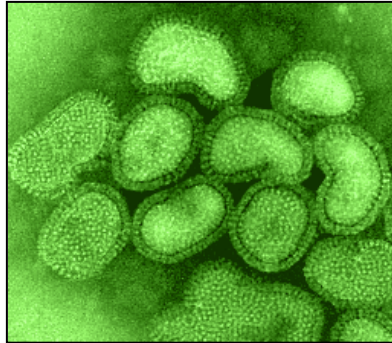


# BIOTERRORISM ANNEX

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## MARIN OPERATIONAL AREA EMERGENCY OPERATIONS PLAN



**VERSION 1.0  
AUGUST 2005**



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**TABLE OF CONTENTS**

EXECUTIVE SUMMARY .....	1
SITUATION .....	2
ASSUMPTIONS .....	2
PURPOSE .....	3
CONCEPT OF OPERATIONS .....	3
ROLES AND RESPONSIBILITIES .....	5
PROCEDURES .....	8
Sequence of Events .....	8
Surveillance .....	8
Triggering Events .....	9
Notifications .....	10
Response Activities .....	10
RISK COMMUNICATIONS & PUBLIC INFORMATION .....	13
AUTHORITIES .....	14
Public Health Officer-specific Authorities .....	14
Marin County .....	16
State of California .....	16
Federal .....	17
Other .....	17
REFERENCES .....	17
ADMINISTRATION .....	17
Maintenance .....	17
Training & Exercises .....	17

## EXECUTIVE SUMMARY

For the purposes of this Annex, bioterrorism is defined as follows:

The deliberate use of any naturally occurring, synthesized or bioengineered microorganism, virus, infectious substance, or biological agent in violation of the criminal laws of the United States or of the State of California, to intimidate or coerce a government, the civilian population, or any segment thereof in furtherance of political or social objectives.

The response to a bioterrorism event affecting Marin County will be an integrated response by the government of Marin County, incorporated cities and towns, special districts, private sector health care providers located in Marin County and other agencies such as community-based organizations (CBO). Assistance from external sources will be requested as needed through the Marin Operational Area (OA) Emergency Operations Center (EOC) using the Standardized Emergency Management System (SEMS)/ National Incident Management System (NIMS). The response strategy will be based on five goals:

1. Recognize and characterize the event as quickly as possible;
2. Determine the extent and contain the spread of disease;
3. Treat victims and provide appropriate prophylaxis to minimize the effects of the biological agent employed;
4. Provide timely and accurate information and guidance to affected populations and responding organizations; and
5. Regional collaboration to maximize the use of regional resources.

Recognition of a bioterrorism event will be accomplished through a continuing program of surveillance and epidemiological activities coordinated by the Marin County Department of Health and Human Services (HHS) and including private sector health care providers within the Marin OA. Characterization of biological agents in a bioterrorism event will be accomplished through the HHS Public Health Laboratory with assistance from other level "A" laboratories within Marin OA. The Laboratory Response Network including laboratories with higher biosafety ratings (level "B" and level "C" laboratories) will complete the agent characterization as needed. Marin County first responders and level "A" laboratories are responsible for safely packaging and transmitting biological samples while insuring evidentiary chain-of-custody.

Law Enforcement will provide initial Incident Command as bioterrorism is a criminal activity. However, Marin HHS will be the lead agency in determining the extent and containing the spread of disease. This will be accomplished through implementation of preplanned protocols and collaboration with health care and public safety providers. Additional technical expertise will be provided through California Department of Health Services (CDHS) and the Centers for Disease Control and Prevention (CDC). The Public Health Officer (PHO) is a key advisor to the Incident Commander and Marin OA EOC Director. HHS staff and the PHO are also primary participants in the determination of and implementation of appropriate protective actions.

Treatment of victims and preventive measures for potentially exposed people will be coordinated among health care providers, public safety personnel and ad-hoc facilities through the Marin OA EOC using standard Incident Command System (ICS) procedures as practiced by the Marin OA. Aggressive risk communication and public information programs will be implemented.

## SITUATION

For the purposes of this Annex, bioterrorism is defined as follows:

The deliberate use of any naturally occurring, synthesized or bioengineered microorganism, virus, infectious substance, or biological agent in violation of the criminal laws of the United States or of the State of California, to intimidate or coerce a government, the civilian population, or any segment thereof in furtherance of political or social objectives.

Bioterrorism differs from other more obvious forms of terrorism as described in the following quote:

“Among weapons of mass destruction, bioterrorism features several characteristics that set it apart from other acts of terrorism involving, for example, explosives or chemical agents. First, biological agents are easy to conceal. A small amount may be sufficient to harm large populations and cause epidemics over a broad geographic region. Second, the contagious nature of infectious diseases means that once persons are exposed and infected they can continue to spread the disease to others. Third, in the most worrisome scenario of a surreptitious attack, the first responders are likely to be health professionals in emergency rooms, physician offices, outpatient clinics, public health settings, and other healthcare activities rather than the traditional first responders. The longer the terrorist-induced epidemic goes unrecognized and undiagnosed, the longer the delay in initiating treatment and other control efforts to prevent further infectious outbreaks.”

- Extracted from Testimony of Scott R. Lillibridge, M.D., Special Assistant to the Secretary, Department of Health and Human Services for National Security and Emergency Management before the Committee on Government Affairs, U.S. Senate on July 20, 2001

The potential for a bioterrorism attack against Marin County is small, but present. A bioterrorism event anywhere could affect Marin County and an event in one of the heavily populated metropolitan areas of the Bay Area is much more likely. Any such attack would be likely to impact the Marin Operational Area (OA) due to the pattern of traffic flow and intermingling of populations. The results of such an attack, however unlikely, are potentially catastrophic and require a planned response.

