# 2024

# INFECTIOUS DISEASE EMERGENCY RESPONSE PLAN

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

CONSTANT ASSOCIATES

Santa Barbara County
PUBLIC Health
DEPARTMENT

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# Record of Changes

The latest version of this document, inclusive of any updates or modifications, can be accessed through the Santa Barbara County Public Health Department. For all requests regarding revisions, please direct your emails to:

<insert email or Point of Contact>

**Table 1.** Record of Changes

| Date | Version Number | Description | Reviewed By |
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# Introduction

## Background

Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria, viruses, or toxins with the potential for significant illness or death in the population. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps), emerging infectious diseases (e.g., SARS, avian influenza), and bioterrorism. The circumstances of infectious disease emergencies may vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality (bioterrorism), and many others. Public health measures to contain such outbreaks are especially important for diseases with high morbidity or mortality and limited medical prophylaxis and/or treatment.

## Purpose

The Infectious Disease Emergency Response (IDER) Plan addresses outbreaks caused by an infectious agent or biological toxin. This is consistent with the Santa Barbara County Public Health Department's (SBCPHD) mission to protect the public from illness and/or death.

Activities that may be implemented during an infectious disease emergency response include:

- Coordination with other city, regional, state, and federal agencies and other organizations responding to a large public health emergency.

- Development and dissemination of information and guidance for the medical community, responders, public, and special populations and settings.

- Public health disease containment measures such as infection control, mass prophylaxis, isolation and quarantine, or restriction and clearance.

- Coordination of medical care systems and management of alternate care and/or shelter sites.

- Epidemiological surveillance and investigation activities such as disease surveillance and investigation, as well as lab testing.

- Collection and analysis of data to inform the development of objectives and tactics.

## Scope

This plan encompasses the management and containment of infectious disease outbreaks in Santa Barbara County necessitating immediate and significant medical and public health interventions. SBCPHD plays a critical role in the continuous monitoring, reporting, and response to infectious disease threats, leading investigations and implementing containment measures. The plan sets clear objectives to guide response

strategies effectively, detailing the roles and responsibilities of all stakeholders involved. It includes guidelines on activation procedures, legal frameworks, disease assessment, resource distribution, and community engagement. Its primary goal is to ensure a coordinated, comprehensive, and swift response to infectious disease outbreaks, aiming to protect the health and safety of the County's residents. The Plan acknowledges that the specific details of an outbreak response are contingent upon the unique characteristics of the infectious disease in question. However, this framework establishes a foundation for effective response across a variety of scenarios.

The IDER Plan will be used with SBCPHD's Emergency Operations Plan (EOP).

# Authorities

Individuals fulfilling the following SBCPHD roles have the authority to authorize the activation of the IDER Plan:

- Public Health Director
- Health Officer
- Deputy Health Officer
- Manager, Communicable Disease Control and Prevention

The Plan is governed by a set of authorities at varying levels of government, ensuring legal and operational integrity during an infectious disease emergency. These authorities provide the legal framework and operational directives necessary for the activation and execution of this plan. An outline of the core tasks managed by primary response agencies can be found in Table 2.

**Table 2.** Agencies and Responsibilities

| Agency | Responsibilities |
|---|---|
| **Santa Barbara County Public Health Department** | • The primary authority for public health matters within the County.<br>• Has the power to enforce health regulations, initiate quarantine measures, and direct resources towards disease containment and treatment.<br>• The County Health Officer has the authority to declare a local health emergency. |
| **Santa Barbara County Board of Supervisors** | • Declares a local emergency proclamation (if required).<br>• Ratify a local health emergency |
| **Santa Barbara County Office of Emergency Management** | • Primary coordination point for the Operational Area during emergencies and disasters |
| **California Department of** | • Offers state-level guidance, resources, and support.<br>• In certain health emergencies, may assume a more direct role in coordinating county-level responses. |

| Agency | Responsibilities |
|---|---|
| **Public Health (CDPH)** | |
| **Federal Emergency Management Agency (FEMA)** | • Offers assistance and resources during federally declared emergencies.<br>• May assist with managing logistics for mass testing/vaccination. |
| **Centers for Disease Control and Prevention (CDC)** | • Provides guidelines, resources, and support for managing infectious diseases. |

## *Legal Framework and Statutes*

- **California Emergency Services Act (ESA):** (California Government Code – § 8550) Establishes the framework for managing emergencies in the state, including natural disasters and other crises. It grants specific powers to the Governor and local governments, sets up the Office of Emergency Services within the Governor's Office, and outlines responsibilities for coordinating emergency responses and resources across state, federal, and local agencies.

- **California Government Code § 8558:** Cities and counties have the responsibility to protect the public's health, and these duties fall under the responsibility and authority of the local health officer.

  o "The Health Officer may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any state of war emergency, state of emergency, or local emergency, within his or her jurisdiction."

  o "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.

  o 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 Section 101040.

- **California Health and Safety Code (H&S §120130):** Mandates the Health Officer report diseases as required by CDPH.

- **California Health and Safety Code (H&S §101080):** Describes the local health officer's authority to declare a local health emergency.

- **Public Employee Disaster Service Worker (DSW) Status:** (California Government Code- §3100-3109) Allows government employees to perform emergency duties during disasters. It entitles volunteers to regular compensation and benefits as well as provides legal protection and allows for training and coordination of volunteer activities during emergencies.

- **Robert T. Stafford Disaster Relief and Emergency Assistance Act:** May be invoked during significant outbreaks to provide federal assistance in managing the emergency.

- **Standardized Emergency Management System (SEMS) Act:** (Senate Bill 1841) Requires state agencies, local governments, and special districts to use SEMS to coordinate emergency response efforts. This is only legally required if responding as Mutual Aid.

- **Title 17. California Code of Regulations (CCR) §2500:** Requires health care providers to submit reports of certain diseases and conditions to the Local Health Officer.

  o Pursuant to Title 17. CCR §2500(g), the Local Health Department must provide these reports to CDPH upon request. Unless there is a written authorization, the information requested does not include drug and alcohol records protected by the Part 2 of Title 42 of the Code of Federal Regulations, (hereinafter, "C.F.R.").

- **Title 17. CCR §2502**: Mandates that the Local Health Officer provide certain weekly morbidity and individual case and outbreak reports to CDPH.

- **The Public Health Service Act:** Grants authorities at federal, state, and local levels the power to control the spread of communicable diseases.

# Planning Assumptions

The following assumptions have been incorporated into the development of the IDER Plan. It is acknowledged that these assumptions may require reevaluation and potential adjustments based on the specific circumstances of an actual infectious disease outbreak.

## Transmission and Spread

- An outbreak can occur at any time, with varying severity, requiring immediate response.

- Rapid spread necessitates coordinated efforts across jurisdictions and sectors.

- Certain settings, such as crowded public spaces or healthcare facilities, increase the risk of disease transmission due to higher population density and shared spaces.

- A significant portion of the population may have increased susceptibility to the disease, including those with certain medical conditions, elderly individuals, and children.

## Resources and Capabilities

- Hospitals and medical facilities will experience increased patient loads, potentially exceeding capacity.

- Resources, including personnel, personal protective equipment (PPE), and medical supplies, may be limited and require prioritization.

- External support from local, state, federal, and non-governmental organizations (NGOs) will be essential.

## Public Health Measures

- Public health measures (e.g., social distancing, quarantine, mask mandates) will be critical for control.

- Public compliance with health measures may vary, impacting response effectiveness.

- Movement restrictions or border controls may be implemented to limit the spread.

## Societal Impact

- Potential disruptions to education/educational services may occur due to high absenteeism or as a preventative measure.

- Potential disruptions to businesses, supply chains, and overall economic activity may occur as a result of shelter-in-place orders, workforce shortages, mandatory business closures, and/or a rise in demand for specific items.

- A widespread, sustained infectious disease response may cause a surge in anxiety, depression, and other mental health issues due to factors such as isolation, disruption to daily activities, and economic uncertainty.

## Information and Communication

- Accurate, timely information is crucial to safeguarding the health and wellbeing of the community and empowering residents to make informed choices about their health.

- Communication coordination with local, state, federal, and the private sector is essential for success.

- Utilizing various communication channels (e.g., press conferences, social media, bus stop advertisements) can broaden the reach of public health messaging.

- Public health information should be culturally relevant and made available to residents in formats suitable to their needs (e.g., large print, translated into languages other than English, sign language).

- Sources of immediate updates (e.g. press conferences, call centers) should include interpretation or broadcasts in multiple languages.

- Efforts will be needed to counter misinformation and debunk common myths.

- Communication infrastructure must support emergency response demands, including remote operations.

## Coordination and Incident Management

- Execution will adhere to National Incident Management System (NIMS) principles, using Incident Command System (ICS) principles for an organized, standardized response.

- Coordination with local, state, federal agencies, and private sectors is essential for success.

## Legal and Ethical Considerations

- Response activities will be guided by legal authorities and ethical considerations.

- Adaptations to operational procedures may be required, necessitating clear guidelines and rapid decisions.

# Situation Overview

## Infectious Disease Risk Profile

Understanding a disease's risk profile—or the attributes of a disease that could render it a greater threat to certain people or populations—is crucial to the successful implementation of an infectious disease response. A disease's transmissibility, for instance, may make it a greater threat to those in congregate living facilities. Similarly, its mode of transmission may pose an increased risk to those who speak or sing in group settings, or those in professions that require physical contact with the public.

The characteristics that make up a particular jurisdiction will also shape the outcome of an infectious disease outbreak and should be considered when preparing for a response. Factors such as the region's population density, topographical features, weather patterns, infrastructure, and public policies can all influence its susceptibility to certain diseases at any given point in time. For a brief overview of Santa Barbara County's demographic makeup and geographic profile, see the Demographics and Geography Overview section of this document.

Infectious diseases can be divided into several broad categories, including:

- Respiratory viruses
- Bacterial infections
- Vaccine-preventable diseases
- Vector-borne diseases
- Foodborne illnesses
- Waterborne illnesses
- Hemorrhagic fever
- Bioterrorism agents

Table 3 outlines communicable diseases within each category with the potential to occur in Santa Barbara County. The level of severity, primary mode of transmission, and a list of common symptoms is presented for each disease.

**Table 3.** Disease Tier Overview

| Disease Tier | Disease Severity | Disease Type | Primary Mode of Transmission |
|---|---|---|---|
| **Tier I Infectious Disease** | Characterized by the highest risk to public health, exhibiting high mortality rates, serious morbidity with long-term consequences, potentially rapid spread, and significant public health impacts. | **Respiratory Viruses:**<br>• Coronavirus (including COVID-19)<br>• Respiratory Syncytial Virus (RSV)<br>• Parainfluenza Virus<br>• Adenovirus | • Airborne droplets<br>• Direct contact with infected person or contaminated object |
| | | **Bacterial Infections:**<br>• Meningococcal Meningitis<br>• Staphylococcus Aureus (Staph) Infection<br>• Pneumonia | • Airborne droplets<br>• Direct contact with infected person or contaminated object<br>• Contaminated food or water |
| | | **Vector-Borne Diseases:**<br>• West Nile Virus<br>• Dengue Fever | • Contact with infected animals<br>• Anthropod vectors (e.g., mosquitos, ticks) |
| | | **Bioterrorism Agents:**<br>• Bacillus Anthracis (Anthrax)<br>• Clostridium Botulinum (Botulism Toxin)<br>• Variola Virus (Smallpox Virus) | • Airborne droplets<br>• Direct contact with the agent<br>• Contaminated food or water |
| | | **Hemorrhagic Fevers:**<br>• Ebola Virus<br>• Lassa Virus | • Direct contact with bodily fluids<br>• Contact with infected animals |

| Disease Tier | Disease Severity | Disease Type | Primary Mode of Transmission |
|---|---|---|---|
| | | • Yellow Fever Virus<br>• Marburg Virus | • Anthropod vectors (e.g., mosquitos, ticks) |
| **Tier II Infectious Disease** | Moderate mortality or morbidity risks to public health. Possible significant health concerns due to the potential for outbreak. | **Foodborne Illnesses:**<br>• E. coli Infection<br>• Salmonella Infection<br>• Norovirus | • Contaminated animal products, produce, grains, and other ingredients<br>• Improper food handling and storage<br>• Inadequately sanitized utensils/equipment<br>• Contaminated water |
| | | **Waterborne Illnesses:**<br>• Giardia<br>• Cryptosporidium | • Contaminated drinking water<br>• Recreational water exposure<br>• Inadequate sanitation and hygiene<br>• Food washed with contaminated water<br>• Improper food handling |
| | | **Vaccine-Preventable Diseases:**<br>• Measles<br>• Mumps<br>• Rubella (German Measles)<br>• Pertussis<br>• Monkeypox Virus | • Airborne droplets<br>• Direct contact with infected person or contaminated object<br>• Contaminated food or water<br>• Contact with infected animals |

| Disease Tier | Disease Severity | Disease Type | Primary Mode of Transmission |
|---|---|---|---|
|  |  | <ul><li>Meningococcal Meningitis</li><li>Varicella (Chicken Pox)</li><li>Influenza (Flu)</li></ul> | <ul><li>Anthropod vectors (e.g., mosquitos, ticks)</li></ul> |

# Special Considerations

## Demographics and Geography of the Region

As of July 2023, Santa Barbara County has an estimated population of 441,257 people, 21.9% of whom were under the age of 18 and 16.7% of whom were aged 65 or older.[1] Santa Barbara County's six largest race/ethnic groups are Hispanic or Latino (47.5%), White (Non-Hispanic) (42.3%), Asian (6.1%), Two or More Races (4.1%), Black or African American (2.4%), and American Indian and Alaskan Native (2.2%).[2] Individuals who were born outside of the United States comprise roughly 22.2% of the population, and approximately 39.9% of residents speak a language other than English at home.[3] Of the County's residents under 65 years of age 7.3% identify as having a disability and 10.1% are without health insurance.[4] In 2022, the median household income in the County was $92,332; approximately 14.1% of the population lived in poverty.[5]

Santa Barbara County spans approximately 2,734 square miles and boasts a diverse mix of geographical features, including mountain ranges, sand beaches, steep cliffs, fertile valleys, and the Channel Islands—a cluster of eight islands—known for their distinct ecosystems. The climate of the region tends to be warm and dry in the summer and cool and wet during winter months. The County receives a moderate amount of rain per year, and at its peak elevations, some snow. Its mountain terrain and proximity to the Pacific Ocean make certain regions of the County vulnerable to flash flooding.[6]

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[1] United States Census Bureau QuickFacts. n.d. "U.S. Census Bureau QuickFacts: Santa Barbara County, California." Census Bureau QuickFacts. https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/PST045222.

