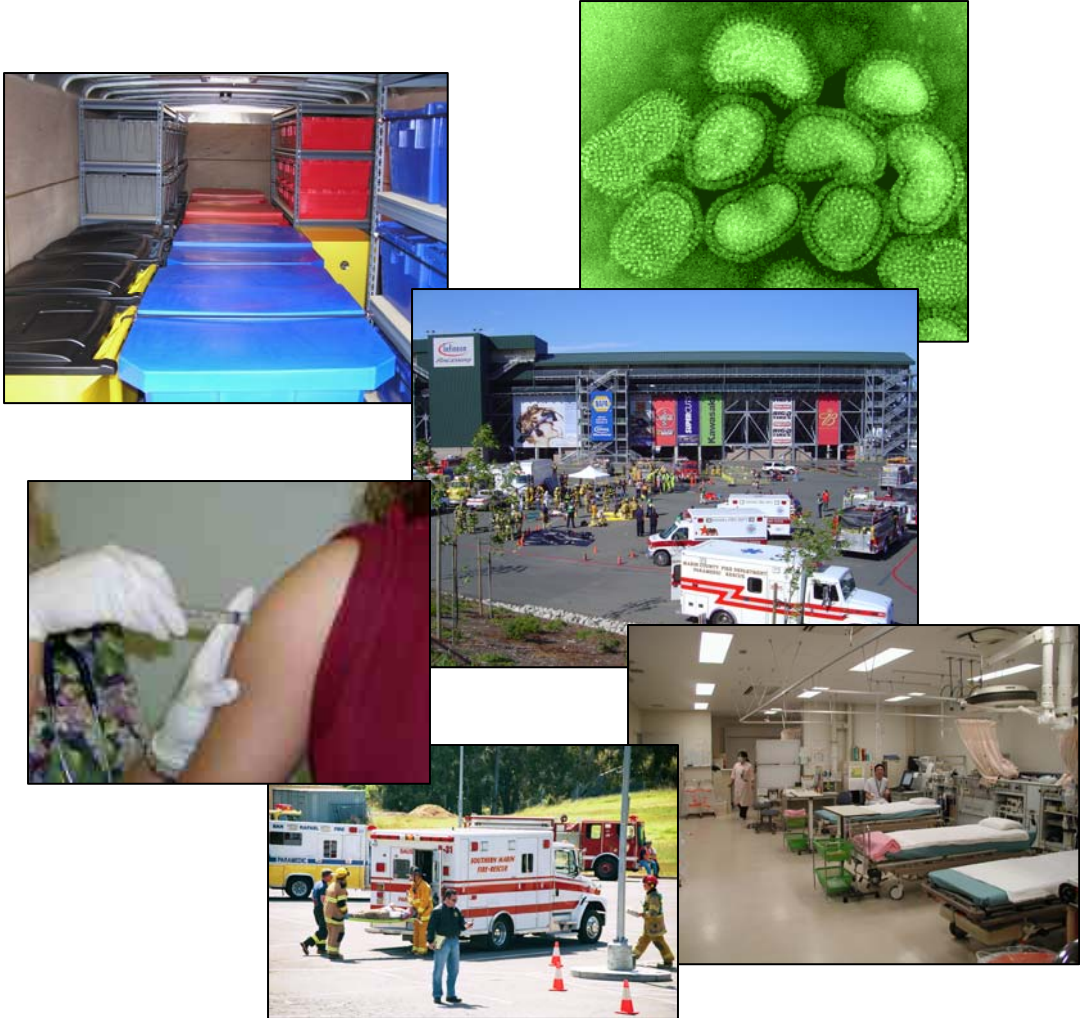


MEDICAL / HEALTH ANNEX

MARIN OPERATIONAL AREA EMERGENCY OPERATIONS PLAN



(DRAFT)
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Marin County Department of Health and Human Services
Division of Public Health
20 North San Pedro Road, #2004
San Rafael, CA 94903
415/499-5034
415/473-2326 (fax)

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EXECUTIVE SUMMARY

This Medical Health Disaster Response Annex will be used in conjunction with the Marin Operational Area (OA) Emergency Operations Plan. It outlines concepts and policies that will aid in providing medical health disaster response services in emergencies and disasters and is supported by subject or threat-specific plans and procedures which guide detailed response activities. When used with these other referenced plans, manuals and protocols, this annex prescribes the Marin OA integrated response to a suspected or confirmed medical/health emergency or disaster. Operational procedures and other supporting documents are maintained by the relevant agencies.

The Marin Operational Area Medical/Health response strategy is based on six goals:

- Maintain medical capabilities provisions for self-sufficiency for 72 hours or more;
- Recognize and characterize the event as quickly as possible;
- Save as many lives as possible;
- Minimize morbidity/mortality from disease and/or injury to the extent possible;
- Utilize all existing resources within the county prior to requesting regional/state/federal assistance; and
- Provide timely and accurate medical and public health information and guidance to affected populations and responding organizations.

The response to a medical/health emergency 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 (CBOs). Assistance from external sources will be requested as needed through the Marin OA Emergency Operations Center (EOC) in accordance with the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

The Marin County Department of Health and Health Services (MCDHHS) provides the lead role in the early detection, identification of, and initiating the response to a bioterrorist and other major public health events.

Recognition and characterization of an infectious disease outbreak or other public health emergency will be accomplished through a continuing program of surveillance, epidemiological activities and reference laboratory services, coordinated by MCDHHS and private sector health care providers within the Marin OA.

Surveillance and Epidemiologic Response Levels (SERLs) provide the framework under which detection and response activities are organized. Each of these levels has a set of triggers, objectives, notifications, and activities. The decision either to activate to a higher SERL or deactivate to a lower SERL is made by the on-duty Public Health Officer (PHO).

Treatment of victims and preventive measures for potentially exposed people (e.g., mass chemoprophylaxis/vaccination) 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.

Mental health resources will be utilized in support of response activities. The goal is to provide culturally competent services to mitigate disaster-related stress responses and to accelerate the normal recovery of emergency service workers and citizens to disaster-related psychological reactions.

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point, state and federal aid will be requested.

Depending upon the nature and severity of the event, normal standards of medical care may not be available. In order to save as many lives as possible and in order to maximize scarce resources, altered standards of care may be instituted.

Aggressive risk communication and public information programs will be implemented. The type of risk communication response will be dependent on the level of the event and whether or not the EOC is activated. The risk communication response will be designated by the appropriate leadership position consistent with the event (e.g. the Director of Emergency Services, the EOC Public Information Officer (PIO), the MCDHHS Director, or the Public Health Officer (PHO)).

Prevention and control of communicable diseases which threaten public health may require strategies that involve limiting the movement of individuals and groups, and which utilize general and specific statutory authorities. These strategies may include isolation and quarantine, closure of public gatherings, evacuation, and (less likely) curfew. The strategies seek to maintain a balance between constitutional protections such as individual liberty and due process, and the need to protect the public's health.

Early prophylaxis of First Responders, is intended to help safeguard critical public safety, medical and emergency medical infrastructure for management of the event. Prophylaxis of these groups would be rapidly administered in order of their respective risk of exposure to the disease. MCDHHS maintains a limited local pharmaceutical cache that will be used to prophylax first responders while awaiting receipt of additional medical supplies.

Once a determination has been made that mass chemoprophylaxis/vaccination is a necessary component of a response to a public health emergency, the Medical/Health Branch will oversee provision of antibiotics or vaccinations. Targeted groups could range from a few hundred to the entire population of Marin County.

In addition to the general authority to take steps necessary to control contagious, infectious and communicable disease, the Public Health Officer has the specific statutory authority to require strict or modified isolation or quarantine of persons and/or places.

INTRODUCTION

This Medical Health Disaster Response Annex will be used in conjunction with the Marin EOP plan. It outlines concepts and policies that will aid in providing medical health disaster response services in emergencies and disasters.

This Annex is supported by subject or threat-specific plans and procedures which guide detailed response activities. See the list of Appendices for the major supporting plans. Operational procedures and other supporting documents are maintained by the relevant agencies.

Tasks identified in this annex are to be addressed on an as needed basis and are not dependent upon the formal activation of the Marin EOC; however, most plans will involve EOC activation.

Response to a medical health disaster depends on early recognition of the event. It 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).