## ASSUMPTIONS

1. A local emergency will be proclaimed for a bioterrorism event that affects the Marin OA.
2. Any successful bioterrorism attack against any of the metropolitan areas around the Bay Area will affect the Marin OA.
3. The Marin OA Emergency Operations Center (EOC) may not be fully activated or staffed during the early stages of a suspected bioterrorism event.
4. A bioterrorism event may not be discovered until related infectious disease begins to appear in the population.
5. A bioterrorism event may be caused by any biological agent. This plan assumes that a contagious disease agent has been used.
6. The Strategic National Stockpile (SNS) of pharmaceuticals and equipment will be available in addition to other Federal support in accordance with the Federal Response Plan.

## PURPOSE

The Bioterrorism Annex, when used as part of the Marin OA Emergency Operations Plan (EOP) and other referenced plans, manuals and protocols, prescribes the Marin OA integrated response to a suspected or confirmed bioterrorism event that affects the Marin OA.

## CONCEPT OF OPERATIONS

Response to bioterrorism depends on early recognition of the event. Therefore, the following levels, which are currently in place and ongoing, are adopted as part of this annex.

- Level 0 Baseline: Baseline disease activity and normal day-to-day operations
- Level 1 Expanded Surveillance: There is or will in the near future likely be disease activity that may represent a sentinel event, indicating the initial phase of a BT event or outbreak of major public health significance
- Level 2 Major Event Response: Major communicable disease outbreak or confirmed BT event within the Marin Operational Area
- Level 3: Public Health Disaster: Event or outbreak within the Marin Operational Area of large scope and size for which containment is no longer an option and Epi-SERT resources are being reallocated to other uses

The response to a bioterrorism event will be an integrated response by the government of Marin County, incorporated cities and towns, special districts, private sector health care providers located in Marin County and other elements such as community-based organizations (CBO). Assistance from external sources will be requested as needed through the Marin OA EOC using the Standardized Emergency Management System (SEMS)/ National Incident Management System (NIMS). The response strategy will be based on five goals:

1. Recognize and characterize the event as quickly as possible;
2. Determine the extent and contain the spread of disease;
3. Treat victims and provide appropriate prophylaxis to minimize the effects of the biological agent employed;
4. Provide timely and accurate information and guidance to affected populations and responding organizations; and
5. Regional Collaboration.

Recognition and characterization of a bioterrorism event will be accomplished through a continuing program of surveillance and epidemiological activities coordinated by the Marin County Department of Health and Human Services (HHS) and private sector health care providers within the Marin OA.

Characterization of biological agents in a bioterrorism event will be accomplished through the HHS Public Health Laboratory with assistance from other level "A" laboratories within Marin OA. The Laboratory Response Network including laboratories with higher biosafety ratings (level "B" and level "C" laboratories) will complete the agent characterization as needed. Marin County first responders and level "A" laboratories are responsible for safely packaging and transmitting biological samples while insuring evidentiary chain-of-custody.

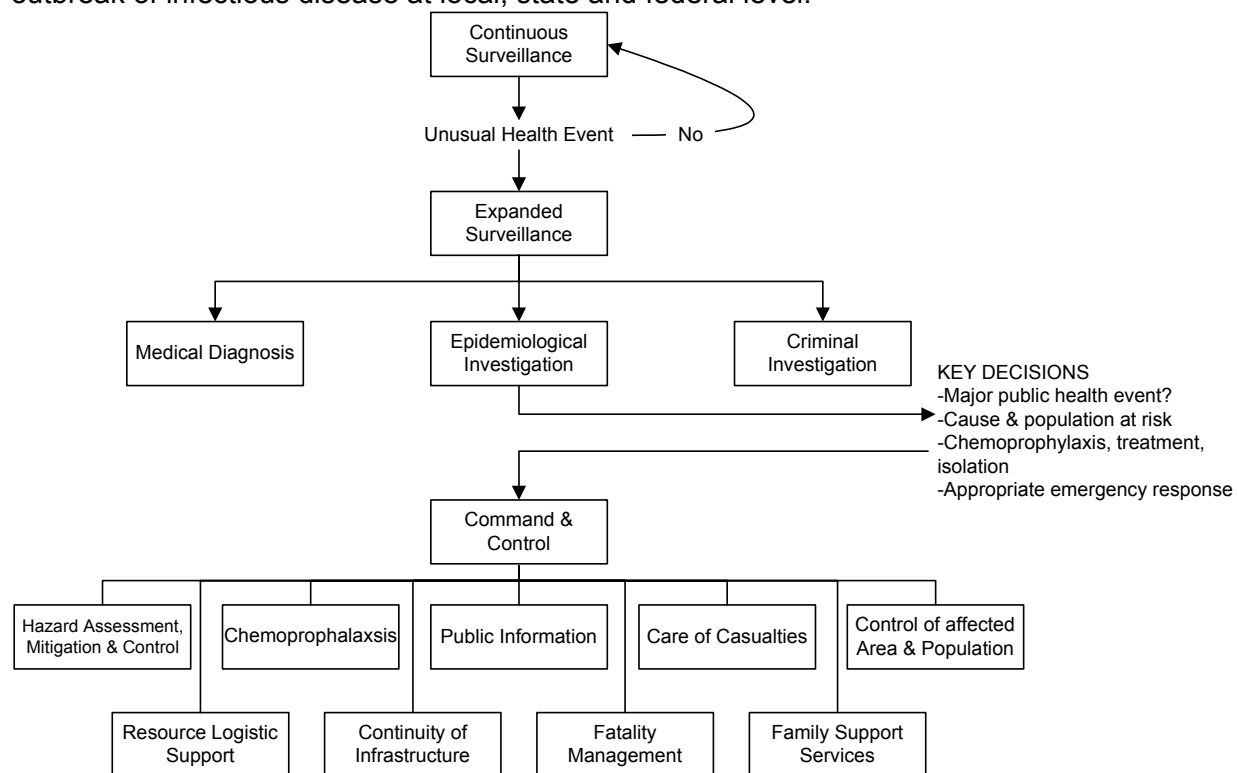
Law Enforcement will provide initial Incident Command as bioterrorism is a criminal activity. However, Marin HHS will be the lead agency in determining the extent and containing the