[2] "Santa Barbara County, CA | Data USA." n.d. Data USA. https://datausa.io/profile/geo/santa-barbara-county-ca/.

[3] United States Census Bureau QuickFacts. n.d. "U.S. Census Bureau QuickFacts: Santa Barbara County, California." Census Bureau QuickFacts. https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/PST045222.

[4] United States Census Bureau QuickFacts. n.d. "U.S. Census Bureau QuickFacts: Santa Barbara County, California." Census Bureau QuickFacts. https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/PST045222.

[5] United States Census Bureau QuickFacts. n.d. "U.S. Census Bureau QuickFacts: Santa Barbara County, California." Census Bureau QuickFacts. https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/PST045222.

[6] County of Santa Barbara. n.d. "Santa Barbara County Climate." County of Santa Barbara - Official Website. Accessed March 18, 2024. https://www.countyofsb.org/2261/Santa-Barbara-County-Climate.

# Access and Functional Needs

A successful infectious disease response relies on ensuring the well-being of everyone, including those with access and functional needs (AFN). This diverse group encompasses:[7]

- People with physical, developmental, or intellectual disabilities

- Those with chronic health conditions

- Individuals experiencing language barriers

- Pregnant women

- Children

- Older adults

- Those facing social or economic disadvantages

- Those with limited access to transportation

## Purpose of including AFN into Infectious Disease Response

- **Equitable outcomes:** All individuals deserve equal access to safety and support during emergencies.

- **Enhanced community resilience:** Including the perspectives of those with AFN strengthens the overall response by identifying potential gaps and ensuring solutions meet everyone's needs.

- **Improved communication and collaboration:** By actively involving individuals with AFN in planning and communication efforts, the response becomes more effective and inclusive.

SBCPHD can employ various strategies to ensure the unique needs and preferences of residents are incorporated into an infectious disease response, enhancing its overall efforts to foster equitable healthcare access and promote community resilience. The following list of tactics can serve as a blueprint for equitable response actions and should be reviewed and modified as novel approaches emerge.

- Prioritize clear and accessible communication in multiple languages and formats (e.g., audio descriptions, sign language interpretation).

- Identify and address the transportation needs of those who depend on public transit or require assistance.

- Increase access to essential health resources and services by establishing Points of Dispensing (PODs), mobile clinics, and resource hubs in underserved and/or

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[7] California Governor's Office of Emergency Services. n.d. "Access & Functional Needs." https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/.

remote communities. Access to resources and services should expand to nights and weekends.

- Consider cultural differences when developing communication campaigns and medical countermeasures (MCM) distribution plans. This could involve engaging trusted community leaders; providing testing, vaccines, and medical treatment in a specific setting; using culturally appropriate administration methods; isolation and quarantine; and/or other response efforts.

- Engage with community-based organizations (CBOs), key community leaders, and advocacy groups to identify emerging issues and trends among their communities and devise effective strategies for addressing their needs.

# Concept of Operations

## Pre-Activation

### Monitoring

To maintain awareness and ensure actions taken by SBCPDH are suitable for the situation, staff will proactively monitor key metrics and emerging trends to inform SBCPDH's response. Essential indicators of infectious disease progression may include the number of new cases, testing volume, positivity rate, hospitalization rates, and mortality rates. Significant trends may include infectious disease prevalence among different demographic groups, public knowledge, attitudes, and behaviors surrounding an infectious disease and infection prevention, travel patterns, and infectious disease mutations. Additional monitoring activities may include surveilling wastewater for the presence of an infectious disease, monitoring infectious disease prevalence and spread in animal populations, assessing hospital and healthcare facility capacity, and tracking social media and news coverage of an emerging situation. SBCPHD leadership should stay abreast of regional, national, and global trends in infectious diseases, as well as preparatory and preventive actions being taken in other jurisdictions.

### Alert

Once it becomes clear that the emerging infectious disease poses a potential threat to public health, SBCPHD Communicable Disease Control & Prevention leadership will issue an alert to the SBCPHD Disaster Leadership Group and key stakeholders, informing them of the situation and notifying them of the potential need to activate the IDER Plan and/or other emergency response plans. Preparatory measures may be taken at this point, including the assessment of appropriate medical counter measures and non-pharmaceutical interventions (MCM/NPI), the assessment of PPE and medical supply stockpiles, the expansion of testing services, and the scaling up of contact tracing efforts, all of which should be relayed to the SBCPHD Disaster Leadership Group and appropriate stakeholders.

# Activation of Infectious Disease Emergency Response Plan

Personnel listed in the [Authorities](#) section of this plan are authorized to activate it based on the criteria specified in this section.

## *Triggers*

In the IDER plan, there are two types of response:

| Daily Activities | | Initial Response | | Full Response |
|---|---|---|---|---|
| of Disease Control & Prevention Program | ➡ | Formation of Epidemiology Incident Task Force (EITF) And Policy Group | ➡ | Activation of Department Operations Center |
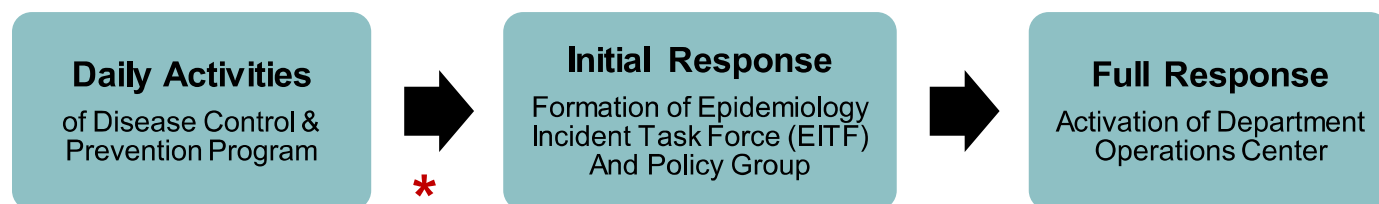
**\*  Activation of the Infectious Disease Emergency Response Plan**

### Initial Response: Partial DOC Activation, Formation of the Epidemiological Incident Task Force (EITF) and IDER Policy Group

The partial DOC activation provides response support to an event that is largely within the scope of the Disease Control and Epidemiology program's normal capacity. There is potential to need additional resources such as public information lines, disease investigation staff, or involve other local, state, and/or federal agencies.

During Initial Response activation, the Policy Group is formed to assure communication of essential information within the SBCPHD and provide monitoring. This group will activate a Full Response as needed. Small numbers of surge staff from SBCPHD programs can be activated without implementing Full Response.

### Full Response: Comprehensive Emergency Management Activation

This level of response involves a significant escalation, requiring extensive resources beyond the normal operations of the Disease Control and Epidemiology programs. It triggers a multi-agency coordination with local, regional, state and/or federal agencies to manage a rapidly expanding health crisis effectively.

During Full Response activation, the response is intensified and may require activation of the County Emergency Operations Center (EOC) and/or the formation of a Multiagency Coordination (MAC) Group that includes experts from various fields and jurisdictions to manage the complex logistics and operational challenges and ensure that critical resources such as additional health personnel, emergency equipment, and public health

information are deployed efficiently. The Full Response activation also involves significant public communication strategies to manage community response and expectations.

## Triggers - Initial Response Activation:

Incidents that would trigger an Initial Response activation include, but are not limited to:

- One confirmed, or suspect, case of a High Consequence Infectious Disease (HCID) and/or agent/disease on the bioterrorism agents/disease list.

- Gastrointestinal illness in multiple facilities (e.g. schools, long-term-nursing facilities, restaurants, etc.) that would overwhelm Disease Control and/or Environmental Health Services staff.

- 20% increase in cases of a communicable disease compared to the previous year.

- Press Information Officer inundated with calls from the public requesting action/high-profile incidents.

- State declared public health emergency.

## Triggers - Full Response Activation:

Incidents that would trigger a Full Response activation include, but are not limited to:

- Detection of multiple cases or suspect cases across different locations, indicating a potential for rapid spread.

- Epidemiological evidence pointing to an imminent outbreak across a wider area that requires regional coordination.

- Public health data showing a sustained transmission rate that exceeds typical levels and threatens to overwhelm local health resources.

- Situations requiring extensive multi-agency coordination with local, regional, state and/or federal agencies for additional resources or specialized expertise.

## *Notification*

The following SBCPHD personnel must be notified when the Initial Response or Full Response IDER Plan is activated:

- Public Health Director

- Health Officer

- Deputy Director, Primary Care and Family Health

- Deputy Director, Administration

- Chief Financial Officer

- Regulatory Services Division Chief

- Deputy Health Officers

- Medical Director of Primary Care and Family Health

- Public Information Officer (PIO)

- Emergency Preparedness Program Manager

- EMS Agency Director/Medical Health Operational Area Coordinator (MHOAC)

Table 5 outlines the escalation and de-escalation process, ensuring a structured approach to disease mitigation.

**Table 5.** Notification Phases

| Phase | DOC Activation Level | Description | Notification Actions |
|---|---|---|---|
| **1. Monitoring** | N/A | Continuous surveillance for potential threats. Routine communication for situational awareness | Standard updates to SBCPHD, healthcare facilities, and relevant agencies |
| **2. Alert** | DOC Alert | Initial alert protocols activated for heightened preparation | Inform key stakeholders of potential threats and readiness to activate response plans |
| **3. Initial Response** | Partial DOC Activation | Targeted response to a confirmed threat, with specific departments and agencies mobilized | Targeted notifications to involved parties, activating initial response protocols and coordination |
| **4. Full Response** | Full DOC Activation | Full-scale emergency operations with comprehensive response efforts | Widespread notifications to all stakeholders, mobilizing coordinated actions and resources |
| **5. Recovery** | DOC Recovery and Demobilization | Transition from response to recovery, with gradual reduction of emergency operations | Communicate recovery operations, ongoing needs, and normalization of services to all stakeholders |

In addition to the individuals listed above, the following agencies/individuals should be notified when the Full Response IDER Plan is activated:

- CDPH Division of Communicable Disease Control (DCDC) Duty Officer

- Regional Disaster Medical Health Coordinators and Specialists (RDHMC/S)

- Santa Barbara County Office of Emergency Management (OEM)

- Partners in adjoining counties involved in outbreak management and public information

# Communication and Information Sharing

## *Communication Channels*

There are a variety of communication channels that may be used by response staff during an infectious disease outbreak. Depending on the size and scope of the incident, some methods of communication may be more appropriate than others. A brief description of common communication tools that can be utilized to enhance internal communication can be found in Table 6.

**Table 6.** Communication Tools

| Tool | Description | Examples |
|---|---|---|
| **Emergency Notification System** | Enables organizations to send alerts via multiple communication channels such as text messages, emails, voice calls, and social media. Many systems allow for targeted messaging, automated alerts based on predefined criteria, and two-way communication for response coordination. | - CAHAN |
| **Incident Management Software** | Provides a centralized platform for coordinating response activities, sharing critical information, and managing personnel and assets. | - Smartsheet<br>- ReddiNet<br>- CalREDIE<br>- CalConnect<br>- Microsoft Teams |
| **Phone** | Facilitates rapid communication between response partners. | - N/A |
| **Email** | Microsoft Outlook efficient dissemination of information, coordination of tasks, and documentation of decisions and actions. | - Microsoft Outlook |
| **Messaging Apps** | Can facilitate rapid and efficient communication among response teams during an infectious disease outbreak, enabling real-time updates, collaboration on decision-making, and dissemination of critical information to stakeholders. | - Microsoft Teams |
| **Videoconferencing Platforms** | Enable response staff to convene from any location with internet access, enhancing collaboration and engagement. Platforms allow users to share documents, videos, and presentations live, as well as communicate through a chat function and record the meeting. | - Microsoft Teams<br>- Zoom |
| **Virtual Collaboration Tools** | Allows users to store, access, and share files conveniently, providing a centralized hub for documents and helping to organize files that may be relevant to a response. | - Microsoft SharePoint<br>- Dropbox |

| Tool | Description | Examples |
|---|---|---|
| **Situation Report (SitRep)** | A concise and structured document that provides an overview of the current situation, including key developments, actions taken, challenges faced, and resource needs. | • N/A |
| **CalREDIE** | An electronic disease reporting and surveillance system implemented by the CDPH that helps streamline the process of detecting, reporting, and managing disease outbreaks. | • N/A |
| **CalConnect** | It provides technical assistance for contact tracing and case investigation to local health jurisdictions, facilitating the dissemination of surveys and educational information. | • N/A |

## *Essential Elements of Information*

Essential elements of information (EEIs) are critical details needed in a SitRep to help paint a complete picture of the incident and the progress of the response. During an infectious disease response, EEIs may include, but are not limited to:

- Background information about the incident (e.g., type of disease, origin of outbreak, previous outbreaks of same disease)

- Current status of the incident and response (e.g., number of suspected or confirmed cases, mortality rate, hospitalization rate, geographical area of disease outbreaks)

- Transmission characteristics (e.g., mode of transmission, incubation period)

- Impact of the disaster on critical services and the population (e.g., strain on healthcare systems, school closures, closure of social services centers)

- Logistical and resource needs (e.g., equipment, medical supplies, food, water, shelter, personnel)

- Public health measures taken (e.g., quarantine/isolation protocols, social distancing protocols, mask requirements, vaccination rates)

- Surveillance actions taken (e.g., testing capacity and turnaround time, contact tracing efforts, emerging disease variants)

- Changes in policy or guidance (e.g., shutdown orders, mask requirements)

# Command, Coordination, and Control

## *Incident Command System*

The ICS serves as a standardized disaster management framework, providing common organizational structure, terminology, and procedures to enhance coordination and response efficiency across various organizations and agencies. By adhering to ICS, SBCPHD can ensure all response actions are aligned with established protocols and objectives, resources are managed effectively, and communication flows seamlessly between entities involved in the response. ICS is designed to be scalable and adaptable to various types and sizes of incidents, from small-scale events, such as a localized foodborne illness outbreak, to large-scale disasters, such as the COVID-19 pandemic.

ICS is comprised of five main management functions, each with its own unique responsibilities throughout the response. The functions are as follows:

- **Command:** Responsible for overall management of the incident, including decision-making, resource allocation, and communication with stakeholders.

- **Operations:** Responsible for carrying out tactical operations to achieve the incident objectives.

- **Planning:** Responsible for collecting, evaluating, and disseminating information related to the incident.