The Marin Operational Area Medical/Health response strategy is based on six goals:

1. Maintain medical capabilities provisions for self-sufficiency for 72 hours or more;
2. Recognize and characterize the event as quickly as possible;
3. Save as many lives as possible;
4. Minimize morbidity/mortality from disease and/or injury to the extent possible;
5. Utilize all existing resources within the county prior to requesting regional/state/federal assistance; and
6. Provide timely and accurate medical and public health information and guidance to affected populations and responding organizations.

The Medical Health Branch of the Operational Area EOC and EOC staff are critical to a successful response. Medical/Health operations are coordinated by the EOC Medical/Health branch in the Operations Section. The MHOAC and PHO also provide support and direction to the EOC staff. Aggressive risk communication and public information programs will be implemented.

In a major disaster or emergency, Medical / Health functions could include

- Coordinating hospital and clinic needs and prioritizing to meet goals
- Identifying and mitigating public health hazards
- Disseminating guidance about protective measures
- Supporting shelters for medical issues
- Conducting public health surveillance and monitoring
- Supporting public information efforts
- Coordinating information distribution with medical community
- Operating reference laboratory

SITUATION

As the Marin Operational Area is a peninsula, a major earthquake could sever the few major transportation corridors that would allow medical supplies to be delivered.

The majority of first responders and medical health professionals live outside of Marin. A major earthquake may prevent many if not most of the medical health workforce from getting to work.

Many residents of Marin County travel to and work in other Bay Area counties. In a major public health event such as pandemic influenza, Marin County residents would be impacted by events in surrounding counties.

Marin is a relatively small Bay Area county with a population of 250,000. There are three hospitals with a limited number of licensed beds. There is one public health laboratory and two hospital-based clinical laboratories. Pharmaceuticals and medical supply inventories are maintained on a just-in-time basis, limiting immediately available resources. Marin is not immune to the current national health crisis and faces on-going shortages of staff, facilities, supplies, and equipment.

The potential for a bioterrorism attack against Marin County is small, but present. The San Francisco Bay Area is considered a high risk area for terrorism. Any bioterrorist attack would be likely to impact the Marin Operational Area (OA) due to the pattern of traffic flow and intermingling of populations.

ASSUMPTIONS

- A medical or public health emergency and its impacts may develop slowly over days and weeks or may occur suddenly and without warning.
- Any large scale emergency will likely overwhelm baseline medical/health resources.
- Any major disaster with medical or public health implications in the San Francisco Bay Area will affect the Marin Operational Area (OA). Mutual aid will be impacted.
- State and federal medical aid/support may be available but only after a delay of at least 48-72 hours.
- Biological agents and toxins may contaminate/infect staff, equipment, and facilities. This will impair response by EMS, hospitals and labs.
- The Marin OA Emergency Operations Center (EOC) may not be fully activated or staffed during the early stages of a medical or public health event.
- The Strategic National Stockpile (SNS) of pharmaceuticals and equipment will be available.
- In a pandemic event, the Homeland Security Council estimates that approximately up to 40% of the workforce may not be able to report to work.

PURPOSE

This document is an annex to the Marin OA Emergency Operations Plan (EOP). When used with other referenced plans, manuals and protocols, this annex prescribes the Marin OA integrated response to a suspected or confirmed medical/health emergency or disaster. The overall emergency management concepts, policies, and procedures contained in the EOP remain in place.

DEFINITIONS

Austere Care. A reduced level of medical care, modified from the expected standard of care that is provided when hospital resources, medical supplies and medical personnel are limited or unavailable for an extended response period. This might include only comfort measures.

Bioterrorism. 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.

Cluster. Cases of disease occurring in such a manner that they appear to be grouped by place and/or time. Clusters may be the result of either a common source or random chance.

Contact Tracing. In an event involving an agent that is or may be communicable from person to person, comprehensive tracing of individuals who had sufficient contact with a case to be exposed is a vital facet of infection control in limiting the scope of an outbreak. This can include: close monitoring of those exposed for onset of symptoms, quarantine, prophylaxis/vaccination administration, and gathering of information about a case that is unable to offer it due to incapacitation or death.

Decontamination. Remove any chemical, biological, or radiological agents on persons, equipment, or apparatus. Reduce the risk of secondary exposure to other victims, first responders and hospital staff.

Evacuation. A protective action whereby individuals leave an area in order to avoid exposure to a harmful substance or other threat.

Field Treatment Site. A temporary medical support facility/site that is established in times of emergency or disaster when medical health resources are overwhelmed.

First Responder. 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.

Isolation. Separation and confinement of individuals or animals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others. May be classified as Strict or Modified. The isolation technique will depend upon the particular disease and is detailed in regulation. Appropriate instructions prescribing the isolation technique for each level of isolation will be issued.

a) Strict isolation. If the particular disease requires strict isolation, the place of isolation and identifying the measures to be taken to prevent the spread of the disease will be defined.

b) Modified isolation. Modified isolation has no specified requirements beyond separation of infected persons to prevent transmission of disease.

Prophylaxis. The prevention of disease prior to or after exposure to a causative agent through the use of antibiotics or antiviral medications (**chemoprophylaxis**) or vaccination (**immunoprophylaxis**). Mass Chemoprophylaxis/Vaccination is the large-scale administration of antibiotics, antivirals or vaccinations to large numbers of the public.

Multi-Casualty Incident (MCI). When the number of patients exceeds the medical treatment capabilities of the immediate response. An MCI could be caused by a natural disaster, large-scale infectious disease outbreak, or traffic accident.

Medical Reserve Corps (MRC).

Volunteer local health professionals and others with relevant health-related skills that assist and supplement the existing community emergency medical and public health response system.

Outbreak. A sudden appearance of or increase in communicable disease cases within a confined geographic area, e.g. in a village, town, or closed situation (e.g. school, hospital, etc). These disease cases must be epidemiologically linked (i.e. either the result of the same exposure, or through person-to-person transmission).

Quarantine. The limitation of freedom of movement of persons or animals that have been or may 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.

Sentinel Event. An aberrant occurrence of a communicable disease or syndrome which may represent the initial phase of an outbreak of major public health concern or a BT event.

Shelter-in-Place. A protective action whereby individuals remain inside with doors and windows closed and HVAC systems turned off.

Social distancing. A technique used to limit or slow the spread of communicable diseases by decreasing the number of opportunities for the agent to be passed from one person to another. Examples of social distancing include school or daycare closures, limitations on public meetings, encouraging workers to telecommute, etc.

Surge Capacity. Medical surge *capacity* is “the ability to evaluate and care for a markedly increased volume of patients that challenges or exceeds normal operating capacity” (*Medical Surge Capacity and Capability*. CNA Corporation, 2004). This may require the use of additional medical health resources to care for a number of patients that exceeds day-to-day operations during an emergency response. For example, field treatment sites, related supplies, alternative medical treatment care centers, and/or pharmaceutical caches.

Surge Capability. Medical surge *capability* is “the ability to manage patients requiring unusual or very specialized medical evaluation or care” (*Medical Surge Capacity and Capability*. CNA Corporation, 2004).

Surveillance. Systemic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken.

Triage. The process of sorting people based on their injuries or illness. Triage is done when limited medical resources must be allocated to maximize the number of survivors.