spread of disease. This will be accomplished through implementation of preplanned protocols and collaboration with health care and public safety providers<sup>1</sup>. Additional technical expertise will be provided through California Department of Health Services (CDHS) and the Centers for Disease Control and Prevention (CDC). The PHO is a key advisor to the Incident Commander and Marin OA EOC Director. HHS staff and the PHO are also primary participants in the determination of and implementation of appropriate protective actions.

The EOC and EOC staff are critical to a successful response and must be protected from exposure to infectious disease. This will be accomplished by screening all personnel who wish to enter the EOC for symptoms related to the disease or exposure to the infectious agent. Criteria for exclusion will be collaboratively developed by HHS and EOC management staff, and approved by the PHO.

Treatment of victims and preventive measures for potentially exposed people will be coordinated among health care providers, public safety personnel and ad-hoc facilities through the Marin OA EOC using standard Incident Command System (ICS) procedures as practiced by the Marin OA. Aggressive risk communication and public information programs will be implemented. In a large event, significant outside assistance is anticipated and will be requested through the Marin OA EOC using SEMS/NIMS.

The template below has been extracted from federally sponsored guidance. It embodies the overarching concept and critical elements for response to a bioterrorism event or a serious outbreak of infectious disease at local, state and federal level.



<sup>1</sup> Collaboration with law enforcement and public health does not create any issues under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See [HTTP://DHS.CA.GOV/HIPAA/](http://DHS.CA.GOV/HIPAA/). Additionally, Title 17 CCR §2502 (f)(1) requires identification information be given to law enforcement officials when diseases suggestive of bioterrorism are suspected.

## ROLES AND RESPONSIBILITIES

All of the general roles and responsibilities set forth in the Marin OA Emergency Operations Plan will remain in effect during a suspected or confirmed bioterrorism event. During a suspected or confirmed bioterrorism event, law enforcement will exercise initial incident command for Marin OA because bioterrorism is a criminal activity. Many public and private organizations will take on critical roles in a bioterrorism event. The following roles and responsibilities are listed because they represent a change/addition to the Marin OA EOP or because of the increased criticality of specific roles during the characterization of and response to a bioterrorism event.

The term “first responder” refers to those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002, (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during the prevention, response and recovery operations.

### Marin County Department of Health & Human Services (HHS)

- Conduct continuous surveillance, reporting and investigation of infectious disease cases and contacts.
- Form public health response teams as appropriate.
- Provide staff to screen entrants to EOC and other critical response facilities staffed by HHS, as directed by the PHO.
- Perform laboratory testing of biological specimens and suspicious materials consistent with established biosafety levels.
- Properly package and forward samples to CDHS or CDC for further characterization. Call the receiving lab for packaging and shipping instructions.
- Report all cases of suspected or confirmed bioterrorism to law enforcement and the State of California in accordance with the Notification algorithm in this annex.
- Coordinate with CDHS, CDC, and other public health partners.
- Provide enhanced staffing of the Medical/Health Branch, and other branches of the Marin OA EOC Operations Section and other sections as required.
- Provide for chemoprophylaxis and/or vaccination of affected populations in accordance with the HHS Mass Chemoprophylaxis/Vaccination Plan in the following priority: 1) staff, 2) first responders, 3) public<sup>2</sup>.
- Provide crisis intervention, defusing, debriefing and other support to responders and affected populations during and after the event in accordance with the Mental Health Services Emergency Response Plan.
- Provide advice on appropriate personal protective equipment (PPE) required by medical and other response personnel while dealing with the biologic agent(s) involved in the event.
- Maintain critical services programs to the maximum extent possible consistent with the overall health situation.
- Update and maintain this Bioterrorism Annex.

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<sup>2</sup> “Staff” refers to those employees who can reasonably be expected to come in contact with potentially infectious victims. Both “staff” and “first responders” includes their immediate household members.

Marin County Public Health Officer (PHO) and Deputy Public Health Officer (DPHO)<sup>3</sup>.

Although the PHO is a member of the Marin County Department of Health and Human Services, this position is specifically identified due to the unique powers based on legal authorities granted specifically to the PHO.

- Recommend proclamation of a local emergency, when appropriate, to the Marin County Board of Supervisors or to the Marin County Administrative Officer.
- Act as a Special Staff and provide technical advice and recommendations to the EOC Director and Incident Commander.
- Take measures to control the spread or further occurrence of any contagious infections, or communicable disease of which he or she is aware.
- Ensure that exclusion criteria and other infection control measures are developed for the EOC and other critical response facilities when appropriate.
- May inspect any place or person to enforce health regulations.
- Prevent or restrict persons from entering or leaving a quarantined area.
- Prevent or restrict movement of vehicles, commodities, household goods, and animals from entering or leaving a quarantined area.
- Prevent or restrict direct contact between persons under the quarantine and those not affected.
- Disinfection of persons, houses or rooms, and animals and structures where animals are quartered.
- Destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe.
- Take any other action considered necessary to eradicate a public nuisance.
- Take any other action considered necessary to prevent spread or additional occurrences of a disease.
- Take any other action necessary to preserve the public health.
- Provide for disposal of contaminated animal carcasses.

