San Francisco Department of Public Health
Extreme Cold Annex
San Francisco Department of Public Health
Extreme Cold Response Plan
An Annex to the SFDPH Emergency Operations Plan

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II \ OVERVIEW

A. \ Extreme Cold Emergencies

Climate change is expected to increase temperatures, change precipitation patterns, increase the frequency and severity of extreme weather events, and increase sea-level rise—all of which will have a significant impact on San Francisco’s environment, health, and economy. California is already experiencing the effects of climate change. Since 1920, average annual temperatures have been increasing across California, including in the San Francisco Bay Area. San Francisco normally enjoys a moderate climate ranging from an average low of 41°F to a high of 81°F. However, these are average temperatures and San Francisco has historically encountered temperatures in the winter ranging as low as 27°F (on December 11, 1932).

While winter temperatures tend to be mild in San Francisco, there have been occasions when they have dropped to below 40°F and a few occasions where they have dropped below freezing. Snowfall is rare with only 10 measurable accumulations recorded since 1852, most recently in 1976 when up to 5 inches fell on Twin Peaks (Wikipedia/San Francisco, Climate). When coupled with heavy rain and wind, these low temperatures can pose significant health risks. This unexpected extreme cold temperature can be dangerous to segments of the population unable to take adequate measures to protect themselves. Extreme temperatures increase the number of cold-related injuries and can cause death.

The purpose of this annex is to identify a potential extreme cold temperature event, coordinate a response to such an event, and provide options that can be use to prepare and respond to an extreme cold temperature event.

B. \ Indicators of Extreme Cold Event

The National Weather Service (NWS) is the source for indicating an extreme cold temperature emergency. While National Weather Service (NWS) forecasts are an important indicator, the NWS is not the sole determinant of an extreme temperature event. A freeze warning may not cause concern, but a freeze warning combined with a power outage might. The decision on whether circumstances constitute a potential or actual extreme temperature emergency is made by the Public Health Officer and/or DEM

Extreme Cold Emergencies

National Weather Service Forecasts

Frost Advisory: frost is expected; surface temperature usually in the mid 30 degrees.

Freeze Warning: a freeze is expected to occur at or below 32 degrees for a large area for an extended period of time.

One of the gravest dangers of winter weather is wind chill. The wind chill is based on the rate of heat loss from exposed skin by combined effects of wind and cold. As the wind increases, heat is carried away from the body at an accelerated rate, driving down the body temperature. Animals are also affected by wind chill. See below Wind chill chart
Other indicators

- Issuance of a NWS Extreme Weather Statement identifying objective conditions which in combination may cause cold injury to unprotected humans.

- Cal ISO Stage 3 Electrical Emergency lasting more than 5 hours during a period for which a Freeze Warning has been issued by the NWS.

- Other conditions that in the judgment of the Health Officer indicate a higher risk of injury or health impairment to the general public due to cold temperatures.

C. Extreme Cold Related Health Conditions

Serious health problems can result from prolonged exposure to the cold. The most common cold-related problems are hypothermia, frostbite and carbon monoxide poisoning.

**Hypothermia**

When exposed to cold temperatures, your body begins to lose heat faster than it can be produced. Prolonged exposure to cold will eventually use up your body’s stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won’t be able to do anything about it.

Hypothermia is most likely at very cold temperatures, but it can occur even at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat, or submersion in cold water.
Victims of hypothermia are often (1) elderly people with inadequate food, clothing, or heating; (2) babies sleeping in cold bedrooms or children left unattended; (3) people who remain outdoors for long periods—the homeless, hikers, hunters, etc.; (4) people who drink alcohol or use illicit drugs; and (5) people with psychiatric illness.

Frostbite
Frostbite is an injury to the body that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation and among people who are not dressed properly for extremely cold temperatures.

Carbon Monoxide Poisoning
Carbon monoxide (CO) is an odorless, colorless gas that can cause sudden illness and death if inhaled. When power outages occur during emergencies such as winter storms, the use of alternative sources of fuel or electricity for heating or cooking can cause CO to build up in a home, garage, or camper and to poison the people and animals inside.

Important to note that as a result of individuals using stoves or hot plates as alternative source of heat, space heater, and fireplaces, there may be an increased risk for fire.

