determine if Public Health achieved the following capabilities as specified by the grant agreement.

Community Preparedness: The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness.

Emergency Operations Coordination: Maintain Emergency operations coordination: the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Information Sharing: Maintain capability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local,

territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Just a few months prior to the declaration of the COVID-19 public health emergency, an internal “Tabletop Exercise” revealed that the Public Health Services staff lacked an overall understanding of San Joaquin County’s Emergency Operations Plan, and lacked the ability to execute the Community Preparedness, Emergency Operations Coordination, and information-sharing capabilities that were to have been developed with the use of PHEP Funds.

Findings

F4.1 The lack of understanding of San Joaquin County’s Emergency Operations Plan delayed a collaborative and coordinated response necessary to meet the requirements outlined in the Public Health Emergency Preparedness agreement.

Recommendation

R4.1 By March 1, 2022, Health Care Services complete an operational audit to affirm that the requirements outlined within the Public Health Emergency Preparedness agreement are being met.

R4.2 By April 30, 2022, Health Care Services present their findings to the Board of Supervisors.

Conclusion

Given the unprecedented impact of the COVID-19 pandemic, the Grand Jury investigation found that dedicated and capable County employees worked tirelessly to contain the virus, but their efforts were hampered and delayed by organizational and policy issues.

The Grand Jury’s findings and adoption of the recommendations contained in this report should greatly improve the County’s ability to mitigate the current pandemic and ensure adequate preparedness when the next emergency occurs.

Disclaimers

Grand Jury reports are based on documentary evidence and the testimony of sworn or admonished witnesses, not on conjecture or opinion. However, the Grand Jury is precluded by law from disclosing such evidence except upon the specific approval of the Presiding Judge of the Superior Court, or another judge appointed by the Presiding Judge (Penal Code Section 911. 924.1 (a) and 929). Similarly, the Grand Jury is precluded by law from disclosing the identity of witnesses except upon an order of the court for narrowly defined purposes (Penal Code Sections 924.2 and 929).

One juror recused them self from all parts of the investigation including interviews, deliberations, and the writing and approval of this report.

Response Requirements

California Penal Code Sections 933 and 933.05 require that specific responses to all findings and recommendations contained in this report be submitted to the Presiding Judge of the San Joaquin County Superior Court within 90 days of receipt of the report.

The San Joaquin County Board of Supervisors shall respond to all findings and recommendations.

Mail or hand deliver a hard copy of the response to:

Honorable Xapuri B. Villapudua, Presiding Judge
San Joaquin County Superior Court
180 E Weber Ave, Suite 1306J
Stockton, California 95202

Also, please email a copy of the response to Ms. Trisa Martinez, Staff Secretary to the Grand Jury, at grandjury@sjcourts.org.

Sources

FEMA. "National Incident Management System Third Edition October 2017", Accessed June 23, 2010.

https://training.fema.gov/emiweb/is/is700b/6ho/national_incident_management%20system_third%20edition_october_2017.pdf

San Joaquin County. "Emergency Operations Plan January 22, 2019", Accessed June 23, 2021.

<https://www.sjgov.org/uploadedfiles/sjc/departments/oes/content/meetings-committees/documents/2019/5-2%20san%20joaquin%20emergency%20operations%20plan.pdf>

San Joaquin County. "Care and Shelter Annex ESF-06 July 22, 2020", Accessed June 23, 2021.

[https://www.sjgov.org/uploadedFiles/SJC/Departments/OES/Content/Docs/plans/ESF-06%20Care%20and%20Shelter%20\(072220\)%20final.pdf](https://www.sjgov.org/uploadedFiles/SJC/Departments/OES/Content/Docs/plans/ESF-06%20Care%20and%20Shelter%20(072220)%20final.pdf)

San Joaquin County. "Public Health and Medical Annex ESF-08 July 23, 2020", Accessed June 23,

2021. [https://www.sjgov.org/uploadedfiles/sjc/departments/oes/content/docs/plans/esf-08%20public%20health%20and%20medical%20\(072320\)%20final.pdf](https://www.sjgov.org/uploadedfiles/sjc/departments/oes/content/docs/plans/esf-08%20public%20health%20and%20medical%20(072320)%20final.pdf)

"MC San Joaquin County, CA". "San Joaquin County Ordinance 4-3005 – Power and Duties of the Director of Emergency Services and Director of Emergency Operations", Accessed June 23, 2021.

https://library.municode.com/ca/san_joaquin_county/codes/code_of_ordinances?nodeId=TIT4PUSA_DIV3CIDEI_CH1GERE_4-3005PODUDIEMSEDIEMOP