**Note: The PHO may exercise sweeping authority when the public health is threatened. Some of the specific authorities and their locations are listed in the Authorities and References section.**

#### Marin Community Development Agency

- Release the Environmental Health Services Division to the operational control of HHS on proclamation of a local emergency in response to a bioterrorism event.

#### Marin County Environmental Health Services

- Gather information regarding the biological agent used in coordination with the Hazmat Response Team and the PHO.
- Provide advice and consultation as appropriate to the IC, PHO and Medical/Health Branch of the Marin OA EOC on the public health significance and medical/health effects of the identified agent; appropriate protective actions such as shelter-in-place and evacuation; the extent and geographical areas affected; conditions for lifting protective actions and reentry procedures; environmental and public health implications of clean-up operations, and decontamination.
- Make recommendations to the PHO and Medical/Health Branch on how to define when the event is cleared.

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<sup>3</sup> The Deputy PHO may exercise all of the authority of the PHO when properly appointed. See Title 3 CGC §24100.

### Law Enforcement

- Provide initial Incident Command and establish Unified Incident Command as appropriate.
- Coordinate closely with HHS, Environmental Health Services and PHO to ensure proper chain of custody of biologic samples and other potential evidence.
- Provide assistance to the PHO to enforce Public Health measures including isolation and quarantine (see Public Health Officer authorities).
- Coordinate support from appropriate law enforcement agencies for support to implement protective actions such as mass chemoprophylaxis/mass vaccination, shelter-in-place and evacuation when determined to be necessary.

### Fire Services

- Participate in Unified Incident Command as appropriate.
- Provide personnel decontamination support as required. Hospital and other health care facilities, in particular, may require this support.
- Provide Hazmat team/personnel with appropriate PPE for biologic agents.

### Marin County Hazmat Response Team

- Coordinate closely with law enforcement to preserve evidence and ensure proper chain-of-custody during suspected or confirmed bioterrorism events.
- Provide advice and consultation to Incident Commander on levels and extent of decontamination needed and protective actions such as shelter-in-place and evacuation.
- Gather information regarding the biological agent used in coordination with Environmental Health Services and the PHO (e.g. specimen collection and field screening/testing).

### Marin County Coroner

- Coordinate the recovery, tracking, temporary storage, quarantine, decontamination or disposal of potentially contaminated human remains.

### Marin County School Districts

- Make selected school facilities available to support protective actions in accordance with the Agreement with HHS.

### Marin County Hospitals

All hospitals and other major health care providers in Marin County are private sector entities and not directly under the control of Marin County.

- Operate in accordance with the Marin Emergency Medical Response Plan for coordination of patient destinations.
- Properly package and forward clinical samples to PH laboratory, California DHS or CDC for further characterization. Call the receiving lab for shipping and packaging instructions.
- Notify PHO immediately of any suspected bioterrorism-related patient symptoms, trends, and laboratory test results.
- Provide decontamination of patients within capabilities and coordinate with Marin OA EOC for additional support as needed.
- Provide chemoprophylaxis and vaccination within capabilities in the following priority:
- Provide for isolation of victims and other infection control measures within capabilities.

### American Red Cross

- Coordinate with the Marin OA EOC for special mass care and sheltering requirements specific to the suspected or actual bioterrorism event.

### Humane Society

- Provide for/coordinate identification, transport and care of potentially contaminated displaced animal companions.
- Consult with IC, PHO, Agriculture/Weights and Measures and EHS on available resources for euthanasia and disposal of affected animals.

### Veterinarians, including large and small animal veterinarians

- Report any suspected bioterrorism-related animal disease to the local PHO and California Department of Health Services (CDHS), Veterinary Public Health Section.
- Consult with PHO, Agriculture/Weights and Measures, EHS and CADHS on any animal disease suspected of being related to bioterrorism, and on matters of possible euthanasia and disposal of affected animals<sup>4</sup>.

## **PROCEDURES**

### **Sequence of Events**

Unless a perpetrator is caught in the act of releasing a biological agent, a covert bioterrorism event is not likely to be detected until suspicious infectious disease or toxin effects begin to appear. In that case, local physicians, hospital staff, and Emergency Medical Services (EMS) personnel may be the first to notice a pattern in patients reporting for treatment. These personnel are expected to report specific disease agents or suspected disease outbreaks to the PHO and HHS Communicable Disease Unit in accordance with the disease reporting procedures in CCR Title 17, Sec. 2500, et seq. Other providers, first responder dispatch centers, CBO, veterinarians, pharmacists and schools may also play an important role in early recognition and reporting. The strategy for early detection and characterization of a bioterrorism event is a program of continuous surveillance. Marin County HHS conducts a surveillance program to enhance early detection and characterization of a bioterrorism event and other outbreaks of infectious disease.

Once a bioterrorism event is suspected or confirmed, enhanced surveillance and infectious disease control measures will be implemented and required notifications will be made. The PHO will consider whether a public health emergency<sup>5</sup> exists and make recommendations on activation of the Marin OA EOC, proclamation of a local emergency, and implementation of the response operations described in this annex.

A bioterrorism event anywhere in the vicinity has the potential to cause significant fear among the population. For that reason, a credible and pervasive risk communication/public information program before, during and after a bioterrorism event is an integral part of the response.

### **Surveillance**

Surveillance and epidemiology are conducted by designated HHS staff under the medical direction of the PHO. Surveillance and epidemiology deal with the incidence, distribution, and control of disease in a population. Marin County has established predetermined methods for surveillance among health care providers and other community partners to identify and respond

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<sup>4</sup> Veterinarians are classified as "Health Care Providers" under Title 17 CCR §2500 and are required to report any suspected bioterrorism-related disease to the local PHO and CDHS.