CONCEPT OF OPERATIONS

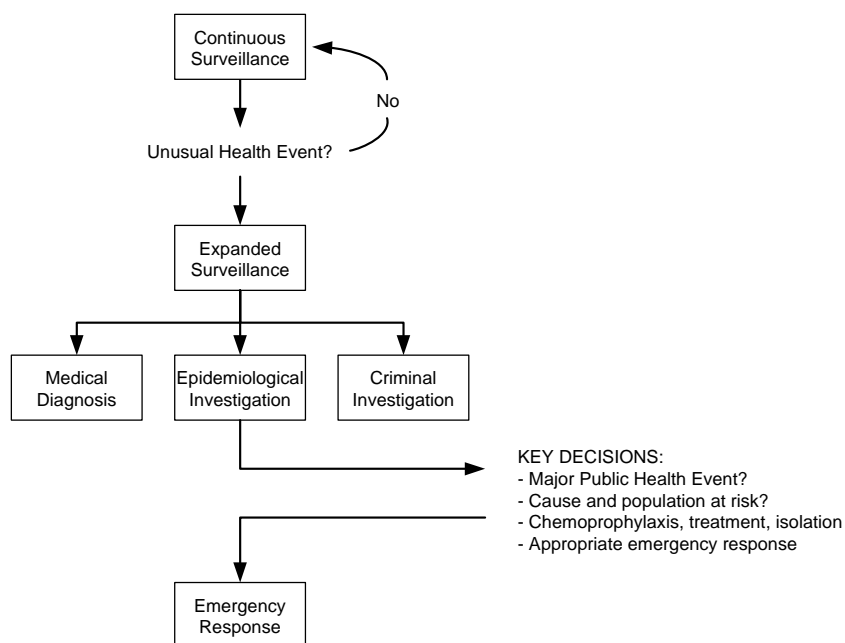
The response to a medical/health emergency will be an integrated response by the government of Marin County, incorporated cities and towns, special districts, private sector health care providers located in Marin County and other elements such as community-based organizations (CBO). Assistance from external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

Within the Marin OA EOC Operations Section, the Medical/Health Branch coordinates and prioritizes requests from local responders and obtains medical/health personnel, supplies, and equipment. The Medical/Health Operational Area Coordinator (MHOAC) coordinates medical/health mutual aid, including emergency medical and public health resources. Medical volunteers may be used to work at field treatment sites in the event hospital emergency departments must handle more critical patients; dispensing sites; and at local hospitals requesting additional staff. The Marin OA EOC Logistics Section will assist the Medical Health Branch in obtaining and delivering medical supplies, equipment and support services.

In a bioterrorism event, Law Enforcement will provide initial Incident Command as bioterrorism is a criminal activity. However, MCDHHS will be the lead agency in determining the extent and containing the spread of disease.

In a bioterrorism event or other public health emergency, the PHO serves a key advisor to the Incident Commander and Marin OA EOC Director. MCDHHS staff and the PHO are also primary participants in the determination of and implementation of appropriate protective strategies (e.g., isolation and quarantine, use of personal protective equipment).

Recognition and characterization of an infectious disease outbreak or other public health emergency will be accomplished through a continuing program of surveillance, epidemiological activities and reference laboratory services, coordinated by the Marin County Department of Health and Human Services (MCDHHS) and private sector health care providers within the Marin OA. This may require the activation of Surveillance & Epidemiologic Response Teams (Epi-SERTs). The diagram below illustrates the overarching concept.



Treatment of victims and preventive measures for potentially exposed people (e.g., mass chemoprophylaxis/vaccination) 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. Aggressive risk communication and public information programs will be implemented. Mental health resources will be utilized in support of response activities.

ROLES AND RESPONSIBILITIES

Marin County Department of Health & Human Services (MCDHHS)

- Provide staffing of the Marin OA EOC Operations Section (e.g. Medical/Health and Care and Shelter Branches), and other sections or branches as required.
- Provide staff to screen entrants to EOC and other critical response facilities staffed by MCDHHS, as directed by the PHO.
- Provide disaster workers at field treatment sites, hospitals, as requested.
- Conduct continuous surveillance, reporting and investigation of infectious disease cases and contacts.
- Form public health response teams as appropriate.
- Coordinate services with hospitals and first responders in a mass casualty event.
- 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 for chemoprophylaxis and/or vaccination of affected populations in accordance with the MCDHHS Mass Chemoprophylaxis/Vaccination Plan coordinated by the Medical Health Branch of the EOC.
- 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 Medical Health Annex.

Marin County Public Health Officer (PHO) and Deputy Public Health Officer (DPHO)

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 quarantine and those not affected.

- Order disinfection of persons, houses or rooms, and animals and structures where animals are quartered.
- Order 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.
- Order the proper disposal of contaminated animal carcasses.

Medical Health Operational Area Coordinator (MHOAC)

The role of the MHOAC is specific to the coordination of medical/health mutual aid resources for any operational area during a disaster or state of emergency. When the medical or health resources within a local jurisdiction become overwhelmed, the MHOAC is activated to liaison with local, regional and state resource providers and to coordinate the allocation of incoming mutual-aid resources. The MHOAC leads the Medical Health Branch in the OA EOC Operations Section.

Resources may be requested from any agency during a time of emergency, including local hospitals, ambulance providers, etc. The MHOAC may coordinate the following actions:

- Evaluate the need for additional medical/health resources (e.g. FTS, MRC, regional assets)
- Request and deploy field treatment sites
- Coordinate additional personnel needs and where deployment will occur
- Call up and activate the Medical Reserve Corps
- Coordinate with the PHO in the event of need for mass dispensing
- Regional requests for additional aid, including the SNS if necessary
- Request regional/state resources for hospitals
- Set up of alternative hospital sites
- Work closely with Fire/Law in the Operations Section for ambulance staging
- Plan for and deliver the medical needs of special populations

Marin Community Development Agency

- Release the Environmental Health Services Division to the operational control of MCDHHS upon proclamation of a local emergency, as directed.

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.

Law Enforcement

- Provide initial Incident Command and establish Unified Incident Command as appropriate.
- Collaborate with the Medical Health Branch to ensure the safe deployment of any medical healthcare disaster workers, equipment, and/or supplies.
- Coordinate closely with MCDHHS, Environmental Health Services and PHO to ensure 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, Field Treatment Site Safety, 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.

Emergency Medical Services (e.g., EMTs, paramedics, dispatch, hospital emergency depts.)

- Operate in accordance with current County of Marin Emergency Medical Services (EMS) policies and procedures for coordination of patient destinations and treatment protocols.
- Perform triage.
- Coordinate with hospitals and OA EOC (when activated) for patient destinations.
- Decontaminate patients prior to hospital transport, when appropriate.

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.
- Advise the Incident Commander on levels and extent of decontamination needed and protective actions such as shelter-in-place and evacuation.
- Coordinate closely with MCDHHS, Environmental Health Services and PHO to ensure proper packaging of biologic samples and other potential evidence.
- Gather information regarding the agent in coordination with Environmental Health Services and the PHO (e.g. specimen collection and field screening/testing).

Marin County Hospitals

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

- Operate in accordance with current County of Marin Emergency Medical Services (EMS) policies and procedures for coordination of patient destinations and treatment protocols.
- 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 infectious disease or bioterrorism-related patient symptoms, trends, and laboratory test results, for which immediate reporting is required.
- Decontaminate patients within capabilities and coordinate with Marin OA EOC for additional support as needed.
- Provide chemoprophylaxis and vaccination within capabilities.
- Isolate victims and institute other infection control measures within capabilities.
- Implement internal surge plans as necessary.

- Inform EOC when/if operational status changes (e.g., plant failure).

Community Health Care Providers (e.g., Physicians, clinics, all healthcare facilities)

- Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by the M/H Branch.
- Participate in community-wide medical surge response as coordinated by the Medical Health Branch.

Marin County Public Health Laboratory

- Perform laboratory testing of biological specimens and suspicious materials consistent with established biosafety protocols.
- Properly package and forward samples to CDHS or CDC, with appropriate notification, for further characterization. Notify PHO upon a positive finding for a reportable disease or toxin that could be related to bioterrorism or public health outbreak.

Marin County Coroner

- Coordinate the recovery, tracking, temporary storage, quarantine, decontamination and/or disposal of human remains including those that are potentially contaminated.

Marin County School Districts

- Make selected school facilities available to support protective actions in accordance with agreements with MCDHHS.
- Cooperate with PHO and Medical Health Branch in the implementation of social distancing measures such as school closures as necessary.

American Red Cross

- Coordinate with the Marin OA EOC for collocation of medically fragile shelters.
- Roles and responsibilities as described in the Care and Shelter Annex and the Statement of Understanding with MCDHHS.

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 animal disease which is potentially transmissible to humans (emerging pathogens, bioterrorism agent, etc.), to the local PHO and California Department of Health Services (CDHS), Veterinary Public Health Section.
- Consult with PHO, Agriculture/Weights and Measures, EHS and CDHS on any animal disease suspected of being related to bioterrorism or other emerging infectious disease, and on matters of possible euthanasia and disposal of affected animals (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).

MEDICAL SURGE

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point, state and federal aid will be requested.

The Emergency Medical Response Plan for First Responders (fire, paramedics, EMS, hospital emergency departments) guides the actions of the EMS system and addresses normal daily function up to, and including, multi-casualty/disaster events.

All licensed hospitals are required by the California Department of Health Services to have an internal medical surge plan.