- **Logistics:** Responsible for providing resources and support services to meet operational needs.

- **Finance/Administration:** Responsible for managing all financial aspects of an incident, including cost analysis, contract negotiation, and compensation.

## *Department Operations Center (DOC)*

The Santa Barbara County Public Health Departmental Operations Center (PHD DOC) utilizes the incident command system consistent with the California Standardized Emergency Management System (SEMS) guidelines to assure an efficient response to infectious disease emergencies. Recognizing these response requirements, the PHD DOC is designed to function as a department specific centralized information and coordination center for managing and coordinating the public health response to such events.

The PHD DOC is tasked with the following responsibilities:

- Single point of contact for coordination and allocation of public health resources.

- Establishes an emergency management structure complimentary to other emergency response and management agencies.

- Coordinating the response operations of the SBCPHD.

- Supporting County Emergency Operations Center (EOC) Emergency Support Function-8 (ESF-8) Medical and Health Branch.

- Managing communications with SBCPHD staff and stakeholders as necessary; including supporting the County Joint Information Center (JIC).

- Implementing SBCPHD staff notification and recall procedures.

- Maintaining comprehensive records of all departmental response actions and resources.

- Monitoring external events that may affect operations.

- Keeping SBCPHD leadership informed about events that could impact the department.

## *Emergency Operations Center (EOC)*

In accordance with CA Govt Code § 8605 (2023) the Santa Barbara County Office of Emergency Management (SBCOEM) is the Santa Barbara County Operational Area (OA) Coordinator. During an infectious disease emergency response, SBCOEM may activate the County EOC. The EOC prioritizes resource requests, manages incident support, and deploys resources, serving as the primary coordination hub. It effectively utilizes county, local, state, and federal resources, especially when emergencies affect multiple jurisdictions or unincorporated areas.

The EOC is the central coordination point for countywide response efforts and is staffed by SBCPHD Subject Matter Experts (SMEs) from the Operations Medical and Health Branch.

During an infectious disease outbreak, the EOC becomes the central hub for response coordination, gathering public health officials, emergency responders, and stakeholders to assess situations, share information, and make decisions. The EOC facilitates communication and resource allocation, ensuring a unified effort to control the outbreak and protect public health. Depending on the contagion's nature, parts of the EOC operations may be conducted virtually using digital tools like videoconferencing platforms, cloud-based collaboration tools, VPNs, mobile apps, and incident management software.

## *Infectious Disease Emergency Response Policy Group*

To ensure a coordinated and timely response to disease outbreaks or bioterrorism events, the IDER Policy Group will be activated to support the Initial Response. Led by the Public Health Director and Health Officer as chair, this group will be convened by the Disease Control and Prevention Manager. They should work together to assess the situation and recommend either a Initial Response or Full Response activation of the IDER Plan. This ensures relevant authorities receive prompt updates on the situation and can take appropriate action.

The IDER Policy Group will be composed of key personnel, including but not limited to:

- **Public Health Director and Health Officer:** Lead the Policy Group and keep the Board of Supervisors and County Executive Officer informed.

- **Deputy Health Officers:** Direct response efforts in their respective areas and mobilize medical staff as needed.

- **Deputy Directors/Division Chiefs:** Ensure resource availability within their respective divisions.

- **Chief Financial Officer (CFO):** Assigns project codes for cost tracking and provides financial support to sustain operations.

- **Director of Nursing (DON):** Coordinates nursing personnel and resources, ensuring competence in essential nursing skills.

- **MHOAC:** Facilitates operational area medical health response.

- **Emergency Preparedness Program Manager:** Provides subject matter expertise in emergency management/emergency response.

The Health Officer or designee will decide the IDER Plan activation level based on the Policy Group's assessment of the incident. This ensures the right resources are deployed for the outbreak.

- **Initial Response:** The EITF leads, with oversight and support from the Policy Group. They provide regular updates to assess the need for Full Response activation.

- **Full Response:** The DOC takes over, coordinated by the Policy Group. Task Force and Policy Group members transition to specific IDER DOC roles, led by the DOC Director.

A detailed depiction of the organizational structure within SBCPHD at each level of activation can be found below.

INITIAL RESPONSE

Policy Group

Departmental Operations Center (DOC) Director

Operations Section Coordinator
Disease Control Manager, Functional Incident Commander when DOC unopened

Logistics Section

Finance Section

Plans Section

Public Health Branch or EITF

Laboratory Group (Laboratory Director)
- Lab Testing Team
- Lab Documentation Team
- Lab Surge Team

Surveillance Group (Epidemiology)
- Surveillance Team Members

Investigation Group (DC SPHN)
- Case/Contact Investigation Team Leader
- Field Team Members

Environmental Health Branch
- Environmental Health Services (EHS Supervisor)
  - EHS Staff

Medical Operations Branch
- Care Sites
  - Alternate Care Site Unit
- Mass Prophylaxis Group
  - POD management teams

Disease Containment Unit
- Restriction, Exclusion, Clearance Group
- Isolation & Quarantine Group
  - Home I & Q Teams
  - Facility I & Q Teams

Information & Guidance Unit
- Inquiries Group
- Guidance/Content Group

**Foodborne Illness (FBI) TEAM**

The Operations Section Coordinator may be someone besides the Disease Control Manager depending on the incident.

*Dashed lines indicate functions activated as necessary during an initial response.

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Santa Barbara County Public Health Department
**Infectious Disease Response Plan**
Final Draft: June 7, 2024

Santa Barbara County
PUBLIC Health
DEPARTMENT

## FULL RESPONSE

- Departmental Operations Center (DOC) Director
  - Plans Section
  - Operations Section Coordinator
    - Public Health Branch
      - Laboratory Group (Laboratory Director)
        - Lab Testing Team
        - Lab Documentation Team
        - Lab Surge Team
      - Surveillance Group (Epidemiology)
        - Surveillance Team Members
      - Investigation Group (DC SPHN)
        - Case/Contact Investigation Team Leader
          - Field Team Members
      - **FBI TEAM**
      - Disease Containment Unit
        - Isolation & Quarantine Group
          - Home I & Q Teams
          - Facility I & Q Teams
        - Restriction, Exclusion, Clearance Group
      - Information & Guidance Unit
        - Inquiries Group
        - Guidance/Content Group
    - Environmental Health Branch
      - Environmental Health Services (EHS Supervisor)
        - EHS Staff
    - Medical Operations Branch
      - Care Sites
        - Alternate Care Site Unit
      - Mass Prophylaxis Group
        - POD management teams
  - Logistics Section
  - Finance Section

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## *Joint Information Center*

A Joint Information Center (JIC) plays a vital role in managing public communication during an infectious disease outbreak. Unlike the EOC which focuses on response coordination, the JIC acts as an information conduit between the response effort and the public. Staffed by public information officers (PIOs) from various agencies, the JIC gathers accurate and up-to-date information from the EOC and health officials. They translate this information into clear and consistent messages for the public through press releases, media briefings, social media updates, and public service announcements. JIC personnel may address such issues as dis/misinformation, translation of public health messaging into languages other than English, vaccine hesitancy, information fatigue, and low digital literacy.

## *Resource Management*

Resource management involves the systematic monitoring and oversight of all resources needed during a response, including PPE, medical equipment, vaccines, diagnostic tests, and signage, among other things. Through meticulous tracking, SBCPHD staff can ensure resources are allocated equitably, used responsibly, and replenished as needed. This ensures response staff have an adequate stock of essential items, avoiding operational delays and supply shortages. Resource management involves several key components, including:

- **Inventory Management:** Maintaining accurate records of all resources, including their quantities, storage locations, and expiration dates.

- **Usage Monitoring:** Tracking the consumption and utilization of resources to ensure sufficient stock levels and avoid wastage.

- **Demand Forecasting:** Calculating the quantity of resources needed for any given response activity/event based on usage data and projected traffic during the activity/event.

- **Resource Requesting:** The process for determining the type and quantity of supplies needed and relaying that information to the appropriate entity.

- **Technology Integration:** Leveraging digital tools and software, such as inventory management programs, data analytics tools, and communication platforms to aid in the management of resources.

Table 7 provides an overview of helpful resource management tools, along with links to each tool and/or information about it.

**Table 7.** Resource Management Tools

| Name of Tool | Category | Description | Resource Link |
|---|---|---|---|
| CDC Burn Rate Calculator | Inventory | This inventory tracking tool allows users to estimate the quantity of supplies needed (e.g., masks, gloves, hand sanitizer) based on factors such as supplies on hand, number of patients expected at an event, and consumption rate. | [CDC Burn Rate Calculator](#) |
| myCAvax | Vaccine Management | This vaccine management systems connects vaccine providers and local health departments with tools and functionality for managing and administering vaccines. | https://mycavax.cdph.ca.gov/s/ |
| Smartsheet | Inventory | Customizable inventory tracking and resource request tool | |
| EOC 213 Portal | Resource Request | EOC Logistics resource request tool | |

Table 8 serves as a central repository of critical resources needed to facilitate a coordinated infectious disease response.

**Table 8.** Resource Matrix

| Item | Location |
|---|---|
| ICS Forms | |
| Disease Outbreak Investigation Plan | |
| Foodborne Outbreak Investigation Guidance (CDC) | |
| Go Kit - Enteric Outbreak | |
| Go Kit - Rash & Respiratory Outbreak | |
| Go Kits - Overview | |

| Item | Location |
|---|---|
| **Instructions on Donning PPE** | |
| **Interview Guidance for a Criminal and Epidemiological Investigation** | |
| **Steps of a Field Investigation** | |

## *Points of Dispensing (PODs) and Testing Sites*

PODs serve as crucial temporary facilities established to efficiently distribute medication or vaccines to a large population during public health emergencies. These emergencies encompass disease outbreaks, bioterrorism incidents, or any scenario necessitating mass prophylaxis or vaccination efforts. PODs are designed to ensure the rapid and safe dissemination of medication or vaccines to those in need. Typically, they feature multiple stations, each staffed by trained personnel capable of patient registration, eligibility screening, and medication dispensing or vaccine administration. There are two main types of PODS:

### Open PODs

Open to the general public, these PODs are strategically situated in accessible, centralized locations such as schools, community centers, etc. Additionally, drive-through options are available, enhancing convenience for individuals seeking swift access to medication or vaccines. Their accessibility aims to facilitate broad community participation and swift distribution of medication or vaccines to a wide demographic.

### Closed PODs

Designed for specific groups, these PODs cater to distinct populations such as employees of a particular company or residents within a specific community. Closed PODs are often managed and staffed by the organization or agency serving the targeted group, ensuring tailored support and efficient delivery of medical interventions.

### Testing Sites

Testing sites serve as crucial temporary facilities to efficiently collect biological samples for disease testing of a large population during an infectious disease emergency. Typically, they feature multiple stations, each staffed by trained personnel capable of patient registration, eligibility screening, and specimen collection. Similar to PODs, testing sites can be established to be open to the general public or limited to a specific group (i.e. outbreak testing).

# Response Strategies and Tactics

During an infectious disease outbreak, a coordinated response strategy is essential to manage and mitigate community impact. The response requires a strategic framework for effective containment, mitigation, and treatment. This includes logistical operations critical for comprehensive contact tracing, continuous disease surveillance, and the implementation of quarantine and isolation protocols.

## *Identification of Cases and/or Contacts*

- **Case Investigation (CI):** Establish clear criteria for healthcare providers to identify suspected cases based on symptoms, travel history, and contact with known cases ensures swift action. This includes educating healthcare professionals about the latest case definitions and providing them with updated protocols for testing and reporting.

- **Contact Tracing (CT):** Train a dedicated team of contact tracers who can quickly identify and notify individuals who may have been exposed to the disease. This requires establishing clear protocols for interviewing confirmed cases to determine their close contacts and potential exposure locations.

- **Mass Testing:** Implement widespread and accessible testing PODs across the community, enabling individuals to get tested promptly when they experience symptoms or have potential exposure. Mobile testing units and drive-through testing sites can also increase accessibility. Ensure tests are provided equitably, with consideration for vulnerable populations and those with AFN.

**Table 9.** Criteria for Scaling up/Down CI/CT Efforts

| Criteria for Increased CI/CT Support | Criteria for Reduced CI/CT Support |
|---|---|
| • A consistent increase in case numbers over a 5–7-day period.<br>• Increased percentage of positive test results among total tests conducted.<br>• Reports of new clusters of infections, especially in high-risk settings such as healthcare facilities, schools, or residential communities. | • Sustained decrease in new cases for at least 14 days.<br>• High coverage of the population with effective vaccines (if applicable), reducing the transmission risk.<br>• Effective therapeutics reducing the severity and spread of the disease. |

## *Containment Protocols*

- **Entry Screening:** Implement screening measures at points of entry (e.g., airports, schools, conference centers) to identify individuals with potential symptoms or travel history linked to the outbreak.

- **Quarantine:** Identify individuals who have been in close contact with someone diagnosed with an infectious disease. The criteria for "close contact" should be

adjusted based on the infectious agent's mode of transmission and incubation period.

- **Isolation:** Isolate individuals who are symptomatic or have tested positive for the infectious disease, regardless of symptom presence, to prevent spread.

- **Duration of Quarantine and Isolation:** Initial guidance or adjustments to the duration should be informed by the latest public health guidance from the State of California and federal health authorities.

## Assessment of Outbreak

- **Severity and Transmission Rate:** Regularly assess the basic reproduction number (R0) and the effective reproduction number (Rt) of the disease, which indicates how quickly the disease is spreading.
    - An increase in these numbers suggests a need to scale up efforts.

- **Surveillance:** Utilize real-time surveillance data to monitor trends in case numbers and transmission patterns. Data analytics guide the decision-making process, with increases in case numbers triggering a proportional increase in tracing and investigation resources.

- **Internal Communications**: Detail the methods used to disseminate outbreak guidance internally (e.g., health officer reports, staff meetings).

- **Compliance Monitoring:** Discuss mechanisms in place to monitor compliance with public health directives and the impact of community compliance on the disease's progression.

## Mitigation

- **Public Health Communication:** Maintain clear, transparent, and inclusive communication with the public, providing regular updates on the outbreak and recommended health and safety measures. Launch educational campaigns to encourage the widespread adoption of health and safety protocols, such as PPE use, social distancing, and vaccination.

- **Health and Safety Protocols:** Measures such as physical distancing, mask-wearing, hand washing, temperature checks, and limitations on large gatherings.