<sup>5</sup> Public Health Emergency is broadly construed and should not be interpreted within the narrow definition of "Health Emergency" contained in California Health and Safety Code §101080

to potential bioterrorism events. Surveillance and epidemiologic operations are divided into four levels:

**Level 0 - Baseline** – Baseline disease activity and normal day-to-day operations. Sentinel Event Enhanced Passive Surveillance (SEEPS) is an ongoing process to increase physician awareness and reporting for early recognition of a biological agent outbreak.

**Level 1 - Expanded Surveillance** – Expanded reporting and data collection initiated by the PHO or designee through expanded risk communication and reporting instructions issued to physicians and health-care providers.

**Level 2 - Major Event Response** – Expanded data collection and epidemiological investigation in response to a reported disease outbreak. This level includes contact tracing, morbidity and mortality analysis, and disease tracking in the early stages of a biological agent incident.

**Level 3 - Public Health Disaster** – An area or region wide disaster. When response resources are overwhelmed, epidemiological investigation ceases, and situation analysis is the priority. Situation analysis includes active reporting and analysis of morbidity, mortality, hospital and isolation site capacity, and status of mass chemoprophylaxis by impacted areas.

### Triggering Events

Any occurrences of the events below in Marin County or affecting Marin County may trigger implementation of this annex. At the least, any of these events will trigger increased surveillance and epidemiology activities pending resolution of the event.

#### Events Highly Suggestive of Bioterrorism

- A single definitively diagnosed or strongly suspected case of:
  - Smallpox
  - Inhalation anthrax
  - Cutaneous anthrax (with no known risk factors compatible with naturally-occurring disease)
  - Viral hemorrhagic fever (in a patient with no international travel history)
- Greater than one case of pneumonic plague or pneumonic tularemia with at least one laboratory confirmed case, no known compatible risk factors, and occurring in a brief time period,
- A higher than expected number of unexplained deaths occurring in a brief time period within a defined geographic region.

#### Moderately Suggestive of Bioterrorism

- A single definitively diagnosed or strongly suspected case of pneumonic plague or pneumonic tularemia occurring in a patient with no known compatible risk factors,
- A cluster of brucellosis cases occurring in persons with no known compatible risk factors,
- A higher than expected number of presumptively diagnosed botulism cases with no known compatible risk factors occurring in a brief time period,
- A higher than expected number of cases of unexplained severe respiratory illness requiring hospitalization, especially if occurring outside the usual flu transmission season,

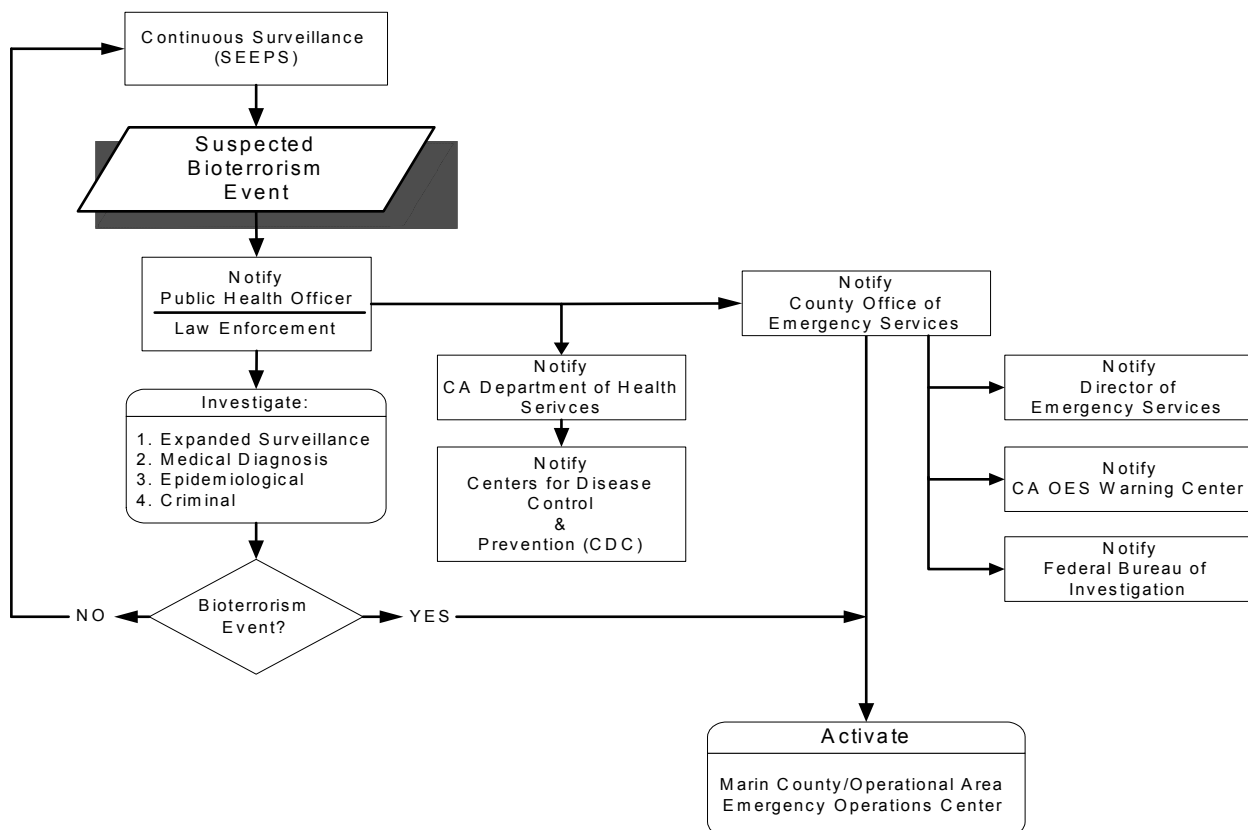
- The occurrence of any unusual epidemiologic features in a seemingly natural outbreak (e.g., the absence of the usual risk factors for disease, or the presence of unusual risk factors, or greater than expected morbidity or mortality).