D. Vulnerable Populations

While everyone is at-risk of developing extreme cold-related illness, certain populations are more at risk, such as people living in dense neighborhoods, living in older housing, the elderly (frail and homebound), homeless, children, youth and families, immigrant and limited/non-English speaking populations.

Vulnerable population can also be identified using the following criteria as:

- Individuals possessing any combination of the following characteristics or conditions are at greater risk for experiencing an extreme temperature-attributable adverse health outcome:
  
  1. **Physical constraints:** This at-risk group includes infants, older people (age 65 and older, who may also be less likely to recognize symptoms of excessive cold exposure), the very obese, the bedridden, those with underlying medical conditions (e.g., heart disease, diabetes), those taking certain medications (e.g., for high blood pressure, depression, insomnia), and individuals under the influence of drugs or alcohol.
  
  2. **Mobility constraints:** People with mobility constraints are at higher risk during extreme temperature emergencies if the constraints limit their ability to access appropriately heated locations. This group includes the very young and the bedridden.
  
  3. **Cognitive impairments:** People with mental illnesses, with cognitive disorders, or under the influence of drugs or alcohol may be unable to make rational decisions that would help limit their exposure to excessive cold or to recognize symptoms of excessive cold exposure.
  
  4. **Economic constraints:** The poor may be disproportionately at risk during extreme temperature emergencies if their homes lack heating or if they are less likely to use available utilities because
of the cost. In addition, if the poor disproportionately reside in high crime areas, fear of crime can increase their risks by hindering their willingness to take appropriate responses [e.g., opening doors and windows for circulation, visiting warming centers].

5. **Social isolation:** Socially isolated individuals are less likely to recognize symptoms of excessive cold exposure. This can delay or prevent treatment and result in more serious health outcomes. Members of this group, which include the homeless and those living alone, may also be less willing or able to reach out to others for help.

It typically takes human biology two weeks to adapt to temperature extremes. Since San Franciscans historically have not experienced extreme cold weather events for extended durations, vulnerable groups mentioned above have greater difficulty acclimating to long durations of extremely low temperatures. This may cause an increased risk of extreme stress and extreme cold-related illness, which could subsequently result in disability and death. Furthermore, the older housing stock is also less likely to have central heating or safe heating units.

Other vulnerable groups are animals/pets.

**E. Activation & Notification Phases**

The San Francisco Department of Emergency Management (DEM) Duty Officer is the designated individual to monitor National Weather Service (NWS) and temperature forecasts for the City and County of San Francisco. Select staff within DPH also receives NWS alerts.

In accordance with procedures and protocols outlined in DPH emergency plans, DPH will follow a tiered-level response for extreme cold events:

**Outreach/Seasonal Readiness Activities**

*these may or may not occur throughout the year dependent on available resources and needs

- As part of seasonal readiness activities, send an email reminder to local community-based organizations, especially those serving or are engage with identified vulnerable populations to initiate awareness campaigns: implement a Train-the-Trainer Extreme Cold curriculum to educate staff and clients/constituents regarding extreme cold temperature illness and prevention methods.
- Link/check-in with SF HOT Team as to available support should an event occur
- Engage and link with SF Project Homeless Connect on opportunities to educate vulnerable populations at Fall/Winter events.
- Encourage DPH Units and Branches that regularly conduct home visits, wellness check and other outreach services to conduct cold weather education – distribute cold weather brochures (bilingual) to nurses, community outreach workers/advocates or peer advocates and other providers that conduct home visits, wellness checks or visit places where vulnerable populations are housed or receive services, e.g. schools, meal programs, etc. Work closely with the SF DPH Newcomers Program (a program working with immigrants and refugees, a vulnerable group).
- Orient and train pre-identified DPH Department Operations Center (DOC) staff to this Extreme Cold Weather Response Annex, and other related protocols and/or procedures
LOW Level – correlates with NWS Frost Advisory Warning and temperatures are expected to be below 40 degrees.

DPH DOC WILL NOT BE ACTIVATED.