- **Mass Vaccination:** Implement widespread and accessible vaccine PODs across the community, enabling individuals to receive their vaccine(s) in an organized and efficient manner. Mobile vaccine units and drive-through vaccine sites can also increase accessibility. Ensure vaccines are provided equitably, with consideration for vulnerable populations and those with AFN.

## Treatment

- **Provision of Medical Resources:** Ensuring availability of necessary medical supplies and personnel to treat the infected.

- **Development of Community Health Guidelines:** Establishing and updating public health guidance in accordance with the State of California and federal health authorities.

- **Support for Healthcare Facilities:** Augmenting infrastructure and capabilities of healthcare facilities to handle the surge in cases.

## *Special Considerations for Congregate Settings & Outbreak Mitigation:*

- **Rapid Response Protocols:** Tailor rapid testing and immediate isolation procedures to manage outbreaks effectively in high-density living spaces, such as long-term care facilities and correctional facilities.

- **Adapted Quarantine and Isolation Measures:** Customize quarantine and isolation guidelines to accommodate the unique spatial and operational challenges of congregate settings, ensuring minimal disruption while maintaining rigorous infection control.

- **Staff-Specific Training and Protocols:** Provide specialized training for staff on the rapid identification and management of infectious diseases within these settings, focusing on preventive measures and emergency response techniques.

- **Contact Tracing:** Leverage CalConnect to perform efficient contact tracing, identifying those who may have been exposed to infectious diseases, and preventing further spread. This could include developing comprehensive contact lists that include all individuals residing or working in congregate settings, including visitors and support staff.

## *Surge Staffing*

Staffing needs will inevitably fluctuate throughout the life cycle of an infectious disease outbreak. Factors such as the virality, severity, and duration of a disease will determine its impact on the public health workforce and response staff as a whole. Additionally, the availability of PPE, the feasibility of remote work, and nature of the job tasks themselves can all influence staffing requirements. These factors may necessitate adjustments in staffing levels, redeployment of personnel, or the implementation of flexible work arrangements to ensure an effective and sustainable response. It is imperative that SBCPHD plans for sudden surges in the demand for personnel, which will enhance their overall response capacity and help alleviate burnout.

### Alternative Staffing Strategies

As response efforts begin to escalate, contingency staff may be necessary to help lighten the load for SBCPHD staff and broaden the range and scope of response-related services the County can provide to community members. Additional staff can be recruited through a variety of means, depending on the specific job tasks they are responsible for and any formal qualifications that may be required. Strategies for identifying and recruiting alternative staff are outlined below:

- **Cross-Training SBCPHD and other Disaster Service Worker (DSW) Staff:** By equipping SBCPHD and other DSW staff with the skills, knowledge, and decision-making tools to perform job tasks outside of the scope of their normal duties, the County deepens the pool of available personnel for any given response activity. Just-in-time training may be needed for redirected staff.

- **Partnerships with Local Organizations:** SBCPHD can explore partnerships with local organizations, such as universities, community colleges, community-based organizations, faith-based organizations, and professional associations, to tap into their networks for potential alternative staff.

- **Integration of Medical Reserve Corps:** The Medical Reserve Corps (MRC) is a network of volunteers, including medical and public health professionals, who are prepared to support the County during emergencies. Both medically trained staff as well as those with no formal medical training can volunteer through the MRC. The SBCPHD MRC unit can mobilize and deploy local volunteers during an infectious disease response, helping to increase the number of trained staff at testing, vaccine, and food distribution events, as well as during other outreach activities. Volunteers with the appropriate training may also be utilized in the public health lab (PHL) to assist with sample preparation, specimen processing, and inventory management, among other things.

- **Integration of Community Volunteers:** Community volunteers include all members of the community who are not affiliated with the MRC or other organized volunteer groups but wish to contribute to the response effort. Community volunteers can be a tremendous asset to the County, helping to fill in staffing gaps and allowing residents to actively participate in response initiatives. Integration of community volunteers should be coordinated with the County EOC if activated. Best practice for recruiting and managing volunteers include:

  o Ensure community volunteers receive appropriate training and orientation to familiarize them with their roles and responsibilities.

  o Implement a clear system for registering, vetting, and managing community volunteers, including background checks if applicable.

  o Establish communication channels to keep volunteers informed about updates, changes, and upcoming opportunities for involvement.

## Training and Capacity Building

In order to build a skilled, efficient, and cohesive response team, it is essential to invest in comprehensive training and capacity building. This not only ensures that contingency staff and volunteers have the necessary knowledge and skills to perform their roles effectively but also fosters a sense of confidence, teamwork, and professionalism. Training contingency staff and volunteers enables them to understand protocols, procedures, and best practices, thereby contributing to a coordinated and well-executed response during infectious disease outbreaks. Training can be provided virtually or in-

person, either prior to or during an event (i.e., just-in-time training). Best practices for training contingency staff and volunteers include:

- Utilize a variety of training methods such as online modules, in-person workshops, webinars, videos, and written materials. This accommodates different learning styles and allows staff and volunteers to access training materials conveniently.

- Incorporate hands-on exercises and simulations into training sessions to provide practical experience and reinforce learning. This can include scenario-based drills, mock response activities, and role-playing exercises.

- Consider providing laminated job action sheets to surge staff and volunteers in the field, which can serve as a quick reference guide.

- Establish feedback mechanisms where surge staff and volunteers can provide input, ask questions, and share concerns.

# Operational Mission Areas

## Roles and Responsibilities

An effective response to an infectious disease outbreak requires a coordinated effort from various stakeholders. Table 10 outlines the roles and responsibilities of potential key positions, roles, and/or functions within the PHD DOC to ensure a swift, well-organized, and efficient response. By clearly defining these roles, SBCPHD can minimize confusion, maximize collaboration, and ensure all response tasks are accounted for.

**Table 10.** Roles and Responsibilities

| Section | Role | Responsibilities |
|---|---|---|
| COMMAND | Health Officer | Leads the overall county response, making critical decisions based on public health data and guidance. |
| | DOC Director | Provides leadership in public health direction, overseeing department operations and strategic response. |
| | Deputy DOC Director* | Supports DOC Director and communicates with EOC. |
| | Public Information Officer | Disseminates clear and accurate information to the public about the infectious disease outbreak through press releases, media briefings, social media, and other communication mediums. Coordinates with the Joint Information Center (JIC). |
| | Safety Officer | Oversees safety and makes recommendations for responders. |
| | Media Officer* | Coordinates press releases, press conferences, and media updates. |
| OPERATIONS | Operations Section Coordinator | Coordinates operational efforts across different units and teams, ensuring effective response strategies and execution. |
| | Clinician Guidance Team* | Develops clinical recommendations. |
| | Special Setting Guidance Team* | Develops guidance for specific settings like jails, schools, etc. |
| | Public Guidance Team* | Packages public information into various formats for distribution. |
| | Dissemination Group* | Disseminates information externally. |
| | Director of Health Education* | Develops and delivers educational materials and programs for the public about infectious diseases, focusing on prevention measures, risk reduction, and available resources. |
| | Immunization Program Coordinator* | Coordinates the County's immunization efforts in response to the outbreak, ensuring availability and access to vaccines for the priority population groups. |

| Section | Role | Responsibilities |
|---|---|---|
| | Public Health Laboratory Supervisor* | Guides specimen collection, testing, and reports lab results. |
| LABORATORY | Laboratory Group Leader | Oversees all laboratory operations, ensuring proper functioning and coordination of laboratory activities. |
| | Laboratory Testing Team Member | Conducts specific tests on samples, reports results, and maintains quality control within the laboratory. |
| | Laboratory Documentation Team Member | Manages all documentation related to laboratory procedures, test results, and compliance with health regulations. |
| SURVEILLANCE | Surveillance Group Leader | Leads the surveillance team in monitoring disease spread and data collection to inform response strategies. |
| | Surveillance Team Member | Assists in the collection and analysis of health data to track the outbreak and its impact. |
| INVESTIGATION | Investigation Group Leader | Directs the investigation team in identifying outbreak sources, conducting field investigations, and collecting critical data. |
| | Investigation/Field Team Member | Participates in on-site investigations and collects data to identify sources of the disease and factors contributing to its spread. |
| DISEASE CONTAINMENT | Isolation & Quarantine Group Leader* | Manages isolation and quarantine measures, ensuring proper implementation and adherence to safety protocols. |
| | Isolation & Quarantine Team Member | Supports the enforcement of isolation and quarantine measures, monitoring adherence and reporting on issues in designated facilities. |

# Demobilization

Demobilization involves the systematic winding down of emergency operations as the infectious disease threat level decreases, ensuring that resources are reallocated or stored appropriately, and all operational activities are concluded efficiently and safely.

## Triggers for Demobilization

The triggers for demobilization should align with the objectives of the DOC upon activation of an emergency response. It is important to recognize that not all triggers need to occur simultaneously for demobilization to begin. Each public health emergency is dynamic, and the specific circumstances of an event may lead to variations in how these criteria are applied.

Decision-makers should consider the unique aspects of each situation, ensuring that actions reflect the current state of the emergency and are coordinated with overarching public health goals.

The flexibility in applying these triggers allows for a responsive and effective phased approach tailored to meet the evolving conditions of the health crisis.

- **Consistent Decrease in Case Numbers**: A sustained reduction in infectious disease cases and hospitalizations for a defined period.
- **Vaccine Coverage:** High vaccination rates among the population effectively reducing transmission risk.
- **Public Health Declarations:** Federal or state partners declare the end of a public health emergency, indicating reduced risk and operational needs.
- **Situational Reports:** Confirmation of sustained infection containment and reduced spread.

## Considerations for Demobilization

- **Regional Coordination:** Determine if the level of required coordination for MCM support has decreased.
- **Health Threat Assessment:** Assess whether the immediate health threat has passed. (e.g., evidence-based data analysis, federal and state partners guidance)
- **Monitoring Completion:** Ensure active monitoring of all exposed individuals is complete.
- **Incubation Period Observations**: Observe at least two incubation periods without new cases to confirm disease containment.
- **Healthcare System Capacity:** Verify that the healthcare system can maintain normal operations without additional support.

- **Syndromic Surveillance:** Confirm that surveillance markers have returned to baseline levels.

- **Social Indicators:** Monitor normalization in school attendance, call center volumes, and community concern levels.

- **Media Interaction:** Reduction in media requests for information can indicate decreased public concern.

## Actions Upon Demobilization

- **Notification:** Inform public health staff and all partners that emergency response activities are winding down.

- **Resource Management:** Provide instructions for the return and replenishment of borrowed resources.

- **After Action Debrief:** Initiate a debriefing process with local, regional, and state partners to evaluate response effectiveness and integrate lessons learned into future planning.

- **Communication:** Ensure clear communication regarding ongoing surveillance, payment, and reimbursement processes related to the response.

# Recovery

Recovery focuses on restoring public health systems, economic stability, and community functions to pre-disaster levels or better while incorporating lessons learned to improve resilience against future outbreaks.

## Recovery Operations

- **Community Health Guidelines Update**: Utilize data and experiences from the outbreak to update public health guidelines, ensuring they are better tailored to prevent or mitigate future infectious disease threats.

- **Community Support:** Implement programs to assist individuals, organizations, and communities affected by the infectious disease, in coordination with local government and community organizations.

- **Mental Health and Wellness Programs:** Establish or expand mental health services to address the psychological impact of the outbreak on the community, healthcare providers, and SBCPHD staff.

- **After Action Report (AAR):** Conduct a comprehensive AAR of the infectious disease response, utilizing data from incident documentation and other sources to identify strengths and areas for improvement. The AAR will provide actionable recommendations to enhance future infectious disease responses. This review will involve all levels of the response team and include external partners, if feasible.

## Continuous Monitoring

Even during recovery, maintain a level of surveillance and readiness to respond to any resurgence in infection rates, guided by the SBCPHD Communicable Disease Prevention Program and continuous input from epidemiological monitoring.

# Appendix A: Infectious Disease Resource Directory

**Table 11.** Infectious Disease Resource Inventory

| Organization | Overview | Website | Resources |
|---|---|---|---|
| **Centers for Disease Control and Prevention (CDC)** | The CDC is a leading source for information on infectious diseases, offering extensive resources on disease prevention, symptoms, treatment options, and outbreak preparedness. | CDC Official Website | Access a wide array of publications and online resources for healthcare professionals and the public. |
| **World Health Organization (WHO)** | The WHO provides global insights on infectious diseases, including international outbreak alerts, health guidelines, and vaccination recommendations. | WHO Official Website | Find a comprehensive library of publications and resources on a broad range of health topics. |
| **Pan American Health Organization (PAHO)** | As a regional office of the WHO, PAHO focuses on health issues within the Americas, offering targeted information on infectious diseases prevalent in this region. | PAHO Official Website | Access information specific to health concerns and infectious diseases in the Americas. |
| **National Institutes of Health (NIH)** | The NIH is a pivotal US government agency responsible for medical research, including studies on infectious diseases. | NIH Official Website | Explore a vast library of research publications and resources supporting healthcare research and education. |
| **American Public Health Association (APHA)** | The APHA is a professional organization dedicated to public health advocacy, including issues related to infectious diseases. | APHA Official Website | Provides information on a wide range of public health topics and advocacy resources. |
| **American Lung Association (ALA)** | The ALA is a nonprofit organization dedicated to promoting lung health and preventing lung disease through research, education, and advocacy. | American Lung Association Website | Focuses on respiratory diseases. |
| **American Heart Association (AHA)** | The AHA is a nonprofit organization dedicated to promoting cardiovascular health, preventing heart disease and stroke, and advancing research and education in the field of cardiology. | American Heart Association Website | Offers information on cardiovascular diseases. |
| **National AIDS Trust** | The National AIDS Trust is a charity in the UK dedicated to preventing HIV transmission, improving the lives of people living with HIV, and campaigning for fair and effective HIV-related policies and services. | National AIDS Trust Website | Specializes in information on HIV/AIDS. |

# Appendix B: Acronyms

**Table 12.** Acronyms

| Acronym | Description |
|---|---|
| AAR | After Action Report |
| AFN | Access and Functional Needs |
| BT | Bioterrorism |
| CBO | Community-Based Organization |
| CCR | California Code of Regulations |
| CDC | Center for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CFO | Chief Financial Officer |
| CI | Case Investigation |
| CT | Contact Tracing |
| DCDC | Division of Communicable Disease Control |
| DC&P | Disease Control and Prevention |
| DHS | Department of Homeland Security |
| DOC | Department Operations Center |
| DON | Director of Nursing |
| EEI | Essential Elements of Information |
| EITF | Epidemiological Incident Task Force |
| EMS | Emergency Medical Services |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| ESF #8 | Emergency Support Function #8 |
| E&S | Epidemiology & Surveillance |
| FEMA | Federal Emergency Management Agency |
| FBI | Foodborne Illness |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IDER | Infectious Disease Emergency Response |
| IMT | Incident Management Team |
| I&Q | Isolation and Quarantine |
| JIC | Joint Information Center |
| MCM | Medical Counter Measures |
| MHOAC | Medical Health Operational Area Coordinator |
| MRC | Medical Reserve Corp |
| NGO | Non-Governmental Organization(s) |
| NIMS | National Incident Management System |
| OEM | Office of Emergency Management |
| PCR | Polymerase Chain Reaction |

| Acronym | Description |
|---|---|
| PHD | Public Health Department |
| PHL | Public Health Laboratory |
| PIO | Public Information Officer |
| POD | Point of Dispensing |
| PPE | Personal Protective Equipment |
| SBCPHD | Santa Barbara County Public Health Department |
| SBCOEM | Santa Barbara County Office of Emergency Management |
| SEMS | Standardized Emergency Management System |
| SLOPHL | San Luis Obispo Public Health Laboratory |
| USDA | United States Department of Agriculture |
| VRDL | Viral and Rickettsial Disease Laboratory |

# Appendix C: Training Resources

This appendix details key training resources on infectious diseases from reputable organizations worldwide, facilitating easy access to comprehensive educational materials for healthcare professionals.