**Notifications**

The PHO, Epidemiologist, and HHS Communicable Disease staff investigates and evaluates potential disease outbreaks. When a potential bioterrorism event is suspected from the pattern of illness or by any other means, the PHO immediately notifies the CDHS. CDHS will then provide notification to the CDC.

The PHO notifies the Marin County Sheriff’s Office of Emergency Services (OES) and Field Services Bureau either directly or through HHS EMS Administrator. OES will notify the Marin County Director of Emergency Services, the Governor’s Office of Emergency Services State Warning Center, and the FBI. (See chart below) The Marin County Sheriff’s Communications Center will support notifications as needed. The Marin County/Operational Area Emergency Operations Center (EOC) will be activated as needed to support response and recovery issues.

Marin OES will be notified by the most expeditious means available. During and after normal business hours, notification is made through the Marin County Sheriff’s Communication Center which is staffed 24-hours a day.



**Response Activities**

- **Surveillance and Epidemiology**

Level 1 (if not already initiated), level 2 and level 3 surveillance and epidemiologic operations are initiated as directed by the PHO.

- **Public Health/Hospital Laboratory**

The ability to provide accurate and timely identification of a suspected biological agent is critical to the rapid intervention of and recovery from a bioterrorism event. Hospitals and public health laboratories are the key agencies in the identification of biological agents and the ensuing decisions on the likelihood that an incident is a bioterrorism event.

Marin OA has three (3) Level A laboratories<sup>6</sup> with the capability of testing both clinical and environmental samples:

1. HHS Public Health Laboratory (clinical and environmental samples);
2. Marin General Hospital Laboratory (clinical samples only); and
3. Novato Community Hospital Laboratory (clinical samples only)

These laboratories routinely perform tests of samples from patients. If preliminary tests indicate a potential bioterrorism agent, samples will be forwarded to advanced capacity laboratories for further testing as needed, while ensuring proper chain-of-custody and security measures. When a laboratory determines a positive finding for a reportable disease or toxin that could be related to bioterrorism, they are required to telephonically report within one hour the findings to the PHO of the jurisdiction where the sample originated and follow-up with a written report within one working day in accordance with Title 17 CCR §2505<sup>7</sup>

First responders and others who forward samples containing a suspected bioterrorism-related biological agent must so notify the receiving laboratory, normally the HHS Public Health Laboratory.

- **Decontamination**

Decontamination of first responders or other individuals may be required if they have or may have been exposed to biological agents. The incident commander (IC) will determine decontamination levels, methods and extent in consultation with the Hazmat team, environmental health, PHO, public health laboratories, and Medical/Health Branch when the Marin OA EOC is activated. Decontamination decisions shall also consider preservation of possible evidence.

- **Protective Actions**

The IC, PHO and Environmental Health Specialist determine the protective actions needed in a bioterrorism agent exposure. The determination is based on many factors including, but not limited to, the following considerations:

- (1) Biologic agent(s) involved;
- (2) Population threatened;
- (3) Geography;
- (4) Capability of emergency responders;
- (5) Time factors involved;
- (6) Current and predicted weather;
- (7) Ability to communicate with the public; and

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<sup>6</sup> Kaiser Permanente Hospital does not have a local microbiological testing laboratory. Samples are sent to a regional laboratory located in Berkeley. That laboratory would forward suspected bioterrorism-related samples to a higher capacity laboratory. Title 17 CCR §2505 reporting requirements apply.

<sup>7</sup> Veterinary labs have the same reporting requirements as clinical labs (Title 17 CCR §2505).

(8) Transportation infrastructure.

- **Evacuation/Shelter in Place**

A bioterrorism event may take place in conjunction with or coincidental to additional emergency/disaster events. In that case, any decision to evacuate or shelter in place and the areas affected will have to be carefully evaluated in consultation with the PHO and other health care professionals due to the potential complications of toxins or infectious agents in the affected populations.

- **Quarantine/Isolation**

The PHO, in conjunction with CDHS determines the need for isolation and/or quarantine<sup>8</sup> and the need for obtaining court orders for implementation. Quarantine and isolation may be required to protect the public health and ordering quarantine and/or isolation are within the scope of authority of the PHO. These may be perceived as harsh steps and may not be readily accepted by the affected population; therefore, close coordination between the PHO, law enforcement, County Counsel, District Attorney, risk communication/public information providers, elected officials and CDHS will be needed. See Public Health Officer Section under Roles and Responsibilities in this annex for specific legal authorities.

Facilities to support quarantine and/or isolation will be coordinated through the Marin OA EOC when activated.

- **Mass Chemoprophylaxis/Vaccination**

The need for mass chemoprophylaxis and vaccination will immediately overwhelm existing local resources, and it will still be necessary to provide immediate treatment and/or vaccinations. The overwhelming strain on locally available medical personnel, equipment, facilities and medications is recognized and additional support from The State of California and the Federal government is anticipated.

The PHO, in coordination with CDHS and CDC, will order mass chemoprophylaxis and/or vaccinations as needed. The Marin OA EOC will coordinate local mass chemoprophylaxis and vaccination efforts in accordance with the HHS Bioterrorism/Public Health Preparedness and Response Plan.