Low Level actions may be implemented within 72 to 96 hours (3-4 days) prior to a frost advisory. LOW Level actions may include the following:

- Designated DPH staff will be alerted by NWS and/or the DEM Duty Officer, and will keep key stakeholders apprised of weather conditions.
- Designated DPH staff will send an email reminder to key stakeholders to review extreme cold temperature response protocols and procedures.
- Post information on DPH Public website and share information
- Provide information to SF 311 Customer Service System
- Review DPH Homeless Outreach Team (HOT) Protocol:
  1. Outreach becomes focused on areas of highest concentrations of vulnerable populations, i.e. homeless individuals (Tenderloin, South of Market, Mission, North Beach, and Bayview neighborhoods, plus City parks). Outreach workers will check on individuals on the street, especially on those at highest risk, i.e. people lying down in the cold, wearing no layers of clothing, and those who have visible mental health, substance use or physical health conditions). Also, check on individuals or families living in cars or mobile homes/trailers.
  2. For clients who do not need medical treatment, offers of voluntary help to get indoors will be made. If warming centers are open, individuals can/should be transported there. For those who are sheltering in place or refused to go to warming shelters/centers, check to see they have adequate warming supplies. Important to note from other emergency events in other communities, undocumented residents or recent immigrants may be reluctant to move or accept offer of warming centers/shelters or any assistance due to safety and privacy concerns.
  3. If individuals are suspected of suffering from hypothermia or frostbite, call 911.
- Obtain access to pre-existing databases/lists with concentrations of high-risk individuals in order to facilitate notification activities for HIGH Level activities (e.g. childcare centers, senior centers, residential care facilities, etc.)

HIGH Level – correlates with NWS Freeze Warning and temperatures below 40 degrees for an extended period of time

DOC MAY BE PARITALLY OR FULLY ACTIVATED. CITY EOC MAY ALSO BE ACTIVATED. Some or all of the following may apply:

- DPH contacts DEM Duty Officer to confirm whether or not the City’s Emergency Operations Center (EOC) will be activated.
- DPH Incident Management Team will convene to do the following:
  - Initiate public information efforts via communication through DEM, Human Services Agency (HSA), Department on Aging and Adult Services (DAAS), American Red Cross, and local community based organizations; communicate that extreme cold events are dangerous and conditions can be life-threatening.
  - Inform the public of anticipated extreme cold event conditions: and when will conditions be dangerous? How long will they last? How cold will it feel at specific times during the day or night?
provide information and frequently asked questions to san francisco 311 customer service system in anticipation of questions from the public. consider use of 311 customer service system as an information phone line that can be used to inquire about extreme cold-related health concerns.

- media messages to public should include recommendations to check on high-risk relatives and neighbors (e.g. infants, children, sick and elderly individuals) throughout the day.
- public messages should be multilingual and messages should be directed to various ethnic media sources serving the city’s ethnic communities.
- social media will also receive public messages.
- determine whether dem and/or other agencies will assist in disseminating information to public meeting areas, including but not limited to: churches, recreation centers, libraries, & schools.

- contact dph hot team to coordinate/increase efforts to reach the homeless population.
- consider efforts to reach via door to door contact, vulnerable populations that may be at risk.
- in collaboration with emergency management system (ems), notify hospitals and other healthcare facility partners of freeze watch and possible increase in cold-related illness.
- verify use/availability of warming center/shelter or other facilities for individuals and pets (in partnership with dem) for potential activation.
- assist in efforts to promote warming centers/shelters to public, especially vulnerable populations.
  - may include dispatching dph staff (e.g. hot teams) to single room occupancy housing and/or vulnerable neighborhoods to go door-to-door.
- provide resource and communications support to hospitals and other healthcare facilities.
  - resources may include water pallets, blankets, medical supplies and equipment to treat cold-related health conditions.
- receive situation status updates from hospitals to help assess potential patient surge due to cold related illness.
- in cooperation with mayor’s office and/or dem, consider suspending/rescheduling large public events, to avoid outdoor gatherings.
- eoc to support doc operations, especially in arranging extra staffing for emergency support services.

G. Potential City Wide Impacts

Potential city wide impacts of an extreme cold emergency may include:

- dozens of exposed and/or affected persons.
- social activities, day-to-day business, schools, and child care centers may be interrupted due to voluntary or recommended closures.
- widespread public concern.
- overload of 911 system.
- overload of 311 customer service system.
- excess emergency department visits and excess hospitalizations due to extreme cold-related causes.
- evacuation of individuals to warming centers/shelters
- implementation of shelter in place.
- Disruption of utilities and water
- Increase trauma and mental health stress for residents of all ages
- Increase demand for food, blankets, and water, especially for the frail, disabled, and vulnerable populations sheltering in place
- Property damage associated with frozen pipes and non-functioning and malfunctioning heating units.