Once the Medical Health Branch is activated in the EOC, the Medical Health Operational Area Coordinator (MHOAC) requests additional resources, personnel, and supplies from within the County then from the region and the state.

OA EOC actions may include:

- assessing available Operational Area medical equipment, personnel, and supplies
- establishing Field Treatment Sites
- deployment of Epi-SERT teams
- establishing dispensing sites for mass chemoprophylaxis/vaccination
- requesting and deploying additional hospital personnel
- deployment of MCDHHS Disaster Service Workers
- activation of the Medical Reserve Corps (MRC)
- deployment of MCDHHS Local Pharmaceutical Cache
- deploying or ordering additional medical equipment and supplies
- establishing alternate hospital site
- requesting out-of-county medical health resources - this may include ambulance strike teams, Strategic National Stockpile assets and Disaster Medical Assistance Teams

Depending upon the nature and severity of the event, normal standards of medical care may not be available. In order to save as many lives as possible and in order to maximize scarce resources, altered standards of care may be instituted.

SURVEILLANCE & EPIDEMIOLOGIC RESPONSE

The Marin County Department of Health and Health Services (MCDHHS) provides the lead role in the early detection, identification of, and initiating the response to a bioterrorist and other major public health events. This section defines that role as it pertains to surveillance and epidemiologic response preceding and during a bioterrorism event or major communicable disease event, as part of a countywide response.

Communicable disease (CD) control in Marin OA functions under the legal authority of the Public Health Officer (PHO). It operates under an Incident Command System (ICS) based organization structure referred to as Surveillance and Epidemiologic Response Team (Epi-SERT). Epi-SERT provides a flexible and adaptable framework for the planning and implementation of CD surveillance activities and investigations of all sizes, which may involve personnel from a number of different divisions, agencies, and organizations.

Surveillance and Epidemiologic Response Levels (SERLs) provide the framework under which detection and response activities are organized. Each of these levels has a set of triggers, objectives, notifications, and activities. The decision either to activate to a higher SERL or deactivate to a lower SERL is made by the on-duty Marin County Public Health Officer, whether that is the Public Health Officer (PHO) or the Deputy Public Health Officer (DPHO).

Sentinel Event: An aberrant occurrence of a communicable disease or syndrome which may represent the initial phase of an outbreak of major public health concern or a bioterrorism event, and which therefore must be rapidly evaluated as a trigger for Surveillance & Epidemiologic Response Levels 1 and 2.

Major Event: A case, cluster, or outbreak of communicable disease with potential to result in widespread morbidity and/or mortality, and therefore requiring a large-scale response.

Triggers: However, a trigger represents a set of circumstances under which that decision will be made. Triggers within each SERL will be generally organized from situations tending to be of least urgency to those tending to be of greatest urgency.

Baseline Level

During periods of normal disease activity. This includes the maintenance of surveillance for, and control of, reportable communicable diseases, as well as improving surveillance for disease incidences or clusters that may be of major public health importance through a Sentinel Event Enhance Passive Surveillance (SEEPS). SEEPS involves the training on, and distribution of information to frontline health care providers in Marin County to improve the ability of the surveillance system to detect disease activity that may indicate a BT event or other public health emergency. The goal is to increase awareness in the clinical community of clinical features and diagnosis of key bioterrorism (BT) agents/other diseases and how to make reports.

Expanded Surveillance

At times of either imminent threat of disease spread into Marin OA (e.g. Pandemic Influenza activity in East Asia, but not in the U.S.), or an event within Marin OA that may be indicative of bioterrorism. The goal is to rapidly detect, identify, and confirm cases of the disease, and begin investigation and control procedures. Detection is accomplished through enhanced surveillance techniques such as enhanced passive surveillance, active surveillance, enhanced laboratory surveillance, or expansion of surveillance to non-human populations. Assessment and investigation of suspect cases is accomplished through: 1. Detailed case and contact

investigation to determine the scope of illness, risk factors, likely source, and to prevent further spread; and 2. Collaboration with medical providers and laboratories to ensure that proper clinical samples have been taken, transported, and tested to facilitate case confirmation.

Major Outbreak Response

When there is confirmed or highly suspected activity of a BT agent or other disease of major public health concern. The goal is to identify cases, characterize the epidemiology of the disease, prevent the spread of the disease through established communicable disease control procedures (i.e. isolation and quarantine, prophylaxis of contacts, source identification and removal, etc.), and provide essential information for key decision makers and the public. This will include field investigation of clusters, active surveillance at hospital emergency departments, telephone-based monitoring of contacts in quarantine, and descriptive and/or analytic epidemiologic studies to provide information for key decision makers.

Public Health Disaster

Occurs at times of widespread or overwhelming disease activity within Marin OA. Under these circumstances, disease control activities shift from control strategies based on the individual (e.g. contact tracing and quarantine) to more population-based strategies such as mass chemoprophylaxis of county residents, sheltering, and field treatment sites required to treat large number of sick individuals. Epi-SERT priorities shift, then, to situation analysis and basic descriptive epidemiology, including tracking the number of ill, the number of deaths, the number of people treated, etc.

Level 0: Baseline

Context: Baseline disease activity and normal daily operations

Level Specific Goals: Protect the population of Marin County through on-going communicable disease prevention and control as well as planning and infrastructure development to improve detection and response to major CD and BT events.

Level 1: Expanded Surveillance

Context: There is a threat occurring outside the Marin Operational Area which represents an impending threat or disease activity within the county that is not a confirmed event, but is a possible event which requires characterization.

Level Specific Goals: Detect and confirm a SERL 2 trigger

Level 2: Major Event Response

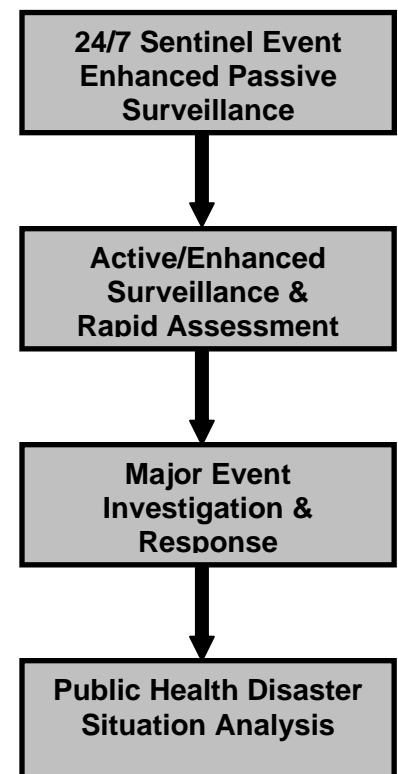
Context: Major communicable disease outbreak or confirmed BT event within the Marin Operational Area

Level Specific Goals: Limit the spread and scope of a major outbreak; track the outbreak in real time, and communicate findings to inform response decisions and risk communication messages.

Level 3: Public Health Disaster

Context: 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 reallocated to other uses.

Level Specific Goals: Reprioritize investigation to situation analysis as resources become overwhelmed.



Surveillance & Epidemiologic Response Levels Table

SERL	0	1	2	3
	Baseline	Expanded Surveillance	Major Outbreak Response	Public Health Disaster
When:	Constant daily activities	Sporadic - During times of increased disease activity, or expected spread into Marin	Rare - During a confirmed or highly suspected event of major Public Health significance	Extremely Rare - The point when either response is overwhelmed
Triggers:	No triggers: constant on-going Communicable Disease Control and Prevention activities	1. Non-local transmission of an infectious disease of major public health concern or BT agent with the potential for spread to the Marin County Operational Area AND/OR 2. Event moderately suggestive of bioterrorism regardless of location	1. Transmission within the region of a disease of concern AND/OR 2. Suggestive or confirmed BT event within the region AND/OR 3. Increasing disease activity for which normal communicable disease response resources are insufficient	No specific triggers Transition from level 2 to level 3 represents a gradual evolution as the major event worsens
General Objectives:	Protect through communicable disease prevention and control as well as planning and infrastructure development to improve detection and response to major events	Detect, assess, and characterize a sentinel event; prepare for appropriate level 2 response activities	Limit the spread and scope of a major outbreak; track the outbreak in real time, and communicate findings to inform response decisions and risk comm. messages	Reprioritize investigation to situation analysis as resources become overwhelmed

Surveillance & Epidemiologic Response Team (Epi-SERT)

The Epi-SERT is an operation under which all Communicable Disease (CD) control activities occur in Marin OA. The Epi-SERT will perform field investigation, contact tracing, interview cases and contacts, track disease patterns, implement and assess control strategies, ensure proper treatment, and educate care providers. The Epi-SERT may also provide prophylaxis and monitor isolation and quarantine measures.