Pre-selected public schools located throughout the County will be utilized as chemoprophylaxis or vaccination sites in accordance with memoranda of understanding between HHS and school districts. Additional or alternate sites may be used to better serve the population, as needed.

Mobile teams will be used to reach special populations (e.g. the homebound, board and care facilities, jailed prisoners, etc.) as needed.

- **Mass Casualty Management**

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<sup>8</sup> Quarantine is defined as the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed. Title 17 CCR §2520.

Isolation is defined as separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent. Title 17 CCR §2515. Isolation is applied as Strict (§2516) or Modified (§2518)

If health care facilities are overwhelmed, up to three field treatment sites (FTS) may be activated in accordance with the HHS Disaster Medical/Health Preparedness Plan to provide interim medical care. The level of care would be dependent on the additional staff and equipment available. Marin OA maintains three sets of basic equipment and supplies to establish FTS. The Medical/Health Operational Area Coordinator (M/HOAC) deploys the FTS as needed from the Marin OA EOC.

## RISK COMMUNICATIONS & PUBLIC INFORMATION

Communications within the public safety and healthcare communities, as well as to the general public, will be essential during a suspected or confirmed bioterrorism event. Marin County will work with local, state, and federal public health partners, media agencies, CBOs, mental health providers, and others to ensure that all communications are accurate and timely, broadly distributed, and understandable by all county residents including special populations (e.g. elderly, non-English-speaking, those with physical and/or mental disabilities).

Communications/messages may contain information regarding the disease, prevention, treatment, control, emergency actions, the extent of the impact or projected impact on Marin County, as well as any other information that is essential to the effective response and handling of the event.

Following CDC standards, communications may be classified as follows:

- **Health Alert** – Conveys the highest level of importance, warrants immediate action or attention.
- **Health Advisory** – Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update** – Provides updated information regarding an incident or situation, unlikely to require immediate action.

During a suspected or unconfirmed bioterrorism event, before the Marin OA EOC is activated, the PHO will coordinate the release of all appropriate health messages utilizing normal communication methods. Upon activation of the Marin OA EOC, the PHO and the Medical/Health branch of Operations will provide technical advice and content to the OA EOC Public Information Officer (PIO) to support public information messages. Templates of press releases and other message/informational formats such as FAQs, developed pre-incident, will be pulled from the Risk Communication section of the HHS Bioterrorism/Public Health Preparedness and Response Plan and modified as needed. These templates may be used “as is” when the need is immediate or electronic modification is not feasible.

Communications within the public safety and healthcare communities will be done using normal communications methods as far as possible. Translation of materials not available in required languages will be arranged through the EOC.

The County website will be used to update information, and for emergency postings. The California Health Alert Network (CAHAN) will also be used to exchange information with CDHS and other participating healthcare partners.

A Public Information Hotline may be opened to respond to public inquiries. Prior to activation of the EOC, the hotline will be coordinated by HHS and staffed by healthcare partners. During activation of the EOC, the County PIO, working with the Medical/Health Branch of the EOC, will oversee the hotline.

## **AUTHORITIES**

### Public Health Officer-specific Authorities

**The PHO may exercise authority in incorporated cities and other jurisdictions within the county as well as in the unincorporated parts of the county.**

Reference: California Health and Safety Code §101375

When the governing body of a city in the county consents by resolution or ordinance, the county health officer shall enforce and observe in the city all of the following:

- (a) Orders and quarantine regulations prescribed by the department and other regulations issued under this code.
- (b) Statutes relating to the public health.

**The PHO may investigate and take measures to control any disease.**

Reference: Health and Safety Code §120175

Each health officer knowing of having reason to believe that any case of the diseases made reportable by regulation of the department or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.

Reference: Title 17 CCR §2501

(a) Upon receiving a report made pursuant to Section 2500 or 2505, the local health officer shall take whatever steps deemed necessary for the investigation and control of the disease, condition or outbreak reported. If the health officer finds that the nature of the disease and the circumstances of the case, unusual disease, or outbreak warrant such action, the health officer shall make or cause to be made an examination of any person who or animal which has been reported pursuant to Sections 2500 or 2505 in order to verify the diagnosis, or the existence of an unusual disease, or outbreak, make an investigation to determine the source of infection, and take appropriate steps to prevent or control the spread of the disease.

Reference: Title 17 CCR §2511

It shall be the duty of the local health officer to determine the amount and kind of communicable disease occurring in his area by such methods as he deems necessary in order to obtain knowledge of the general level of morbidity in his jurisdiction.

Reference: California Civil Code §3494

A public nuisance may be abated by any public body or officer authorized thereto by law.

**The PHO may order quarantine or isolation.**

Reference: Title 17 CCR §2520 (Quarantine)

Quarantine is defined as the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual

incubation period of the disease, in such manner as to prevent effective contact with those not so exposed. If the disease is one requiring Quarantine of the contacts in addition to isolation of the case, the local health officer shall determine the contacts who are subject to Quarantine, specify the place to which they shall be quarantined, and issue instructions accordingly. He shall insure that provisions are made for the medical observation of such contacts as frequently as necessary during the Quarantine period.

Reference: Title 17 CCR §2515 (Isolation)

Isolation is defined as separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent. Isolation is applied as Strict (§2516) or Modified (§2518).

Reference: Health and Safety Code §120130

The health officer may require isolation (strict or modified) or quarantine for any case of contagious, infectious, or communicable disease when this action is necessary for the protection of the public health. This list shall be published in Title 17 of the CCR.

Reference: Health and Safety Code §120220

When quarantine or isolation, either strict or modified, is established by a health officer, all persons shall obey his or her rules, orders, and regulations.