**Table 13.** Training Resource Directory

| Organization | Resource Type | Description | Access Method |
|---|---|---|---|
| **Centers for Disease Control and Prevention (CDC)** | Training and Education Resources | Extensive training materials on infectious diseases, including webinars, courses, and toolkits for infection prevention and control. | CDC Infection Control Training |
| **World Health Organization (WHO)** | WHO Academy | Online courses on infectious diseases for global healthcare workers, including "Basic Epidemiology" and "Clinical Management of COVID-19." | WHO Academy |
| **Association for Professionals in Infection Control and Epidemiology (APIC)** | APIC Online Courses | Courses on "Fundamentals of Infection Prevention and Control" and "Healthcare-Associated Infections (HAIs)" to advance infection control practices. | APIC Online Learning Platform |
| **International Society for Infectious Diseases (ISID)** | ISID Webinars/Courses | Webinars on "Emerging and Re-emerging Viral Infections" and "Antimicrobial Resistance" to foster global collaboration in infectious disease management. | ISID Learning Hub |
| **Center for Domestic Preparedness** | CDP Resident Training Courses | Training for emergency preparedness and response, with specialized courses for handling infectious diseases in crisis situations. | Center for Domestic Preparedness |
| **Public Health and Emergency Powers (CA)** | Emergency Management Guidelines and proclamation Guide | Identifies types of emergencies relevant to the State of CA. | CA - EMSA |

# Appendix D: Infectious Diseases Organized by Pathogen

**Table 14.** Infectious Disease Catalog

| Disease Name | Description | Source |
|---|---|---|
| **Ebola Virus Disease** | Severe hemorrhagic fever, with a significant fatality rate. | CDC- Ebola |
| **Marburg Virus Disease** | Causes hemorrhagic fever, similar to Ebola, and is highly lethal. | CDC - Marburg |
| **Middle East Respiratory Syndrome (MERS)** | A respiratory illness caused by the MERS coronavirus. | CDC -  MERS |
| **Severe Acute Respiratory Syndrome (SARS)** | A contagious respiratory illness caused by the SARS coronavirus. | CDC - SARS |
| **Nipah Virus Infection** | Transmitted from animals to humans, causes severe respiratory and neurological symptoms. | CDC - Nipah Virus |
| **Zika Virus** | Associated with birth defects and neurological complications in infected fetuses and newborns. | CDC - Zika Virus |
| **Measles** | A highly contagious viral disease known for its distinctive red rash. Leads to serious complications in children. | CDC - Measles |
| **Influenza (Flu)** | A common respiratory illness caused by influenza viruses, can lead to severe complications. | CDC - Influenza |
| **COVID-19** | Caused by SARS-CoV-2, led to a global pandemic, with respiratory symptoms of varying severity. | CDC - Covid-19 |
| **Chickenpox (Varicella)** | A highly contagious disease characterized by an itchy rash and flu-like symptoms. | CDC -Vaicella |
| **Mumps** | A viral disease known for causing swollen salivary glands, fever, and muscle aches. | CDC - Mumps |
| **Rubella (German Measles)** | A contagious viral infection, mild in children but can cause serious birth defects if contracted by pregnant women. | CDC - Rubella |
| **Poliomyelitis (Polio)** | A viral disease that can affect the nervous system and lead to partial or full paralysis. | CDC - Polio |
| **Hepatitis A** | A highly contagious liver infection caused by the hepatitis A virus, spread through contaminated food or water. | CDC - Hepatitis A |
| **Norovirus** | Known for causing gastroenteritis or "stomach flu," highly contagious, often in outbreaks. | CDC - Norovirus |

| Disease Name | Description | Source |
|---|---|---|
| **Disease X** | Represents the potential for an unknown pathogen to cause a future epidemic or pandemic. | JHU - Disease X |
| **Anthrax** | Affects skin, lungs, or the gastrointestinal system, caused by Bacillus anthracis. | CDC - Anthrax |
| **Rabies** | Transmitted through animal bites. Noted here due to its significant public health impact. | CDC - Rabies |
| **Leptospirosis** | A zoonotic disease transmitted from animals to humans, often through contaminated water. | CDC - Leptospirosis |
| **Tuberculosis (TB)** | A serious infectious disease affecting the lungs, caused by Mycobacterium tuberculosis. | CDC - Tuberculosis |
| **Whooping Cough (Pertussis)** | A highly contagious respiratory disease known for severe coughing fits, caused by Bordetella pertussis. | CDC - Pertussis |
| **Scarlet Fever** | Caused by Group A Streptococcus bacteria, characterized by a distinctive red rash and high fever. | CDC - Scarlett Fever |
| **Diphtheria** | A serious bacterial infection affecting the mucous membranes of the throat and nose. | CDC - Diphtheria |
| **Creutzfeldt-Jakob Disease (CJD)** | A rare, fatal brain disorder resulting from abnormal prion proteins. | CDC - Prions |
| **Giardiasis** | An intestinal infection caused by the parasite Giardia, often spread through contaminated water. | CDC - Giardia |

# Appendix E: Exercise Scenarios

## Purpose

These details of these exercise scenarios can be modified and expanded to fit the needs of SBCPHD for testing, training, and/or validation.

## Objectives Bank

The following objectives can be selected and/or can be modified for the following scenarios.

1. Verify that all participants can accurately describe the criteria and procedures for activating the IDER Plan using decision-making triggers and follow the correct notification process.
2. Confirm that participants effectively understand the command structures, specifically the ICS, and demonstrate proper integration and execution of the plan's directives.
3. Ensure that all participants are knowledgeable on the IDER Plan's communication platforms and information sharing strategies.
4. Discuss the practical implementation of the response strategies for disease containment, mitigation, and treatment to validate logistical readiness and the effectiveness of workforce training and resource deployment.
5. Evaluate the plan's effectiveness in addressing the unique demographic and geographic challenges of Santa Barbara County, ensuring strategies are robust enough to reach special populations and manage healthcare access barriers.
6. Evaluate SBCPHD's case investigation and contact tracing capabilities.
7. Test SBCPHD's communication and collaboration skills as they coordinate with different departments (e.g. OEM, Social Services).
8. Evaluate SBCPHD's capacity to manage potential outbreaks by analyzing data and identifying sources of infection.
9. Gauge SBCPHD's ability to work in tandem with partner organizations to implement disease mitigation measures and enact closures as deemed necessary.
10. Evaluate SBCPHD's public communication strategies and ability to provide essential information in diverse formats.
11. Test SBCPHD's procedures for notifying private businesses of a potential disease outbreak and recommending a temporary closure.
12. Appraise SBCPHD's ability to operationalize one or more vaccine Points of Dispensing (PODs) in a timely manner.

# Scenario #1 – Measles Outbreak

**Timeline:** Mid- May 2024 – Late June 2024

**Situation:** An outbreak of measles has been detected in area elementary schools, possibly originating from "Playground Palooza," a single-day event involving staff, students, and volunteers from three elementary schools in Santa Barbara, California. The event was held in a local park and was entirely outside, other than a "bounce castle," an inflatable bounce house that could hold up to ten people at one time. Spanning 8 hours, including setup and breakdown, Playground Palooza consisted of carnival-style games, athletic competitions, and arts and crafts activities. Children engaged in team sports and group activities, many of which involved close contact. Lunch was provided by two local food trucks, and several coolers containing bottled water and sports drinks were stationed across the event area. Staff and volunteers were required to register for the event; however, students and parents who wished to participate were not.

Playground Palooza took place on Friday, May 10th. By Monday, May 20th, five children from two schools began exhibiting symptoms of measles. By Wednesday, May 22nd, four more children from all three schools, along with a school bus driver and a teacher's aide (both > 60 years of age), developed symptoms. Ten of the 11 individuals who were positive for measles were unvaccinated. By Friday, May 24th, two babies (both unvaccinated) who resided in households with infected individuals were reported as testing positive for measles.

*Mortality Rate:0.1% Morbidity Rate: 20% of the population*

## Key Characteristics of the Disease:

- Measles is a highly contagious airborne disease that can lead to serious health complications and death.
- The measles virus is spread through respiratory droplets from coughing and sneezing, and through contact with infected secretions.
- The incubation period for measles is typically 10-14 days (about 2 weeks).
- The infectious period for measles is from four days prior to the rash appearing to four days after the rash erupts.
- The virus can remain active and contagious for up to two hours in both the air and on surfaces.
- One infected individual can pass the virus along to 9 out of 10 unvaccinated close contacts.
- The most common symptoms of measles are fever, cough, runny nose, red eyes, and a rash that often begins on the face and spreads over the entire body.
- The rash often appears 7-18 days (about 2 and a half weeks) after exposure and typically lasts 5-6 days before fading.

- Measles can lead to serious complications such as pneumonia, encephalitis (swelling of the brain), and death, particularly in young children and immunocompromised individuals.

- Two doses of the measles, mumps, and rubella (MMR) vaccine are about 97% effective at preventing measles. Children should be administered both doses; one, between the ages of 12-15 months; the other, between the ages of 4-6 years old.

*Discussion Question Bank*
1. What are the first steps the department takes upon being notified of the initial five cases of measles in the elementary schools?
2. How potential contacts of the infected individuals from Playground Palooza identified and traced?
3. What communication strategies will be used to inform parents, students, school staff, and the general public about the measles outbreak while avoiding unnecessary panic?
4. Given that ten of the eleven infected individuals were unvaccinated, what measures will be taken to promote vaccination and manage vaccine hesitancy within the community?
5. How will the County coordinate with the affected schools to manage the outbreak, including decisions about school closures, quarantine measures, and continuing education for students?
6. What steps will the County take to prepare local healthcare facilities for a potential increase in measles cases, particularly focusing on the needs of vulnerable populations like infants and older adults?
7. How will resources, such as medical supplies, isolation facilities, and staff, be allocated to effectively manage and contain the outbreak?
8. What plans are in place for monitoring and follow-up with infected individuals and their contacts to ensure the outbreak is contained and prevent future outbreaks?
9. What protocols are in place for implementing quarantine and isolation measures for those who have been exposed or are showing symptoms?
10. How will the department provide support and resources to families affected by the outbreak, particularly those who may need to quarantine or isolate?
11. How will legal and ethical considerations that arise during the implementation of containment measures, such as mandatory quarantine or school closures, be addressed?
12. What steps will the department take to ensure that communication and response efforts are culturally sensitive and effectively reach all segments of the community, including non-English speaking populations?

# Scenario #2 – Anthrax Release

**When:** July 2025
**Scope:** Every year, Santa Barbara County hosts Fourth of July Festivities attracting families, local residents, and tourists. The celebration includes various activities, such as live music, food vendors, games, and a large fireworks display. This year is projected to be a record breaking year with 20,000 individuals in attendance. On July 4, 2025, an individual releases aerosolized anthrax during the large fireworks display.

On July 5th, the Santa Barbara County Public Health Department receives a call from a local hospital reporting an unusual cluster of patients with flu-like symptoms and respiratory distress. All patients attended the Fourth of July firework celebration the night before. The following day, additional patients with similar symptoms are present at various local hospitals with the number symptomatic individuals now at 30. Several individuals were reported to have severe respiratory distress.

By July 7th, the confirmed anthrax cases increase to 70, with some patients in critical condition.

*Mortality Rate: 45-80% depending on treatment*

**Challenges:**
- The holiday weekend creates logistical difficulties in setting up decontamination stations and deploying personnel.

- Mass panic and misinformation spread rapidly on social media.

- Healthcare facilities are potentially overwhelmed due to the holiday influx and potential anthrax exposure.

**Key Characteristics of the Disease:**
- Anthrax cannot spread from person to person.
- Inhalational anthrax creates flu-like symptoms followed by severe respiratory distress.
- Incubation period is 1 to 7 days, with most cases showing symptoms within 2-6 days. However, in some cases, infection can take up to 60 days to develop.
- Treatment includes aggressive antibiotic therapy and supportive care.

*Discussion Question Bank*
1. What are the immediate actions taken by the County Health Department upon receiving the initial reports of flu-like symptoms and respiratory distress from multiple patients who attended the fireworks show?
2. What specific criteria and triggers are used to determine that this is a potential bioterrorism event, and how quickly can these be identified?
3. Which agencies and stakeholders need to be notified immediately about the potential anthrax release, and what are the specific notification protocols?

4. What are the key elements of the public communication strategy to inform and protect the public without causing unnecessary panic? How will information be disseminated?
5. How will the County Health Department coordinate with local hospitals to manage the influx of patients, confirm diagnoses, and ensure appropriate treatment and isolation?
6. What mechanisms are in place to facilitate effective collaboration and information sharing between public health officials, law enforcement, emergency services, and federal agencies like the FBI and DHS?
7. How will resources such as medical supplies, antibiotics, personal protective equipment (PPE), and personnel be allocated and managed to respond effectively to the anthrax outbreak?
8. What specific containment and decontamination measures will be implemented to prevent further spread of anthrax? How will these measures be enforced?
9. How will the investigation into the source of the anthrax release be conducted, and what roles do different agencies play in this process?
10. What is the plan for providing prophylactic treatment and vaccinations to potentially exposed individuals? How will these be prioritized and distributed?
11. What are the plans for long-term monitoring and follow-up of exposed and infected individuals to ensure recovery and prevent further spread? How will data be collected and analyzed to inform future responses?