Coordination

Surveillance and Epidemiologic response to a relatively minor disease outbreak confined to the Marin County Operational Area will be coordinated by the division of public health through the Epi-SERT Coordinator under the authority of the PHO.

When the Marin County EOC is activated, coordination of epidemiologic investigations with CDHS/DCDC will occur through the Epi-SERT Coordinator in who will coordinate with the county PHO and the Medical/Health Operational Area Coordinator (M/HOAC). The EOC will provide resource support for Epi-SERT activities for finance/administrations and logistics; as well as serve as the coordination point for agencies outside of public health.

RISK COMMUNICATIONS & PUBLIC INFORMATION

Crisis and risk communications has been described by the Centers for Disease Control and Prevention as “the effort by experts to provide information to allow an individual, stakeholder, or entire community to make the best possible decisions about their well-being within nearly impossible time constraints and help people ultimately to accept the imperfect nature of choices during the crisis.” During any public health emergency, crisis and risk communications is a critical component of response activities. Appropriate and timely communication of credible information will help calm public fears and promote appropriate health actions during a public health crisis.

The objectives of risk communication are to:

- A. Disseminate accurate information in a timely manner to key target audiences that is appropriate to the level of event (e.g. policy and decision-makers, government officials, emergency partners, health care providers, public, community based organizations including businesses, media);
- B. Facilitate coordination of public information activities among all involved parties, including neighboring jurisdictions, to ensure consistency of key messages;
- C. Correct false or misleading information;
- D. Promote informed decision-making about the acceptability of known risks; and
- E. Persuade and direct the behavior of individuals or communities.

The type of risk communication response will be dependent on the level of the event and whether or not the EOC is activated. The risk communication response will be designated by the appropriate leadership position consistent with the event (e.g. Director of Emergency Services, the EOC PIO, the MCDHHS Director, or the PHO to name a few.)

Levels of event are categorized as follows:

- Pre-Event (e.g. planning stage and ongoing daily risk communication activities by MCDHHS public health staff),
- Suspect Event (e.g. possible case(s) of bioterrorism-related or other infectious cause),
- Probable or Confirmed Event (e.g. lab confirmed case(s) of bioterrorism-related or other infectious cause)
- Post-Event (e.g. recovery).

Risk communication activities will be directed by an appointed Public Information Officer (PIO) and will include developing and disseminating key messages to the media and public, regularly communicating with health care providers in the county about appropriate diagnostic and treatment issues and updates, and keeping MCDHHS and other County leadership and policy makers informed about the evolution of the public health event and response activities. Whether they are internal or external to MCDHHS, partners - those aiding in response to the emergency - as well as stakeholders - those people or organizations who will need information from MCDHHS and its partners – will be important players in comprehensive risk communication activities conducted.

MCDHHS maintains risk communications plans for a variety of public health threats and emergencies. These plans contain detailed procedures, references, and resources including Frequently Asked Questions (FAQs).

Methods of information dissemination may include any or all of the following: conference calls, email distribution, fax, press releases, media briefings and conferences, hotlines, the Telephone Emergency Notification System (TENS), door-to-door, public meetings, and website postings.

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.

LIMITING THE MOVEMENT OF INDIVIDUALS AND GROUPS

Prevention and control of communicable diseases which threaten public health may require strategies that involve limiting the movement of individuals and groups, and which utilize general and specific statutory authorities. These strategies may include isolation and quarantine, closure of public gatherings, evacuation, and (less likely) curfew. The strategies seek to maintain a balance between constitutional protections such as individual liberty and due process, and the need to protect the public's health.

The PHO, with support from and in coordination with the EOC, has the following objectives:

- Determine when communicable disease prevention and control strategies are required, which involve limiting the movement of individuals and groups
- Coordinate with Local, State and Federal officials and use County Health Officer authorities to institute these measures in Marin County.
- Maintain communication with other County agencies, hospitals, clinics, and the medical community to institute these measures.
- Ensure that appropriate and accurate information is provided to the public.

Supporting documents (*Limiting the Movement of Individuals and Groups - MCDHHS*) address details of Health Officer orders such as form, contents, service, orders directed to a mass, enforcement authority, and challenges.

Isolation / Quarantine

Isolation and Quarantine procedures are maintained by MCDHHS, in cooperation with County Counsel. Prevention and control of highly communicable diseases that threaten public health may require the use of isolation and/or quarantine measures which must be consistent with constitutional requirements.

1. Authority to Isolate and Quarantine.

In addition to the general authority to take steps necessary to control contagious, infectious and communicable disease, Health Officers have the specific statutory authority to require strict or modified isolation or quarantine of persons and/or places. Health Officers may also quarantine any place or person when the procedure is necessary to enforce the regulations of DHS. However, no quarantine may be imposed upon a person residing in a city in another county without written consent of CDHS. In certain situations, Health Officers may be directed to enforce a CDHS mass quarantine order.

2. Distinction between Isolation and Quarantine.

Isolation refers to the separation of persons who have been infected with an infectious agent from other persons. Quarantine refers to the separation and restriction of movement of persons

who, while not yet ill, have been or may have been exposed to an infectious agent and therefore may become infectious.

Data from modeling studies suggest that community containment measures such as quarantine are effective for controlling an outbreak even if compliance is less than perfect. Optimally, quarantine applied on a voluntary basis will afford sufficient compliance to attain the necessary effect. Isolation or Quarantine orders will be utilized with the awareness that a strong justification is needed to intrude on a patient's freedom of movement, bodily integrity, or privacy and effort should be made to minimize the impact on personal liberty.

3. Places of Quarantine or Isolation.

There are several alternatives for the location of the isolation or quarantine of persons. People in isolation or quarantine may be cared for in their homes, in hospitals, or in designated healthcare facilities. Home isolation may be the easiest and the least intrusive, but compliance is the most difficult to monitor.

4. Constitutional Considerations.

Enforcement of involuntary quarantine and isolation orders will trigger application of constitutional safeguards such as notice, a pre or post-confinement hearing within a reasonable time, and other procedural protections.

Isolation and quarantine orders cannot be "arbitrary, oppressive and unreasonable." These orders must have documentation that factually supports the justification for the proposed isolation and/or quarantine.

5. Large-Scale Quarantine/Isolation.

PHO sequestration of large groups or geographic areas is considered where there is a serious risk of widespread disease transmission with sufficient risk of serious illness or death. The PHO's authority may be impacted by the scale and location of the outbreak. When a contagious event affects or has potential to spread into/from the Marin OA into/from a neighboring jurisdiction, the PHO needs CDHS's written consent to establish a quarantine. If large sections of the state are implicated, CDHS will direct the PHO's actions. Where national or inter-state measures are needed, the CDC has authority to implement quarantine upon Presidential Executive Order.

6. Isolation and Quarantine Orders.

There is no express content or method of service statutorily mandated for isolation and quarantine orders. However, the PHO orders must be consistent with applicable constitutional requirements. As with any other PHO order, the content and appropriate procedures for isolation and quarantine orders are fact dependent and must be determined by the particular circumstances.

Temporary Closures Of Public Gatherings

When it cannot be quickly determined which specific persons are actually ill or exposed and/or there is no need to control all of their movements, temporary closures of public gatherings may be an appropriate disease control measure. If the closures involve multiple venues and appear likely to exceed several days, the PHO will consider and consult with local officials as to whether a local emergency should be declared.

1. Authority for Temporary Closures of Public Gatherings.

Whenever an immediate menace to the public health or safety is created by a calamity including a flood, storm, fire, earthquake, explosion, accident, or other disaster, the PHO may close the

area where the menace exists under specified conditions. In such a closure, the persons within the affected area can be ordered to leave. In addition to this specific power, the general powers of the Health Officer to control the spread of disease also apply to temporary closures of public gatherings. When the gathering is subject to a permitting requirement, the PHO may consider consulting with the permitting agency to explore the possibility of an immediate permit suspension.