Reference: Health and Safety Code §120175 (See full reference above)

### **The PHO may order disinfection or destruction of property.**

Reference: Title 17 CCR §2524 Terminal Disinfection

Each person released from quarantine or isolation shall bathe and wash his hair with soap and hot water and put on clean clothes. The area of isolation shall be disinfected according to the instructions of the local health officer.

Reference: Health and Safety Code §120235

No quarantine shall be raised until every exposed room, together with all personal property in the room, has been adequately treated, or, if necessary, destroyed, under the direction of the health officer; and until all persons having been under strict isolation are considered noninfectious.

Reference: Health and Safety Code §101040

The county health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction.

"Preventive measure" means abatement, correction, removal or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code and from any other money appropriated by a county board of supervisors or a city governing body to carry out the purposes of this section.

Reference: Health and Safety Code §120175 (See full reference above)

**Violation of a proper order issued by the PHO is a criminal act**

Reference: Health and Safety Code §120275

Any person who, after notice, violates, or who, upon the demand of any health officer, refuses or neglects to conform to, any rule, order, or regulation prescribed by the department respecting a quarantine or disinfection of persons, animals, things, or places, is guilty of a misdemeanor.

Reference: Health and Safety Code §120290

Except as provided in Section 120291 or in the case of the removal of an afflicted person in a manner the least dangerous to the public health, any person afflicted with any contagious, infectious, or communicable disease who willfully exposes himself or herself to another person, and any person who willfully exposes another person afflicted with the disease to someone else, is guilty of a misdemeanor.

Reference: Health and Safety Code §120295

Any person who violates Section 120130 or any section in Chapter 3 (commencing with Section 120175, but excluding Section 120195), is guilty of a misdemeanor, punishable by a fine of not less than fifty dollars (\$50) nor more than one thousand dollars (\$1,000), or by imprisonment for a term of not more than 90 days, or by both. He or she is guilty of a separate offense for each day that the violation continued.

**Destruction of contaminated animal corpses.**

Reference: Marin County Code Section 7.12.020

It shall be the duty of any person, firm or corporation having in his possession or under his care or control, any animal suffering from any of the diseases enumerated in Section 7.12.010, to immediately notify the health officer thereof and it shall be the duty of the health officer to cause the carcass of any animal that has died from any of such disease to be destroyed by fire or by burial in quicklime. (Ord. 131 § 2 1904)

Marin County

Marin County Code Sections 7.12.010 and 7.12.020.

Marin OA Emergency Operations Plan.

Marin County HHS Disaster Medical/Health Preparedness Plan.

Marin County Environmental Services Emergency Response Plan.

Marin County Emergency Medical Response Plan.

Mental Health Services Emergency Response Plan.

Marin OA Bio-Terrorism Threat Response Protocol for Suspicious Envelopes, Packages, or Spills.

State of California

State of California Emergency Medical Services Authority (EMSA) Disaster Plan.

California Government Code, Title 3 §24000 et seq., PHO as county officer and deputy PHO.

California Government Code, Section 8695, Immunity of Physicians and Nurses.

California Health and Safety Code, Sections 101025-101070, Authority of Health Officer to take preventive measures during an emergency.

California Health and Safety Code Sections: 120100-120115, 120125-120150, 120175-120250, and 120275-120305, Communicable Disease Control and Prevention.

Business and Professions Code, Section 2727.5, Practice of nursing in an emergency.

Business and Professions Code, Sections 4008 and 4227.1, Pharmacy.  
California Code of Regulations, Title 17 Section 2500, et seq, Disease Reporting Regulations.

### Federal

18 U.S.C. § 2331, Defines International and Domestic Terrorism.  
18 U.S.C. § 2331b(g)(5), Defines a Federal crime of terrorism.  
18 U.S.C. § 178, Defines possible agents used for biological weaponry.  
18 U.S.C. § 175, Prohibitions with respect to biological weapons.  
28 C.F.R. Section 0.85(L), Provides an additional general definition of Terrorism.  
42 U.S.C. §6961, Duty of Federal facilities to comply with state and local requirements regarding hazardous wastes. There are exceptions to this.  
HSPD 8, December 17 2003, Defines the term “first responder”.

### Other

HHS Bioterrorism/Public Health Preparedness and Response Plan. (under development)  
HHS Mass Chemoprophylaxis/Vaccination Protocols. (under development)  
Agreement between Marin County Department of Health and Human Services and various school districts for use of school facilities. (under development)  
Nursing Procedures, Marin County Communicable Disease Unit.

## **REFERENCES**

Disaster Manual for Public Health Nursing in California.  
State of California Disaster Field Manual for Environmental Health Specialists.  
CDC Smallpox Response Plan Guidelines, Vaccination Clinic Guide Annex 3.  
American Red Cross, Disaster Services Program, Disaster Health Service Protocols.

## **ADMINISTRATION**

### **Maintenance**

The Marin County Department of Health & Human Services (HHS) is responsible for updating and revising the Bioterrorism Annex, as well as maintaining records of revision. The Bioterrorism Annex becomes part of the Marin Operational Area Emergency Operations Plan upon approval by the Marin County Board of Supervisors.

This annex may be modified as a result of post-incident analyses and/or post-exercise critiques. It will be modified if responsibilities, procedures, laws, rules, or regulations pertaining to emergency management and bioterrorism operations change. Those agencies having assigned responsibilities (see Roles and Responsibilities) under this annex are obligated to inform HHS when changes need to be made. The annex will be reviewed for necessary changes at least annually.

### **Training & Exercises**

The Marin County Department of Health & Human Services (HHS) is responsible for exercising this plan on a regular basis, at least annually. This requirement may be met as part of a larger exercise when exercising the Bioterrorism Annex is a stated objective of the exercise.