# Appendix F: Staffing Rotation Assignments

This appendix identifies staffing to respond to infectious disease emergencies. Two teams are listed with individuals assigned by role. The teams will rotate for each incident to mitigate burnout. All teams will need to engage in response activities if an incident evolves and requires additional personnel.

If the contact for the on-duty team is not available, the equivalent from the other team will serve as the secondary contact.

This table should be updated once a year.

**Table 15.** Team Designations for Response Rotation

| Team | Role | Contact |
|---|---|---|
| Team 1 | | |
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| Team 2 | | |
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# Appendix G: Job Action Sheets

## Operations Section Coordinator

| |
|---|
| **Function:** Oversee disease containment and data collection operation |
| **Report to:** DOC Director |
| **Expertise / Training:** Standardized Emergency Management System (SEMS) Training, ICS, and Management |
| **You supervise (if activated):** All Operations Branch Directors |

### *Responsibilities*

- Ensure that the most effective containment strategies are identified, approved, and implemented in accordance with the objectives of the current Operational Period.

- Ensure that appropriate recommendations and guidance documents are developed and approved for disease containment strategies.

- Ensure that recommendations and guidance documents are implemented.

- Provide department management (via the IC) with information and updates regarding the response activities for dissemination to stakeholders and partners.

- Supervise and oversee all activities of the Operations Section Branch in a Full Response Activation.

- Assure that mental health needs of isolated or quarantined individuals and their families are planned for in advance and assessed daily.

- Assure that communication modalities are established for isolated or quarantined individuals with family and community support in advance and assessed daily. These should include Facetime, Skype, or other video communication in addition to phone, email, text methods.

### *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with Health Officer/Medical Director and obtain instructions, objectives, or overview of the situation as needed.

- Attend Initial Briefing Meeting.

- Read entire Job Action Sheets for all positions under your command and begin planning for staffing needs.

- Put on position identification vest, ID Badge, etc., if provided

- Introduce self to all staff assigned to team.

- Familiarize self with the work station and resources including:

  - Physical layout of the work space (e.g. emergency exits, bathrooms) and event Safety Plan.

  - If assigned, check workstation phone and test with both outgoing and incoming calls.

  - If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.

  - Obtain needed office supplies (paper, pen).

  - If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW. Practice radio transmission.

- Oversee the setup of the Operations Section. Ensure all workstations, phones, email addresses, etc. are all operational. Ensure all Operations staff has the workspace, equipment and supplies needed to accomplish their assignments.

- Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

## *Current Operational Period*

- Review organizational chart and roster of assigned staff.

- Establish and maintain an Operational Log (ICS Form 214) throughout shift.

- Attend Command/General Staff meetings.

- Establish and maintain command for the epidemiologic and surveillance response.

- Notify CDPH EPO and DCDC, CDC, USDA, etc. and keep contacts updated.

- Provide oversight and guidance to Branch Directors (e.g. answer questions, address problems, make decisions consistent with the operational objectives, and determine which problems, requests or questions need to be forwarded up the chain of command).

- Convene meetings of the Branch Directors to update the situation status and resolve problems.

- Obtain updates on resource status from all activated Branch Directors.

- Allocate staffing and supplies appropriately; adjust staffing and supplies as necessary.

☐ Delegate staff to perform any necessary tasks not specifically assigned on the job action sheets or tasks that are on job action sheets of positions not activated.

☐ Instruct Branch Directors to prepare module objectives for the next operational period and submit them for approval.

☐ Provide Operations Section information for the Incident Action Plan (IAP).

☐ Provide information for the Situation Report (SitRep).

☐ Share information with Command (IC/Medical Director/Health Officer).

☐ Share information to Branch from Command.

☐ Order mobilization and demobilization of branch response elements and personnel to meet incident response needs.

☐ Ensure the safety of all Operations Section Staff.

## *End of Current Operational Period*

☐ Establish shift transition procedures and conduct shift change briefing.

☐ Complete all required forms, reports, and other documentation and submit to Documentation Unit within the Plans Section. Ensure the in-processing of all equipment checked out for the shift.

☐ Clean up your work area before you leave.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section.

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Disease Containment Group Supervisor

> **Required Job Skills:** Medical Epidemiologist, Infectious Disease Physician, Infection Control Professional, Supervising Disease Control Nurse
>
> **Module:** Disease Containment Group
>
> **You report to:** Public Health Branch Director
>
> **You supervise (if activated):** Isolation & Quarantine Team Leader; Mass Prophylaxis Team Leader; Restriction, Exclusion, Clearance Team Leader

## *Responsibilities*

- Ensure that the most effective containment strategies are identified, that approved containment strategies are implemented, and that appropriate recommendations and guidance are developed for disease containment strategies that will be implemented by others.

- May include activation and supervision of:

  o Isolation and Quarantine Team

  o Mass Prophylaxis Team

  o Restriction, Exclusion, Clearance Team

## *Initial Activation*

☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Public Health Branch Manager, or if not activated the Operations Section Chief and obtain instructions, objectives, or overview of the situation as needed.

☐ Attend Initial Briefing Meeting.

☐ Read entire Job Action Sheets for all positions under your command and anticipate staffing needs.

☐ Put on position identification vest, ID Badge, etc., if provided.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the workstation and resources including:

- Physical layout of the workspace (e.g. emergency exits, bathrooms) and event Safety Plan.

- If assigned, check workstation phone and test with both outgoing and incoming calls.

- If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.

- Obtain needed office supplies (paper, pen).

- If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW. Practice radio transmission.

☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

## *Current Operational Period*

☐ Receive a briefing on the outbreak and the operational objectives. Attend Operations Section meetings.

☐ Establish and maintain an Operational Log (ICS Form 214) throughout entire shift.

☐ Receive direction on specific recommendations for necessary disease containment strategies from the Public Health Branch Director or Operations Section Chief.

- Identify methods to implement recommended public health interventions.

- In coordination with the Public Health Branch Director and Operations Section Chief, ensure that the Policy Group and DOC Director have approved all disease containment activities and decisions.

☐ Assign and orient/train staff to Disease Containment activities.

☐ Assure that all Teams are using up to date forms for screening, tracking, monitoring, and clearance.

☐ Assure that safe work practices are being followed and that appropriate PPE and law enforcement support is requested by Team Leaders.

☐ Act as a resource for all staff in the Disease Containment Group, or delegate someone to perform these functions. Assure quality and consistency of staff work.

☐ Assure that data and activities are coordinated with the other activated groups and units.

☐ Brief Team Leaders on the situation and objectives for the operational period.

☐ Convene meetings of the Team Leaders to update the situation status and resolve problems.

☐ Provide oversight and guidance to Team Leaders (e.g., answer questions, address problems, make decisions consistent with the operational objectives, and determine which problems, requests or questions need to be forwarded up the chain of command).

- Obtain updates on situation status and resource status from all activated Team Leaders. Prepare the Disease Containment Group Objectives, Situation Status Update, Module Log, and other documents as needed.

- Direct Team Leaders to prepare module objectives for the next operational period.
    - Review and finalize as appropriate, and
    - Submit them to the Public Health Branch Director or Operations Section Chief and Plans Section Chief for approval.

## *End of Current Operational Period*

- Complete all required forms, reports, and other documentation and submit to the Documentation Unit within the Plans Section.

- Clean up your work area and re-stock before you leave.

- Ensure the in-processing of any equipment checked out to you and your staff.

- Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

- Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

- Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

- Turn in all equipment to Logistics Section and obtain appropriate return forms.

- Turn in all paper documents to Planning Section.

- Ensure completion of any other tasks in the Demobilization Plan.

- Participate in event Hot Wash and/or After Action Report (AAR) session.

- Request any Post-Incident Debriefing or other support as needed.

# Isolation & Quarantine Unit Leader

| |
|---|
| **Function:** Guide Isolation and Quarantine Team Members with objectives, assignments and monitoring of clients |
| **You report to:** Disease Containment Group Supervisor |
| **You Supervise (if activated):** Home I&Q Team Leader; Facility I&Q Team Leader |
| **Expertise / Training:** SEMS Training, ICS, and Management |

## *Responsibilities*

- Implement the operation of isolation and quarantine (I & Q) functions in the non-healthcare facilities setting (initially may be individual homes or larger facilities).

- Coordinate with Facilities Management Unit in Logistics to ensure the facilities are maintained and functional if these facilities have been established.

## *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with Disease Containment Group Supervisor and obtain instructions, objectives, or overview of the situation as needed.

- Read entire Job Action Sheets for all positions in the Isolation and Quarantine Team. Anticipate any additional staffing that may be needed. Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- Put on identification vest, ID badge, etc. if provided.

- Attend Initial Briefing Meeting.

- Introduce self to all staff assigned to team.

- Familiarize self with the work station and resources including:

  - Physical layout of the work space and safety plan.

  - Phone at workstations- test with both outgoing and incoming calls.

  - Computer resources and printers/faxes.

- Operational Log (ICS Form 214)-record your actions during your shift.

- Use of message forms in DOC.

- Determine staffing and staffing schedules. Assign available staff or ask supervisor to request staff.

## Current Operational Period

☐ Establish and maintain an Operational Log (ICS Form 214) throughout entire shift.

☐ Assign referrals to isolation or quarantine categories.

☐ Prepare and submit isolation and quarantine legal orders as directed by Health Officer/CD Controller.

☐ Review with I & Q Staff responders the protocols, procedures and guidelines (Refer to Isolation and Quarantine Operational Plan).

☐ Schedule staffing plan.

☐ Determine staffing needs based on the number of referrals received and the number of facilities available.  Suggested staffing plan based on 8-hour work day: Staff Responder 1 per 15-20 cases, or 25-30 contacts.

☐ Submit staffing needs.

☐ Coordinate transport of clients from quarantine to isolation facilities as needed.

☐ Receive the appropriate amount of post-exposure prophylaxis for the facilities if available and arrange transportation for drop off with Logistics.

☐ Receive and log in requests from the Staff responders.

☐ Receive and log in reports, if any, from the Staff responders of changes in health and mental status of I & Q clients.

☐ Call 911 in case of (emergent) change in health and mental status, and notify Disease Containment Group Supervisor.

☐ Submit referral requests to Logistics for Law Enforcement, Care & Shelter, Mental Health and/or Legal Assistance.

☐ Submit reports to Disease Containment Group Supervisor as needed.


## End of Current Operational Period

☐ Complete all required forms, reports, and other documentation and give to Disease Containment Group Supervisor.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## *Demobilization*

- Obtain instructions for organizing and backing up all computer files. Complete process as instructed.
- Turn in all equipment to Logistics Section and obtain appropriate return forms.
- Turn in all paper documents to Planning Section.
- Ensure completion of any other tasks in the Demobilization Plan.
- Participate in event Hot Wash and/or After Action Report (AAR) session.
- Request any Post-Incident Debriefing or other support as needed.

## *Resources*
- Isolation & Quarantine Operational Plan V 1.0

# Home Isolation & Quarantine Team Leader (Activate if Full Response)

> **Required Job Skills: Must have training in isolation and quarantine policies and procedures.** Health workers with management and supervisory skills, prefer RN
>
> **Module:** Disease Containment Group
>
> **You report to:** Isolation and Quarantine Team Leader
>
> **You Supervise (if activated):** Home Isolation & Quarantine Team Members

## *Responsibilities*

- Implement isolation and quarantine strategies in the home setting and coordinate with Isolation & Quarantine (I&Q) Team Leader to expedite transfer of cases and contacts.

- Submit requests and referrals to support services such as Legal assistance, Law enforcement, Care and Shelter, and Mental Health to support isolation and quarantine.

## *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with I & Q Team Leader and obtain instructions, objectives, or overview of the situation as needed.

- Read entire Job Action Sheets for Home Isolation and Quarantine Team and anticipate staffing needs. Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- Put on identification vest, ID badge, etc. if provided.

- Attend Initial Briefing Meeting.

- Introduce self to all staff assigned to team.

- Familiarize self with the work station and resources including:
  - Physical layout of the work space and safety plan.
  - Phone at workstations- test with both outgoing and incoming calls.
  - Computer resources and printers/faxes.

- Establish and maintain an Operational Log (ICS Form 214).

- Review DOC message form instructions.

☐ Determine staffing and staffing schedules.  Assign available staff or ask supervisor to request staff.

## *Current Operational Period*

☐ Initiate and maintain an Operational Log (ICS Form 214) throughout entire shift.

☐ Receive and review referrals from Supervisor and from Epi/Investigation Team.

☐ Discuss referrals with I & Q Team Leader.

☐ Send referrals for medical consultation to I & Q Team Leader as needed.

☐ Receive post-exposure prophylaxis from I & Q Team Leader if available and distribute to field staff.

☐ Review requests for Law Enforcement, Care & Shelter, Mental Health, and Legal assistance.

☐ Receive photocopies of monitoring logs and clinical documents from field staff and submit to I & Q Team Leader.

☐ Receive reports from field staff of changes in health or mental status and notify I & Q Team Leader accordingly.

☐ Schedule just in time training and status update meetings for your team members.

☐ Submit requests for supplies and resources needs to supervisor.

☐ Request staffing needs.

☐ Coordinate specimens' collection, chain of custody, and delivery, with the appropriate field team.

☐ Establish quality control and reporting/tracking procedures with your staff.

☐ Submit status reports to supervisor as needed.

### Preparation for home quarantine/isolation and monitoring:

☐ Determine definition of exposed person and who needs to be quarantined.

☐ Quantify the total potential number of quarantined/isolated individuals and locations.

☐ Determine requirements for restriction of movement, such as no use of public transport. Quarantine order may allow some movement at a distance from the public

☐ Determine alternatives to home quarantine/ isolation, if necessary.

☐ Determine how isolated and quarantined individuals will be tracked.

☐ Determine how and when persons will be released from isolation and quarantine.

☐ Review required actions to monitor quarantine/isolation

- 2X per day observation?

- Methods to observe: in person, phone, Skype, video chat

☐ Determine requirements for health monitoring of exposed/quarantined/isolated:

- Temperature and symptom monitoring

- Method to monitor temperature: observe from a distance of 3 feet, over video methods,

☐ Determine other support that will be offered: food/communication/pharmaceuticals/social/mental health support

☐ Staff should be ready to explain in plain language/multiple languages to any quarantined person, and their family, why they are quarantined, what the order means, and what the PHD staff will do to monitor and assist them while quarantined.