2. Constitutional Considerations.

Closures of public gatherings raise issues regarding freedom of assembly, freedom of speech, due process and equal protection rights. Closure orders cannot be “arbitrary, oppressive and unreasonable,” and must be narrowly drawn to be free from vagueness and over-breadth. These orders must have documentation that factually supports the justification for the proposed closure. The process for issuing and enforcing the orders should adhere to applicable procedural protections.

Evacuation

The PHO may find it necessary for the protection of public health and safety to order the immediate movement of individuals away from a particular building or geographic area.

1. Authority for Evacuation Orders.

Express statutory authority provides that “Whenever an immediate menace to the public health or safety is created by a calamity including a flood, storm, fire, earthquake, explosion, accident, or other disaster,...” the Health Officer “...may close the area where the menace exists...” under specified conditions. The statute further provides that the PHO can order persons within the affected area to leave.

2. Constitutional Considerations.

Evacuations raise issues regarding freedom of assembly, freedom of speech, due process and equal protection rights. Evacuation orders cannot be “arbitrary, oppressive and unreasonable,” and must be narrowly drawn to be free from vagueness and over breadth. These orders must have documentation that factually supports the justification for the proposed evacuation.

Curfews

Prevention and control of highly communicable diseases that threaten public health may require the use of a curfew.

1. Authority to Issue Curfew Orders.

Curfews may only be imposed after the declaration of a local emergency by the “governing body of a city, county, or city and county, or by an official designated by ordinance”. Because the PHO has not been designated by a County ordinance to declare a local emergency, the PHO has no independent authority to implement a curfew.

2. Constitutional Considerations.

Curfews raise issues regarding freedom of assembly, freedom of speech, due process and equal protection rights. Curfew orders cannot be “arbitrary, oppressive and unreasonable,” must be based on a clear showing of necessity and must be narrowly drawn to be free from vagueness and over breadth. The process for issuing and enforcing the orders will adhere to applicable procedural protections. The PHO will consult with legal counsel.

3. Curfew Orders Issued After The Proclamation Of A Local Emergency.

Orders must be necessary for the protection of life or property, in writing, have specific duration and be given widespread notice. The statutory scheme for declaring local emergencies provides that emergency curfew orders:

- Can be issued only after an emergency is proclaimed
- Are lawful only so long as an emergency exists
- Must be necessary for the protection of life and property
- Must be in writing
- Must be given widespread publicity and notice
- Any amendment or rescission must be in writing and be given widespread publicity & notice

MASS CHEMOPROPHYLAXIS/VACCINATION

Once a determination has been made that mass chemoprophylaxis/vaccination is a necessary component of a response to a public health emergency, the Medical/Health Branch will oversee provision of antibiotics or vaccinations. Targeted groups could range from a few hundred to the entire population of Marin County.

Local pharmaceuticals as well as those obtained via mutual aid requests, including supplies originating from the Strategic National Stockpile (SNS) would be provided at a Point of Dispensing (POD). Examples of incidents that may require a POD site to provide mass prophylaxis include the release of a bioterrorism agent or occurrence of a vaccine-preventable disease such as influenza. As a rule, mass prophylaxis is not considered until laboratory testing has confirmed the cause.

Once the causative agent is identified, the appropriate prophylaxis to provide in a POD can be determined. As new bioterrorism detection systems (Post Office BDS, BLOWATCH) emerge, there may be situations in which prophylaxis is initiated prior to laboratory confirmation. For some causative agents, no prophylaxis exists and it may be important to provide this education to concerned agencies and the public.

Mass prophylaxis cannot be implemented if the necessary pharmaceuticals are not available in large enough quantities or cannot be administered within the time frame required to be efficacious. Federal stockpiles of medications and vaccines will be accessed as per the Marin Operational Area Medical/Health Supplies Receipt and Management Plan. Shortages of vaccine or antimicrobials may require prioritization of distribution to high-risk groups within the exposed or potentially exposed population. These high-risk populations would be determined at the time of the event based on all available information regarding the causative agent, nature and severity of exposure.

Prophylaxis must be administered within a given time period, depending on the etiologic agent, to reduce the likelihood of illness. If pharmaceuticals can be administered within the given time period, (generally the incubation period of the agent), mass prophylaxis is considered. If the exposure period is unknown or ongoing, such as with an influenza pandemic, mass intervention may be considered with the understanding that infection may still occur.

Early prophylaxis of First Responders, which include Law, Fire, EMS, Public Health, Community Clinics, Emergency Management, Hospital staff, and their immediate household members, is intended to help safeguard critical public safety, medical and emergency medical infrastructure for management of the event. Prophylaxis of these groups would be rapidly administered in order of their respective risk of exposure to the disease. Since field staff have the greatest likelihood and closest contact with the infectious agent, they would be prioritized for prophylaxis

before, for example, personnel with little or no exposure to the infectious agent, such as hospital administrative staff. Prophylaxis administration for First Responders may occur at a variety of locations, using pharmaceuticals stockpiled for and by these groups.

In the case of an event in which an oral medication must be dispensed, then the 3 local hospitals (Marin General, Kaiser and Novato) are expected to provide prophylaxis for their staff and their families. The hospitals must set up their own clinics to provide prophylaxis for their staff and their families.

MCDHHS maintains a limited local pharmaceutical cache which will be used to prophylax first responders while awaiting receipt of additional medical supplies.

Prophylaxis is most beneficial to those exposed who have not developed symptoms or those who may be at risk for secondary exposure.

Not all people requiring prophylaxis will be mobile and able to come to a POD location. As needed, Public Health Nurses or other licensed personnel would assist in providing prophylaxis to those who are immobile such as the medically fragile, persons living in long term care facilities and/or other identified population groups with special needs in Marin County.

The POD is designed to function under an Incident Command Structure consistent with SEMS and NIMS. The Site Commander of the POD will communicate to the EOC through the Public Health Unit of the MHOAC Branch of the Operations Section of the EOC. The Logistics Section Chief of the POD will request any supplies needed directly from the EOC Logistics Section. All law enforcement and security needs will be coordinated through the Law Enforcement Branch of the EOC.

POD staffing will be accomplished utilizing the Medical Reserve Corps, County of Marin employees, OA agencies and volunteers.

RESOURCE MANAGEMENT

In a large-scale disease outbreak or other emergency that requires medical and/or pharmaceutical resources which exceed local capacity, additional personnel, supplies, equipment and resources will be requested by MHOAC.

The MHOAC, in collaboration with the PHO, will make the request for resources through California's Medical/Health Mutual Aid System to the Regional Disaster Medical/Health Coordinator (RDMHC) or designated staff. If regional resources are inadequate or delayed, the RDMHC will forward the request to the state. If in-state resources are unable to fill the request in a timely manner, the state will request assistance through the Governor's Office of Emergency Services (OES). The Governor, acting through OES, will request the Strategic National Stockpile (SNS) assets directly from the CDC via the Department of Homeland Security.

Requesting and Receiving Resources

Marin OA must be prepared to receive, store, account for, transport and dispense requested medications and medical materials. These functions will be carried out through a central distribution warehouse, the local equivalent of the state Receiving, Staging and Storage (RSS) site.

Once the request for additional resources has been made, the OA EOC becomes the coordinating entity. If the OA EOC is not yet activated, the Marin County Department of Health

and Human Services will coordinate requests until the EOC is operational.

Strategic National Stockpile (SNS)

The Strategic National Stockpile consists of many components including Twelve Hour Push Packages (Push Package), Vendor Managed Inventory (VMI), and portable ventilators and suction units. If requested, a Marin OA Liaison Officer (LNO) will respond to the state Receipt, Storage, and Staging (RSS) warehouse to serve as liaison to the OA EOC and the PHO. The LNO will be selected by the MHOAC. The State will provide transportation and security from the state's RSS to the County distribution warehouse. The County is then responsible to provide warehousing, command and control, security, inventory management, transportation, distribution to PODS, dispensing, and patient tracking for all resources and materials received.

The first shipment (known as a 12-hour push package) is a prepackaged collection of medications and medical equipment intended to provide immediate assistance in a mass casualty situation. There are push packages positioned in undisclosed locations across the country. Each package weighs 50 tons and is delivered by the CDC to a requesting state within 12 hours of the federal decision to deploy. The state would, in turn, break down the push package and distribute appropriate contents to the impacted area(s). The contents of a single push package could be used to provide over 900,000 persons with an initial 3-day supply of medication.