III SAN FRANCISCO RESPONSE OVERVIEW

A small extreme cold event may only require activation of a public health response. For complex and/or larger extreme cold emergencies that affect many people, coordination of local, regional, state, and federal agencies may be required.

A. Lead Response Agencies

In an extreme cold emergency, DPH will be the lead response agency and activities will be coordinated through the DPH Department Operations Center (DOC) in coordination with the city Emergency Operations Center (EOC), if activated. If other events are also occurring (e.g., earthquake response), DPH may share unified command with other partners.

<table>
<thead>
<tr>
<th>Department</th>
<th>Responsibilities during an Extreme Cold Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPH</td>
<td>• Assess medical impact of cold event &lt;br&gt; • Identify/inform city officials, medical community, responders, and the public of appropriate health precautions &lt;br&gt; • Provide informational messages for, and outreach to, community based organizations and the public to protect and promote health &lt;br&gt; • Coordinate with health care partners regarding medical surge related to heat &lt;br&gt; • Initiate activation of warming centers/shelters based on pre-established triggers &lt;br&gt; • Initiate sheltering in place &lt;br&gt; • Monitor environmental health of conditions at warming centers/shelters</td>
</tr>
</tbody>
</table>

B. Partner Agencies

City & County of San Francisco

In an extreme cold event, support may be required from other City departments and non-profit organizations. Key agencies include:

<table>
<thead>
<tr>
<th>Department/Agency/Organization</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services Agency (HSA)</td>
<td>• Lead role in coordinating warming centers/shelters &lt;br&gt; • Open, staff and operate emergency warming centers/shelters &lt;br&gt; • Communication with clients especially via the Department of Aging and Adult Services</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>• Support warming shelters/centers with ARC resources as available and appropriate</td>
</tr>
</tbody>
</table>

Support may also be required from additional City departments and agencies, including:
Regional/State/Federal Agencies
Coordination with regional, state, and federal agencies may initially occur via the EOC. Close ongoing communication and coordination may occur through the DOC. Key agencies may include:

- Local Health Departments
- Bay Area Air Quality Management District
- California Department of Public Health (CDPH)
- The Centers for Disease Control and Prevention (CDC)
- National Weather Service (NWS)
- National Oceanic and Atmospheric Administration (NOAA)

C. Scale and Scope of the Response

Extreme cold emergencies have the ability to cause significant morbidity and mortality in the population. Further, the emergency can escalate when contributors to cold vulnerability – described below – have not been addressed and/or are exacerbating the event. An aggressive public health response should attempt to address these contributors.

The scale and scope of the response will depend on the duration of the extreme cold weather emergency, which could be a few days to several weeks. Key factors that could impact the scale and scope of the response include:

- Access to health care
- Ability to receive and understand educational/prevention information regarding cold emergencies
- Social and linguistic isolation
- Underlying health conditions in the population (e.g. mental illness, chronic health conditions)
- Significant morbidity and/or mortality

IV PUBLIC HEALTH RESPONSE OVERVIEW

A. DPH DOC Activation

The DPH DOC should be activated when the extreme cold emergency requires a response that exceeds (or has the potential to exceed) the management capacity of DPH designated staff and meets at least one of the following criteria:

- Extreme cold event (NWS Freeze Warning or Freeze Watch) with potential for significant illness or death
- High profile public health situation
- Assessment by DPH that hospitals are impacted and DPH can support
- Warming centers/shelters are needed

### B. Proposed DOC Structure

It is recommended that the DOC Functions checked in the table below be activated immediately. See the guidance below regarding additional functions to consider activating:

**DOC Activation Priorities for an Extreme Cold Event – High Level Activation**

<table>
<thead>
<tr>
<th>Function</th>
<th>Activate Immediately</th>
<th>Function</th>
<th>Activate Immediately</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMAND</td>
<td></td>
<td>Containment Branch</td>
<td></td>
</tr>
<tr>
<td>• DOC Commander</td>
<td>✓</td>
<td>• Community Mitigation Group</td>
<td></td>
</tr>
<tr>
<td>• Information Officer</td>
<td>✓</td>
<td>• Restriction, Exclusion, &amp; Clearance Group</td>
<td></td>
</tr>
<tr>
<td>• Safety Officer</td>
<td>✓</td>
<td>• Mass Prophylaxis Group</td>
<td></td>
</tr>
<tr>
<td>• Liaison Officer</td>
<td>✓</td>
<td>• Isolation &amp; Quarantine Group</td>
<td></td>
</tr>
<tr>
<td>POLICY GROUP</td>
<td>✓</td>
<td>Medical Branch</td>
<td>✓</td>
</tr>
<tr>
<td>PLANS SECTION</td>
<td></td>
<td>• Hospital Coordination Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Situation Status Unit</td>
<td>✓</td>
<td>• LTCF Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Resource Status Unit</td>
<td>✓</td>
<td>• Alternate Care Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Documentation Unit</td>
<td>✓</td>
<td>• Outpatient Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Technical Specialist Unit</td>
<td>✓</td>
<td>• Pharmacy Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Demobilization Unit</td>
<td>✓</td>
<td>• Pre-Hospital Care &amp; Transport Liaison</td>
<td>✓</td>
</tr>
<tr>
<td>OPERATIONS SECTION</td>
<td>✓</td>
<td>Mass Fatalities Liaison</td>
<td>consider*</td>
</tr>
<tr>
<td>Information &amp; Guidance Branch</td>
<td>✓**</td>
<td>Mass Care &amp; Shelter Liaison</td>
<td>✓</td>
</tr>
<tr>
<td>• Inquiries Group</td>
<td>✓</td>
<td>Epidemiology, Surveillance, &amp; Data Branch</td>
<td>✓</td>
</tr>
<tr>
<td>• Content Group</td>
<td>✓</td>
<td>• Investigation Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Dissemination Group</td>
<td>✓</td>
<td>• Surveillance Group</td>
<td>consider*</td>
</tr>
<tr>
<td>Environmental Health Branch</td>
<td>consider*</td>
<td>• Data Group</td>
<td>consider*</td>
</tr>
<tr>
<td>• Hazmat Group</td>
<td></td>
<td>Lab Branch</td>
<td>✓</td>
</tr>
<tr>
<td>• Food Group</td>
<td></td>
<td>• Lab Testing Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Sanitation Group</td>
<td></td>
<td>• Lab Receiving/Documentation Group</td>
<td>✓</td>
</tr>
<tr>
<td>• Water Group</td>
<td>consider*</td>
<td>LOGISTICS SECTION</td>
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</tr>
<tr>
<td>Community Outreach Branch</td>
<td>✓</td>
<td>• Personnel Unit</td>
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<tr>
<td>• Prevention Group</td>
<td>✓</td>
<td>• Supplies Unit</td>
<td>✓</td>
</tr>
<tr>
<td>• Response Group</td>
<td>✓</td>
<td>• Facilities Unit</td>
<td></td>
</tr>
</tbody>
</table>
C. Operational Goals, Objectives and Activities

Primary DPH DOC operational goals and objectives include:

**Goals**
- Assess the situation and threat
- Determine strategies to mitigate the threat and protect and promote health

**Objectives & DOC Lead**

<table>
<thead>
<tr>
<th>Objectives &amp; DOC Lead</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support provision of medical care</td>
<td>• Respond to requests for information, resources, and logistical support from medical providers.</td>
</tr>
<tr>
<td>Medical Branch</td>
<td>• If hospital and/or other facility surge plans have been activated and cannot meet population medical needs, activate field treatment sites.</td>
</tr>
<tr>
<td></td>
<td>• Support warming center/shelter and those sheltering in place medical needs.</td>
</tr>
<tr>
<td>Provide information and guidance</td>
<td>• Provide guidance to the medical community on diagnosis, treatment, and prevention.</td>
</tr>
<tr>
<td>Information and Guidance Branch</td>
<td>• Provide guidance to city officials, responders, and the public on the situation, prevention, treatment, and when to seek health care.</td>
</tr>
<tr>
<td></td>
<td>• Provide information to the public regarding location of warming centers/shelters.</td>
</tr>
<tr>
<td>Disseminate information &amp; educate</td>
<td>• Implement outreach and education strategies recommended by Information &amp; Guidance Branch in community, with focus on most vulnerable neighborhoods &amp; populations</td>
</tr>
<tr>
<td>Community Outreach Branch</td>
<td>• Assess temperature and weather forecasts for City/County of San Francisco</td>
</tr>
<tr>
<td>Assess &amp; provide technical expertise</td>
<td>• Conduct surveillance to obtain information about the extent of the extreme cold emergency.</td>
</tr>
<tr>
<td>Environmental Health Branch</td>
<td>• Determine the morbidity and mortality of high risk populations.</td>
</tr>
<tr>
<td>Investigate and survey</td>
<td>• Support activation of warming centers/shelters (e.g. identification of supplies, transportation needs).</td>
</tr>
<tr>
<td>Epidemiology, Surveillance, &amp; Data Branch</td>
<td>• Support medical resource requests.</td>
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<td></td>
<td>• Support personnel needs and requests.</td>
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<tr>
<td>Support warming center/shelter and</td>
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<tr>
<td>sheltering in place activation</td>
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<tr>
<td>Logistics Section</td>
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V ADDITIONAL RESPONSE CONSIDERATIONS
The DPH Emergency Operations Plan (EOP) is the primary functional response guide for all DPH emergency response activities. However, because of the unique nature of an extreme cold event, the following modifications and/or considerations should be considered and applied when necessary to the appropriate operational section of the EOP.