☐ Determine forms and equipment needed. This could include:

- PPE

- Thermometers

- Venipuncture or stool sampling kits

- Intake forms to assess health and other needs of each person (food, communication)

- Temperature and symptom tracking forms

☐ Review requests for Law Enforcement, Care & Shelter, Mental Health, and Legal assistance.

☐ Receive reports from staff of changes in health or mental status and notify I & Q Team Leader accordingly.

☐ Maintain photocopies of monitoring logs and clinical documents from team members and submit to I & Q Team Leader.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to I & Q Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section.

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Home Isolation & Quarantine Field Unit Member (Activate if Full Response)

**Required Job Skills:** Health worker with management and supervisory skills, may require RN

**Module:** Disease Containment Group

**You report to:** Home Isolation and Quarantine Team Leader

## *Responsibilities*

- Conduct home visits to monitor disease progress and coordinate needed support services to clients who are on quarantine. Can include: temperature and symptom monitoring, specimen collection.

- Determine additional non-medical needs of quarantined/isolated persons and submit requests and referrals for support services such as legal assistance, law enforcement, care and shelter, and mental health.

## *Initial Activation (If Applicable)*

☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Home Isolation and Quarantine (I & Q) Team Leader and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheets for Home Isolation and Quarantine Team. Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

☐ Put on identification vest, ID badge, etc. if provided.

☐ Attend Initial Briefing Meeting.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the work station and resources including:

- Physical layout of the work space and safety plan

- Phone at workstations- test with both outgoing and incoming calls.

- Computer resources and printers/faxes

☐ Establish and maintain an Operational Log (ICS Form 214).

☐ Review DOC message form instructions.

## *Current Operational Period*

- [ ] Alert supervisor if you are unable to perform any of the duties in the Job Action Sheet. Clarify any questions or concerns with assigned supervisor prior to starting work.

- [ ] Establish and maintain an Operational Log (ICS Form 214) throughout the entire shift.

- [ ] Receive assignment for field visits.

- [ ] Participate in just-in-time training on infection control practices and the use of PPE, etc.

- [ ] Retrieve supplies, check to ensure supplies are adequate – request additional supplies/PPE if applicable.

- [ ] Discuss assignment with field partner if available.

- [ ] Chart route and sequence of field visits.

- [ ] Sign out county vehicle as per policy and procedure if available.

### Preparation for home quarantine and monitoring:

- [ ] Receive training and orientation from your team leader.

- [ ] Receive field assignment.

- [ ] Review criteria for quarantine: who and under what circumstances.
  - 2X per day observation? Phone monitoring?

- [ ] Review quarantine orders and what they may include such as:
  - Temperature and symptom monitoring
  - Restriction of movement such as no use of public transport.

- [ ] Review method to monitor temperature: observe from a distance of 3 feet, over video methods, with use of PPE.

- [ ] Determine other support that will be offered: food/communication/pharmaceuticals/social support.

- [ ] Staff should be ready to explain to any quarantined person why they are quarantined, what the order means, and what the PHD staff will do to monitor and assist them while quarantined. Quarantine order may allow some movement at a distance from the public.

- [ ] Determine forms and equipment needed. This could include:
  - PPE
  - Thermometers, venipuncture, stool sampling equipment and forms
  - Intake forms to assess health and other needs of each person (food, communication)

- Temperature and symptom tracking forms

☐ Be prepared to make requests for Law Enforcement, Care & Shelter, Mental Health, and Legal assistance.

☐ Submit requests for supplies and resources needs to supervisor.

## Quarantine

☐ Serve quarantine orders and file proof of service document in case/contact file if needed.

☐ Give client the instruction sheets, and explain what it means to be on quarantine, the importance of hand hygiene, eating in a separate area, bathroom facility cleaning after use, handling of laundry and trash.

☐ Educate, instruct, and reinforce clients and/or household members on information regarding quarantine and signs and symptoms of disease.

☐ Use the Ongoing Monitoring Log to document visit and clinical findings, including but not limited to signs & symptoms.

☐ Document temperature, signs/symptoms or other items as instructed (2X per day, etc.)

☐ Inform supervisor or any available supervisor immediately of any documented temperature or other signs and symptoms. Hospitals may need advance warning and specialized transport may need to be arranged.

☐ Encourage compliance with Quarantine Order.

☐ Inform supervisor immediately of non-compliant clients. Document non-compliant activities.

☐ If requested, collect specimens as needed and secure for transport to lab.

☐ Call Home I & Q Team Leader or Isolation & Quarantine Team Leader for questions/issues/problems using the assigned cell phone.

☐ Administer post-exposure prophylaxis (PEP) if applicable and educate patient on taking PEP and the side effects.

☐ Ensure completeness of data, make photocopies and submit original and copies to Home I & Q Team Leader or Isolation and Quarantine Team Leader.

☐ Call 911 (urgent) or submit less urgent requests to Team Leader for law enforcement or mental health needs, or legal assistance.

☐ Perform self-monitoring checks for signs and symptoms of disease daily, and report as needed to Home I & Q Team Leader or Isolation and Quarantine Team Leader.

☐ Instruct quarantined individual to call health officer or other appropriate person to report any positive signs and symptoms according to established protocol (immediately, within 4 hours, etc.).

**Client Non-Medical Needs While Quarantined**

☐ Document and submit to supervisor client requests for items needed and any observed needs for assistance with activities of daily living.

☐ Deliver food and other personal items as needed – note any dietary restrictions.

☐ Deliver food and other personal items as needed to quarantined individual in facility.

**As Needed for Event:**

☐ Receive post-exposure prophylaxis from Home I & Q Team Leader or Isolation and Quarantine Team Leader if available.

☐ Assure that any quarantine orders or orders for active/self-monitoring are delivered to the individual and explained.

☐ Assess clients for signs and symptoms of disease, report to the Home I&Q Team Leader or the Isolation and Quarantine Team Leader 24/7 on any abnormal findings, and document findings.

☐ Complete all symptom tracking forms. Complete additional report to note visit and any other conditions or concerns.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to Home I & Q Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Facility Isolation & Quarantine Field Unit Leader

**Required Job Skills:** Basic medical training such as NA, MEA, or RN as needed.

**Module:** Disease Containment Group

**You report to:** Isolation and Quarantine Team Leader

**You supervise (if activated):** Facility Isolation and Quarantine Team Members

## Responsibilities

- Perform monitoring functions of clients who are housed in the skilled nursing or non-healthcare facilities (residential facilities for the elderly, developmentally disabled homes, etc.) setting for isolation.

- Perform or assure performance of healthcare facility staff symptom monitoring.

## Initial Activation (If Applicable)

☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Isolation and Quarantine (I & Q) Team Leader and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheets for Facility Isolation and Quarantine Team and anticipate staffing needs. Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

☐ Put on identification vest, ID badge, etc. if provided.

☐ Attend Initial Briefing Meeting.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the work station and resources including:

- Physical layout of the work space and safety plan.
- Phone at workstations- test with both outgoing and incoming calls.
- Computer resources and printers/faxes.

☐ Establish and maintain an Operational Log (ICS Form 214).

☐ Review DOC message form instructions.

## *Current Operational Period*

### Before you leave for the field:

☐ Receive and review assignment.

☐ Alert supervisor if you are unable to perform any of the duties in the Job Action Sheet. Clarify any questions or concerns with assigned supervisor prior to starting work.

☐ Establish and maintain an Operational Log (ICS Form 214) throughout the entire shift.

☐ Participate in just-in-time training on infection control practices and the use of PPE, etc.

☐ Retrieve supplies, check to ensure supplies are adequate – request additional supplies/PPE if applicable.

☐ Discuss assignment with field partner if available.

☐ Chart route and sequence of field visits if any.

☐ Secure cell phone from DOC cache or uses personal or work phone.

☐ Carry DOC and supervisor contact phone numbers while in the field or other office location.

☐ Sign out county vehicle as per policy and procedure if available.

☐ Receive a list of all facilities that need isolation or quarantine activities during your shift.

☐ Maintain a log of each facility and the actions taken with each facility (delivery time of quarantine orders, request for support, etc.)

☐ Review symptom monitoring forms and line lists that PHD will require the facility to complete.

### Field or Active Duties:

☐ Assure that any quarantine orders or orders for active/self-monitoring are delivered to the healthcare or non-healthcare facility.

☐ Assure that facility understands and will comply with all orders. Assure that facility is capable of conducting the necessary monitoring. Visit facility if necessary.

☐ Request reports of any additional persons (not already on the line list) who had contact with suspect or confirmed patient with inadequate PPE or PPE failure. These may be determined to be at risk and receive more restrictive quarantine orders to limit their movements.

☐ Provide forms to facilities to complete daily or per schedule to monitor their staff or clients for signs and symptoms of disease. Includes line lists. Explain to the facility the use and schedule for submitting the forms to the PHD.

- Provide a timeline and collect forms from facilities electronically or via fax. Note collection time on DOC or field log.

- Instruct facility to call health officer or other appropriate person to report any positive signs and symptoms according to established protocol (immediately, within 4 hours, etc.).

- In the field, as necessary assess clients for signs and symptoms of disease, report to the I & Q Team Leader or Isolation and Quarantine Team Leader on any abnormal findings, and document findings.

- Submit issues/problems encounter regarding the facilities and other supports to the I & Q Team Leader or Isolation and Quarantine Team Leader.

- Maintain a log that notes the time and nature of all field activities.

## As Needed for Event:

- Deliver food and other personal items as needed to quarantined individual in facility.

- Administer post-exposure prophylaxis to client if prescribed and if available.

- Submit requests for supplies and resources needs to the I & Q Team Leader or Isolation and Quarantine Team Leader.

## Employee Health

- Performs daily self-monitoring checks for signs and symptoms of disease, and report signs/symptoms as needed to the I & Q Team Leader or the Isolation and Quarantine Team Leader.

- Use PPE as required and instructed. Assure adequate supply of PPE before starting duties each day.

- Report any unprotected exposure to an infectious client/quarantined/isolated individual.

- Assess self and co-workers for signs of stress and report to supervisor or safety officer.

- Determines security risks in the field and does not enter areas or buildings that present a hazard.

- Reports security risks to supervisor immediately.

- Requests law enforcement or security escorts as needed.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to I & Q Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Restriction, Exclusion, Clearance Unit Leader

**Module:** Disease Containment Group

**You report to:** Disease Containment Group Supervisor

**You supervise (if activated):** Facility Isolation and Quarantine Team Members

## *Responsibilities*

- Support the Disease Containment Group Supervisor to carry out restriction, exclusion, and clearance activities related to the infectious disease response.

## *Initial Activation*

☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Disease Containment Group Supervisor and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheet and anticipate any additional staffing needs. Alert supervisor if you are unable to perform any of the duties in the Job Action Sheet. Clarify any questions or concerns with assigned supervisor prior to starting work.

☐ Put on identification vest, ID badge, etc. if provided.

☐ Attend Initial Briefing Meeting.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the work station and resources.

☐ Establish and maintain an Operational Log (ICS Form 214).

☐ Review DOC message form instructions.

## *Current Operational Period*

☐ Execute appropriate strategy to prevent disease transmission in sensitive occupations or situation (SOS).

☐ Follow-up investigation of cases and contacts that are identified to be in an SOS.

☐ Notify cases and contacts in an SOS when they are restricted or excluded.

☐ Notify employers or administrators that cases or contacts are restricted or excluded.

☐ Provide information (developed by the Information and Guidance Group) on the disease, mode of transmission, prophylaxis, treatment, and preventive measures to the workplace or group site for distribution to all potential contacts and a

method for those people who subsequently become symptomatic to report themselves.

☐ Develop an appropriate clearance strategy depending on the disease. Coordinate clearance testing with the case/contact, if indicated.

☐ Coordinate with the Epidemiology and Surveillance Team to prioritize and track specimens and review lab results.

☐ Notify the Epidemiology and Investigation Team if new cases or contacts are identified.

☐ Review and follow-up on the daily report which includes the list of names of persons under REC, date of receipt of collection kits, date of specimen submission, and lab results and clearance status.

☐ Notify cases, contacts, and employers when clearance is completed and when the case/contact may return to regular work duties or to a sensitive situation.

☐ As available, coordinate with community mitigation or safety staff located at the SOS.

**The Restriction, Exclusion, & Clearance Group is responsible for producing the following:**

☐ Module Objectives and Update, ICS Form 202b (for each Operational Period)

☐ Case exclusion letter for case including specimen collection guidance if indicated

☐ Case restriction letter for case including specimen collection guidance if indicated

☐ Case exclusion letter for employer or manager

☐ Case restriction letter for employer or manager

☐ Case clearance letter for case

☐ Case clearance letter for employer or manager

☐ Contact Exclusion letter for contact

☐ Contact Restriction letter for contact

☐ Contact restriction letter for employer or manager

☐ Contact exclusion letter for employer or manager

☐ Contact Clearance letter for contact

☐ Contact Clearance letter for employer or manager

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to Disease Containment Group Supervisor.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section.

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Epidemiology & Investigation Group Supervisor

> **Function:** Coordinate tracking of specimens and oversee Laboratory, Surveillance and Investigations teams
>
> **You report to:** Public Health Branch Director, if activated, or the Operations Section Chief
>
> **Expertise / Training:** SEMS Training, ICS, and Management
>
> **You supervise (if activated):** Laboratory Team Leader, Surveillance Team Leader, Investigation Team Leader

## *Responsibilities*

- Oversee the activities of the laboratory, surveillance, during an emergency response event.

- Function as the Liaison between the PHD and the State and community-based laboratories.

- Must understand and oversee the job functions of all Laboratory Team positions.

- Be prepared to give consultation on the biology and hazard assessment of various agents associated with an infectious disease emergency.

- Maintain communication with external information sources, and use gathered information for management of laboratory activities.

- Assign responsibilities, orients staff, and serves as a resource for all staff within the Team.

## *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with Public Health Branch Director or Operations Section Chief and obtain instructions, objectives, or overview of the situation as needed.

- Read entire Job Action Sheets for all positions in the Epi & Investigation Group. Anticipate staffing needs.

- Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- Put on identification vest, ID badge, etc. if provided.

- Attend Initial Briefing Meeting.

- Introduce self to all staff assigned to team.

- Familiarize self with the work station and resources including:
    - Physical layout of the work space (e.g. emergency exits, bathrooms, etc.) and event Safety Plan.
    - If assigned, check workstation phone and test with both outgoing and incoming calls.
    - If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.
    - Obtain needed office supplies (paper, pen).
    - If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW. Practice radio transmission.
- Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.
- Review message form instructions, if provided.