Following the identification of the specific threat, subsequent shipments from vendors (known as vendor-managed inventory) would contain quantities of specific drugs and equipment to combat that threat. This part of the stockpile could arrive as quickly as 24-36 hours after request and may be delivered to the state for distribution to Operational Areas (OA) or delivered directly to an OA. The VMI can supplement the push package with medical materiel specific for response to the agent of concern and can deliver quantities greater than all twelve push packages combined. If only specific drugs/medications are needed, the CDC can prepare vendor managed inventory (VMI) packages that can arrive within 24 to 36 hours. These VMI packages can be tailored to provide specific medications or agents in the quantities needed.

PANDEMIC INFLUENZA

The Pandemic Influenza Preparedness and Response Plan outlines key assumptions for pandemic planning and response, identifies projected morbidity and mortality impacts on Marin county, summarizes relevant legal and statutory authorities, and defines a concept of operations for pandemic influenza response. Appendices describe essential functions for conducting surveillance, case investigation, and treatment; preventing spread of the disease in the community; maintaining essential services; and other actions prior to, during, and after a pandemic.

The goal is to reduce the morbidity, mortality, and social and economic disruption caused by pandemic influenza. The plan is consistent with the CDHS Pandemic Influenza Preparedness and Response Plan, and the U.S. Department of Health and Human Services' Pandemic Influenza Plan.

This plan rests on a conceptual framework of public health functions (surveillance, investigation, intervention), coupled to World Health Organization's pandemic phases described below.

Interpandemic period

WHO Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

WHO Phase 2.¹ No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

WHO Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or rare instances of infectious spread to a close contact.

Examples:

- one or more unlinked human cases with a clear history of exposure to an animal or other non-human source (with laboratory confirmation in a WHO-designated reference laboratory);
- rare instances of spread from a case to close household or unprotected health-care contacts without evidence of sustained human-to-human transmission;
- one or more small independent clusters of human cases (such as family members) who may have acquired infection from a common source or the environment, but for whom human-to-human transmission cannot be excluded; and/or
- persons whose source of exposure cannot be determined, but who are not associated with clusters or outbreaks of human cases.

WHO Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Examples:

- one or more clusters involving a small number of human cases, e.g., a cluster of less than 25 cases lasting less than two weeks; and/or
- appearance of a small number of human cases in one or several geographically linked areas without a clear history of a non-human source of exposure, for which the most likely explanation is considered to be human-to-human transmission.

¹ The distinction between Phases 1 and 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock, (as opposed to only in wildlife), whether the virus is enzootic or epizootic, whether the virus is geographically localized or widespread, and/or other scientific parameters.

WHO Phase 5. Larger cluster(s), but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Examples:

- ongoing cluster-related transmission, but total number of cases is not rapidly increasing, e.g., a cluster of 25–50 cases lasting from two to four weeks;
- ongoing transmission, but cases appear to be localized (remote village, university, military base, island);
- in a community known to have a cluster, appearance of a small number of cases whose source of exposure is not readily apparent (e.g., beginning of more extensive spread); and/or
- appearance of clusters caused by the same or closely related virus strains in one or more geographic areas without rapidly increasing case numbers.

Pandemic period

WHO Phase 6. Increased and sustained transmission in the general population.

Postpandemic Period

Mitigation and recovery actions will be focused on continuing public health actions including communication with the public on issues such as when public gatherings can resume, and continued monitoring of possible outbreaks of infection.

Operational priorities in response to a potential pandemic include:

- ensure rapid and early detection of a novel virus;
- in coordination with CDHS Viral and Rickettsial Disease Laboratory (VRDL), confirm detection of a novel virus by laboratory identification;
- identify the exposure source and the population at risk;
- control and contain the spread of influenza through medical and non-medical containment strategies including isolation, quarantine, infection control, social distancing, antiviral treatment and prophylaxis, and, if available, vaccination;
- in coordination with CDHS and other LHDs, manage and disseminate accurate information for scientific, resource, and policy decisions in public health and healthcare delivery settings;
- disseminate information to enlist public support and enable personal, community, and business-based preparedness and response;
- coordinate the local medical and healthcare response.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) refers to specialized clothing and equipment worn to protect emergency response personnel from exposure to harmful biological, chemical, and radiological agents. Supporting documents to the Medical Health Annex include reference material and procedures to ensure that response personnel have access to and use PPE.

PPE is distributed to appropriate staff of each response agency/organization. Staff are trained and fit-tested in specific gear (e.g., fire, hospitals, County agencies). Each organization is responsible for identifying and training its staff in the use of PPE. Responders will utilize PPE appropriate to the situation, and for which they have been trained.

EVACUATION AND SHELTER-IN-PLACE

In coordination with the Incident Commander and HazMat Response Team, the PHO and Environmental Health Specialist determine the protective action needed in order to avoid CBRN exposure or the spread of disease, based on the following:

- Material(s) involved
- Population threatened
- Capability of emergency responders
- Time factors involved
- Current and predicted weather
- Ability to communicate with the public

Possible protective actions include shelter-in-place and evacuation. In a bioterrorism incident with potential exposure to a harmful biological agent, the most effective protective action will usually be to shelter-in-place. Evacuation may increase exposures because it may require movement through a contaminated area.

DECONTAMINATION

The goals of decontamination after a potential exposure to a CBRN agent or other hazardous material are to

- reduce the extent of external contamination of the patient and equipment
- rapidly and effectively render it harmless or remove it
- contain the contamination to reduce the risk of secondary exposure to other victims, first responders and hospital staff.

Depending on the nature of the incident, the number of victims, input from the HazMat Group Supervisor, and available resources, the Incident Commander will determine the appropriate level of decontamination.

Emergency Decontamination (also known as Field Expedient or Gross Decontamination): This is the minimum acceptable level of decontamination and involves rinsing ambulatory victims down with water as quickly as possible. When expanded for a large number of victims, it is also known as Mass Decontamination.

Full Decontamination: May follow Emergency Decontamination and involves a more thorough process that includes scrubbing and may include soap or other cleaning agents.

Primary Decontamination (also known as Technical Decontamination): Similar to Full Decontamination, but refers to the decontamination of the HazMat Entry Team.

Additional details and procedures related to decontamination are contained in supporting documents.

BIOTERRORISM

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.

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 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 MCDHHS Communicable Disease Unit in accordance with the disease reporting procedures in CCR Title 17, Sec. 2500, et seq. Other providers, first responder dispatch centers, CBOs, 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.

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 emergency² 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.

Triggering Events

Any occurrences of the following events, in or affecting Marin County, may trigger response actions described in this annex. At a minimum, 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.

² 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

- A higher than expected number of unexplained deaths occurring in a brief time period within a defined geographic region.