A. Command Staff

- Liaison Officer should be the single point of contact to American Red Cross (ARC), HSA, SF CARD, and other key stakeholders and partners outside of DPH. An exception to this is any activated warming centers (Mass Care and Shelter Liaison in Medical Branch is point of contact with individual warming center/shelter sites and may liaise with ARC representative at the EOC to receive updates.)
- As appropriate, the Safety Officer should provide recommendations on prevention of extreme cold-related health conditions for responders and DPH staff who may be exposed to extreme cold temperatures for extended periods of time during the extreme cold event.

B. Policy Group

- As much as possible, policies should be similar across the City and County of San Francisco, as well as the region. Work with other City Departments such as the Department of the Environment and regional policy groups such as the Association of Bay Area Health Officials (ABAHO) to develop guidelines.
- Policy Group should consider the following critical issues:
  - School and childcare facilities closures
  - Senior centers closure
  - Sheltering in place
  - Possible reassignment of City employees who work outdoors
  - Cancellation of outdoor events

C. Operations Section

Information & Guidance Branch
- If the extreme cold event is occurring regionally, coordinate information and guidance regionally.
- Consider that most cold-vulnerable populations will have limited access to health care, are socially isolated, and/or have an impaired ability to receive and/or understand extreme cold information and guidance.
- Educate medical providers on providing ICD-9 code documentation pertaining to extreme cold weather related illness.

Environmental Health Branch
- It may be necessary for this Branch to provide guidance on wind-chill, air quality and other environmental issues.

Community Outreach Branch
- The Community Outreach Branch may be used to assist in efforts to visit the City’s SRO’s and parks, (i.e. Golden Gate Park and other City parks) and most vulnerable neighborhoods and individuals living in congregate housing (i.e. Senior housing, public housing, transitional housing,
domestic/family shelters) to promote extreme cold reduction strategies and/or movement to warming centers.

**Medical Branch**
- The Mass Care and Shelter Liaison may serve as a link to any activated warming centers/shelters, to receive and report situation status updates and resource requests. The Mass Care and Shelter Liaison may liaise with ARC representative at the EOC to receive updates on warming center/shelter operations.

**Data Branch**
- Consider conducting an analytic study to determine the impact of the extreme cold event locally.

**E. Logistics**
- Consider transportation needs to transport all vulnerable populations, especially seniors or others to warming centers/shelters.
- Anticipate resource requests from healthcare facility and other community partners serving vulnerable population for warming supplies.

**F. Plans**
- No additions to the core EOP.

**G. Finance**
- No additions to the core EOP.

**VI RESOURCES**

<table>
<thead>
<tr>
<th>Items</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Lists/Maps</td>
<td></td>
</tr>
<tr>
<td>Warming Center/Shelter List</td>
<td></td>
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<tr>
<td>High-risk CCSF populations/neighborhoods</td>
<td></td>
</tr>
<tr>
<td><strong>Excessive Cold Event Education: Other Education/Outreach Materials</strong></td>
<td></td>
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<tr>
<td>Train-the-Trainer Extreme Cold Curriculum</td>
<td></td>
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<tr>
<td>Extreme Cold FAQs</td>
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