Moderately Suggestive of Bioterrorism

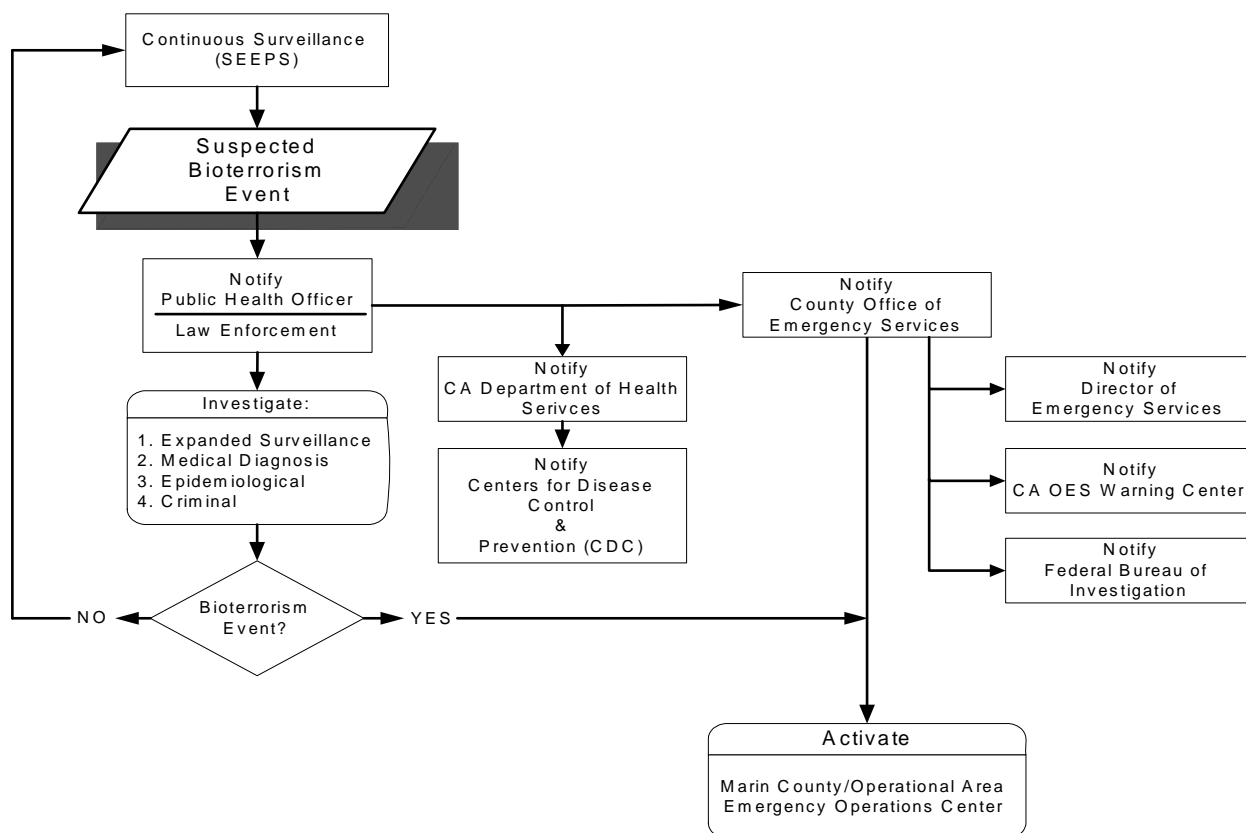
- A single definitively diagnosed or strongly suspected case of pneumonic plague or pneumonic tularemia occurring in a patient with no known compatible risk factors,
- A cluster of brucellosis cases occurring in persons with no known compatible risk factors,
- A higher than expected number of presumptively 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 MCDHHS Communicable Disease staff (Epi-SERT) 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 will immediately notify 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 MCDHHS 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.

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.



PUBLIC HEALTH LABORATORY

The ability to provide accurate and timely identification of infectious agents and toxins is critical to the rapid intervention of and recovery from disaster or public health event.

Marin OA has three (3) Level A laboratories³ with the capability of testing both clinical and environmental samples:

- MCDHHS Public Health Laboratory (clinical & environmental samples; limited 24/7 capability)
- Marin General Hospital Laboratory (clinical samples only; limited 24/7 capability)
- Novato Community Hospital Laboratory (clinical samples only; limited 24/7 capability)

There is a level B laboratory available to MCDHHS at the CDHS Public Health lab.

Characterization of infectious agents and toxins a disaster event will be accomplished through the MCDHHS 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.

These laboratories routinely perform tests of samples from patients. If preliminary tests indicate a potential infectious biological agent, samples will be forwarded to advanced capacity

³ 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.

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 and follow-up with a written report within one working day.

MENTAL HEALTH

Disasters have an impact on the psychological well-being of victims of the disaster, on the surrounding community, and on the disaster workers who respond to the emergency caused by the disaster. The Mental Health Services Emergency Response Plan provides for stress management support services to the OA EOC staff and emergency mental health services to persons impacted in the County of Marin. The goal of the Mental Health Services Emergency Response Plan is to provide culturally competent services to mitigate disaster-related stress responses and to accelerate the normal recovery of emergency service workers and citizens to disaster-related psychological reactions.

The mental health service emergency response will be inclusive of community mental health resources in partnership with local, state, and federal mental health providers.

Emergency response will initially be provided by the Disaster Response Team followed by additional response resources, Marin Community Mental Health Services, especially Psychiatric Emergency Services at Marin General Hospital, mental health partner resources, and mutual aid resources. The Mental Health Unit leader in the OA EOC Medical/Health Branch coordinates all mental health services and requests additional resources as needed.

PUBLIC HEALTH OFFICER (PHO) LEGAL 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.

Sections 101000, 101025, 101030: Establishes authority of county health officers to preserve and protect the public health by enforcing county orders, ordinances, and statutes pertaining to public health.

Sections 101375, 101400, 101405, 101415, 101450, 101460, and 101470: Establishes authority of cities to consent or contract with the county to provide performance of public health functions and statute enforcement. In absence of consents or contracts with the county, authorizes cities to appoint a health officer to enforce and observe all orders, ordinances, quarantines, regulations, and statues relating to public health.

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

Reference: Health and Safety Code §120175

Section 120175: Authorizes the local health officer to take measures necessary to control the spread of communicable diseases. 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.

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, 101475

Sections 101040, 101475: Authorizes county and city health officers to take preventive measures during emergency. 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.

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) Collaboration with law enforcement and public health does not create any issues under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Additionally, Title 17 CCR §2502 (f)(1) requires identification information be given to law enforcement officials when diseases suggestive of bioterrorism are suspected.

Peace Officer authority to enforce Health Officer Orders.

Reference: Government Code §26602 and 41601; Health and Safety Code §100106, 101029, and 101317.2

Authorizes local peace officers to enforce the orders of the State Department of Health Services and of local health officers issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease.

Marin County Public Health Officer Authority

Reference: Marin County Code Sections 7.12.010 and 7.12.020.

OTHER LEGAL AUTHORITIES

Federal

- 18 U.S.C. § 2331, Defines International and Domestic Terrorism.
- 18 U.S.C. § 178, Defines possible agents used for biological weaponry.
- 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”.

State of California

- Government Code, Title 3 §24000 et seq., PHO as county officer & deputy PHO.
- Government Code, Section 8695, Immunity of Physicians and Nurses.
- Health and Safety Code Sections: 120100-120115, 120125-120150, 120175-120250, and 120275-120305, Communicable Disease Control and Prevention.
- Health and Safety Code Sections 100170-100180: Establishes authority of CDHS to enforce the H&S Code regulations to address threats to the public health.
- Health and Safety Code Sections 120125-120140: Establishes authority of CDHS to investigate and control communicable disease within the state.
- Health and Safety Code Sections 120145-120150: Establishes authority of CDHS to take actions related to persons, animals, or property to control threats to public health, including quarantine, isolation, inspection, disinfection, and destruction of property.
- Business and Professions Code, Section 2727.5, Practice of nursing in an emergency.
- Business and Professions Code, Sections 4008 and 4227.1, Pharmacy.
- Code of Regulations, Title 17 Section 2500, et seq, Disease Reporting Regulations.
- Food and Agriculture Code 9562: Establishes provisions for the State Veterinarian to quarantine animals or animal products and to take appropriate disease control action to control or eliminate diseases from animal populations.

REFERENCES

- 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.
- Memorandum of Understanding: County of Marin and various school districts for use of school facilities.
- Disaster Manual for Public Health Nursing in California.
- State of California Disaster Field Manual for Environmental Health Specialists.
- California Department of Health Services, *Emergency Response Plan and Procedures*, November 2005
- State of California Emergency Medical Services Authority, *Disaster Medical Response Plan*, July 1992.
- State of California Regional Medical/Health Coordinator Emergency Plan
- State of California Emergency Medical Services Authority Guidelines for Personal Protective Equipment for First Responders, June 2005
- CDC Smallpox Response Plan Guidelines, Vaccination Clinic Guide Annex 3.

- American Red Cross, Disaster Services Program, Disaster Health Service Protocols.
- Health Officer Practice Guide for Communicable Disease Control in California (California Public Health Law Group, December 2005)

MAINTENANCE

The Marin County Department of Health & Human Services (MCDHHS) is responsible for updating and revising this Annex as well as maintaining records of revision. This 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 MCDHHS 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 (MCDHHS) is responsible for exercising concepts and policies contained in this Annex on a

APPENDICES

SURVEILLANCE AND EPIDEMIOLOGIC RESPONSE PLAN

MASS CHEMOPROPHYLAXIS / VACCINATION PLAN

MEDICAL/HEALTH SUPPLIES RECEIPT & MANAGEMENT (“SNS”) PLAN

RISK COMMUNICATIONS AND PUBLIC INFORMATION

PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE PLAN

MENTAL HEALTH EMERGENCY RESPONSE PLAN

SMALLPOX PRE-EVENT VACCINATION PLAN