## *Current Operational Period*

- Initiate and maintain an Operational Log (ICS Form 214) throughout the entire shift.
- Review roster of staff assigned to the Laboratory, Investigation and Surveillance teams; briefly assess staff skills.
- Assign tasks.
- Maintain communication with the external Operation groups.
- Work to forecast incoming specimens.
- Prepare status updates regarding Laboratory, Surveillance and Investigation team activities.
- Offer intelligence regarding biology of infectious agents to other branches, units and groups as needed.
- Manage morale of employees during incidents.
- Ensure that safe laboratory and field practices are implemented.
- Ensure proper documentation of laboratory testing results.
- Communicate with external labs (State and community laboratories) and relevant agencies.
- Distribute and/or review
    - Job Action Sheets
    - Forms and protocols defined in Job Action Sheets and other suggested forms for each position.

☐ Designate key contact for communication at the State Viral and Rickettsial Laboratory (VRDL) or other reference laboratories such as the SLO PHL. Review protocol for acknowledgement of receipt and notification of results when available.

☐ Decide who on the team is the principal point of contact for other teams in the *Group* providers, and laboratories on specimen testing issues.

☐ Work with *Isolation & Quarantine* and the *Restriction Team and Exclusion and Clearance Team* to determine priorities for laboratory testing and convey priorities to PHL or VRDL.

☐ Determine flow of information from this team to other units/ teams/groups/branches within the *Operations Section*.

☐ Provide regular updates to the *Disease Containment Group Supervisor and Public Health Branch Director.*

☐ Ensure data is transmitted to the Data Branch.

☐ Work with the Staging Area to request and prioritize needed courier services for specimen transport.

☐ Complete the Situation Status Update and the Laboratory Group Log at least once per operational period.


## End of Current Operational Period

☐ Complete all required forms, reports, and other documentation and give to Public Health Branch Director.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.


## Demobilization

☐ Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Laboratory Team Leader (Group Supervisor for Initial Response)

**Function:** Coordinate tracking of specimens and oversee Laboratory group

**Report to:** Public Health Branch Director (Initial Response) or Epidemiology and Investigation Group Supervisor (Full Response)

**Expertise / Training:** SEMS Training, ICS, and Management

**You supervise (if activated):** Laboratory Testing Unit, Laboratory Documentation Unit, Laboratory Surge Unit

## *Responsibilities*

- Oversee the activities of the entire laboratory during an emergency response event.
- Function as the Liaison between the PHD and the state and community-based laboratories.
- Must understand and oversee the job functions of all Laboratory Team positions.
- Be prepared to give consultation on the biology and hazard assessment of various agents associated with an infectious disease emergency.
- Maintain communication with external information sources, and use gathered information for management of laboratory activities.
- Assign responsibilities, orients staff, and serves as a resource for all staff within the Team.

## *Initial Activation (If Applicable)*

☐ Meet with Day-to-Day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Public Health Branch Director or Epidemiology and Investigation Group Supervisor and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheets for all positions in the Laboratory Team. Anticipate staffing needs.

☐ Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- ☐ Put on identification vest, ID badge, etc. if provided.

- ☐ Attend Initial Briefing Meeting.

- ☐ Introduce self to all staff assigned to team.

- ☐ Familiarize self with the work station and resources including:

  - Physical layout of the work space (e.g. emergency exits, bathrooms, etc.) and event Safety Plan.

  - If assigned, check workstation phone and test with both outgoing and incoming calls.

  - If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.

  - Obtain needed office supplies (paper, pen).

  - If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW. Practice radio transmission.

- ☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

- ☐ Review message form instructions, if provided.

## *Current Operational Period*

- ☐ Initiate and maintain an Operational Log (ICS Form 214) throughout the entire shift.

- ☐ Review roster of staff assigned to the Laboratory Team; briefly assess staff skills.

- ☐ Assign tasks.

- ☐ Maintain communication with the external Operation groups.

- ☐ Work to forecast incoming specimens.

- ☐ Prepare status updates regarding Laboratory activities.

- ☐ Offer intelligence regarding biology of infectious agents to other branch groups.

- ☐ Manage morale of employees during incidents.

- ☐ Ensure that safe laboratory practices are implemented.

- ☐ Ensure proper documentation of laboratory testing results.

- ☐ Communicate with external labs (State and community laboratories) and relevant agencies.

- ☐ Obtain briefing from immediate supervisor and participate in planning meeting to formulate the objectives for the operational period.

- ☐ Brief staff assigned to the Laboratory Team on:

  - Staff names and roles

- Mission and goals of the Laboratory Team
- Objectives for the operational period
- Assignment of workspace
- Important phone numbers
- Equipment needed

☐ Distribute and/or review

- Job Action Sheets
- Forms and protocols defined in Job Action Sheets and other suggested forms for each position. Examples: Form ICS 214, specimen submittal forms, specimen collection protocols

☐ Designate key contact for communication at the VRDL or other reference laboratories such as SLO PHL. Review protocol for acknowledgement of receipt and notification of results when available.

☐ Decide who on the team is the principal point of contact for other teams in the *Group/Branch/Operations Section*, providers, and laboratories on specimen testing issues.

☐ Work with *Case Investigation Unit* and the *Restriction, Exclusion and Clearance Team* to determine priorities for laboratory testing and convey priorities to PHL or VRDL.

☐ Determine flow of information from this team to other units/ teams/groups/branches within the *Operations Section.*

☐ Designate staff to brief *Field* Unit on:

- Appropriate specimen collection techniques
- Distribute written guidelines to *Field Unit*

☐ Provide regular updates to the *Investigation Team Leader*

☐ Train staff members.

☐ Ensure data is transmitted to the Data Branch.

☐ Work with the Staging Area to request and prioritize needed courier services for specimen transport.

☐ Complete the Situation Status Update and the Laboratory Team Log at least once per operational period.

## End of Current Operational Period

☐ Complete all required forms, reports, and other documentation and give to Epidemiology and Investigation Group Supervisor.

☐ Clean up your work area before you leave.

- Ensure the in-processing of any equipment checked out to you.

- Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

- Sign out and log the hours worked during the response. Leave a phone number where you can be reached.


## Demobilization

- Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

- Turn in all equipment to Logistics Section and obtain appropriate return forms.

- Turn in all paper documents to Planning Section

- Ensure completion of any other tasks in the Demobilization Plan.

- Participate in event Hot Wash and/or After Action Report (AAR) session.

- Request any Post-Incident Debriefing or other support as needed.

# Laboratory Testing Unit

| |
|---|
| **Function:** Laboratory Testing Microbiologist |
| **Report to:** Laboratory Team Leader |
| **Expertise / Training:** SEMS Training and ICS |
| **You supervise (if activated):** Lab Testing Staff |

## *Responsibilities*

- Assess specimens with regard to deciding the most appropriate methods (e.g. conventional or molecular) to analyze them.

- Work may include polymerase chain reaction (PCR), tissue culture, bacterial culture, isolation of viruses and bacteria, microscopic inspection of tissue, blood or bodily fluids, serology tests (ELISA, immunofluorescent antibody), or direct antigen testing.

- Training and willingness to work with potentially deadly materials is required; microbiologist must be familiar with quality control aspects of lab tests, and must accurately interpret lab results.

- Report lab results to Laboratory Team Leader.

## *Initial Activation (If Applicable)*

- [ ] Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- [ ] Meet with Laboratory Team Leader and obtain instructions, objectives, or overview of the situation as needed.

- [ ] Read entire Job Action Sheets for all positions in the Laboratory Team.

- [ ] Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- [ ] Put on identification vest, ID badge, etc. if provided.

- [ ] Attend Initial Briefing Meeting.

- [ ] Introduce self to all staff assigned to team.

- [ ] Familiarize self with the work station and resources including:

  - Physical layout of the work space (e.g. emergency exits, bathrooms, etc.) and event Safety Plan

  - If assigned, check workstation phone and test with both outgoing and incoming calls.

- If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.

- Obtain needed office supplies (paper, pen)

- If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW. Practice radio transmission.

☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

☐ Review message form instructions, if provided.

## Current Operational Period

☐ Initiate and maintain an Operational Log (ICS Form 214) throughout the shift.

☐ Decide which testing methods are most appropriate for given specimens.

☐ Assess whether certain specimens are appropriate for laboratory testing.

☐ Ensure proper data entry of results into Laboratory Information Management system.

☐ Assist other team members in testing if necessary.

☐ Communicate inventory/ resource needs to Laboratory Team Leader, if necessary.

☐ Oversee the work of lab assistant who are receiving and processing specimens.

☐ Ensure that paperwork and documentation is accurately prepared with regard to tested specimens.

☐ Perform microbiological lab operations (culture bacteria, viruses, PCR).

☐ Interpret lab test results and report to the Lab Team Leader.

☐ Decontaminate work areas, subsequent to testing.

## End of Current Operational Period

☐ Complete all required forms, reports, and other documentation and give to Laboratory Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Laboratory Documentation Unit

| |
|---|
| **Function:** Data entry analyst |
| **Report to:** Laboratory Team Leader |
| **Expertise / Training:** SEMS Training and ICS |

## *Responsibilities*

- Enter patient data and specimen information into computer system to prepare computerized worksheets and reports
- Prepare media and reagents for bacteriological laboratory tests, prepares various laboratory supplied and equipment
- Enter data into computer (using laboratory information management system)
- Assist microbiologists as needed

## *Initial Activation (If Applicable)*

- Meet with Day-to-Day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.
- Meet with Laboratory Team Leader and obtain instructions, objectives, or overview of the situation as needed.
- Read entire Job Action Sheets for all positions in the Laboratory Team.
- Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.
- Put on identification vest, ID badge, etc. if provided.
- Attend Initial Briefing Meeting.
- Introduce self to all staff assigned to team.
- Familiarize self with the work station and resources including:
  - Physical layout of the work space (e.g. emergency exits, bathrooms, etc.) and event Safety Plan
  - If assigned, check workstation phone and test with both outgoing and incoming calls.
  - If assigned, check out computer. Turn computer on, log in, and receive instructions on operations as needed.
  - Obtain needed office supplies (paper, pen).

- If assigned DPH 800 MHz radio, turn on radio to assigned Channel 2-SCW.  Practice radio transmission.

☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

☐ Review message form instructions, if provided.

## Current Operational Period

☐ Initiate and maintain an Operational Log (ICS Form 214) throughout the entire shift.

☐ Prepare any chemical reagents necessary for further testing.

☐ Decontaminate work areas for microbiologists prior to testing.

☐ Prepare machinery for lab testing (centrifuges, incubators, pipettors, bio-safety cabinets).

☐ Enter specimen demographic data into laboratory information management system (computer data entry).

☐ Enter completed laboratory results into computer (laboratory information management system).

☐ Assist microbiologists as needed.

## End of Current Operational Period

☐ Complete all required forms, reports, and other documentation and give to Laboratory Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## Demobilization

☐ Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

- ☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

- ☐ Request any Post-Incident Debriefing or other support as needed.

# Laboratory Surge Team Leader

**Module:** Epidemiology & Investigation Group

**Report to:** Laboratory Team Leader

**You supervise (if activated):** Lab Testing/Data Entry Assistant

## *Responsibilities*

- Assess adequacy for testing of incoming specimens; prepare specimens for testing.

## *Initial Activation (If Applicable)*

- ☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- ☐ Meet with Laboratory Team Leader and obtain instructions, objectives, or overview of the situation as needed.

- ☐ Read entire Job Action Sheets for all positions in the Laboratory Team.

- ☐ Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- ☐ Put on identification vest, ID badge, etc. if provided.

- ☐ Attend Initial Briefing Meeting.

- ☐ Introduce self to all staff assigned to team.

- ☐ Familiarize self with the work station and resources

- ☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

- ☐ Review message form instructions, if provided.

## *Current Operational Period*

- ☐ Initiate an Operational Log (ICS Form 214) and maintain throughout entire shift.

- ☐ Communicate with local laboratories and/or the regional state lab to ensure that specimens are packaged correctly and sent for testing.

- ☐ Monitor laboratory testing at the PHL.

- ☐ Manage specimen receipt and documentation.

☐ Contact alternative testing sites.

☐ Coordinate transportation to alternative testing site.

☐ Receive testing results from alternative testing sites, log results in the Laboratory Information Management System (LIMS), maintain hardcopy backups of all data generated, and communicate those results to the Laboratory Team Leader.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to Laboratory Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Surveillance Team Leader (Group Supervisor for Initial Response)

**Function:** Oversee surveillance response to an infectious disease outbreak

**Report to:** Public Health Branch Director (Initial Response) or Epidemiology & Investigation Group Supervisor (Full Response)

**Expertise / Training:** SEMS Training, ICS, and Management

**You supervise (if activated):** Surveillance Team Members

## *Responsibilities*

- Coordinate receipt of surveillance data, verification of data completeness and accuracy, incorporation of data into appropriate databases and response to inquiries regarding PHD surveillance and epidemiology procedures.

- Assign responsibilities, orient staff, and serve as a resource for all staff within the Team.

- Manage provider reports.

## *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with Public Health Branch Director or Epidemiology and Investigation Group Supervisor and obtain instructions, objectives, or overview of the situation as needed.

- Read entire Job Action Sheets for all positions in the Surveillance Team

- Update Surveillance Team Member job action sheet as appropriate

- Put on identification vest, ID badge, etc. if provided.

- Attend Initial Briefing Meeting.

- Introduce self to all staff assigned to team. Lead team and assign roles. Explain duties.

- Familiarize self with the work station and resources

- Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

- Review message form instructions, if provided.

## *Current Operational Period*

☐ Formulate the objectives for the operational period.

☐ Determine strategies to accomplish objectives and design operational plans.

☐ Prioritize and assign responsibilities according to objectives and plans.

☐ Determine if or what type of study will be conducted.

### Coordinate Surveillance Team activities including:

☐ Get the number of hospital/healthcare workers who are working with suspects at each facility from the Investigation Team.

☐ Get the number of contacts who may be exposed from the Investigation Team

☐ Estimate the number of persons who may require follow up. Estimate number of confirmed exposures based on information from providers.

☐ Assure facilities are tracking health care workers who are or could be exposed.

☐ Track number of HCW with symptoms, tested, negative/positive tests.

☐ Estimate the number of healthcare workers who will require monitoring at hospitals/other healthcare facilities.

☐ Get an estimate of the number of people in the general population (non-healthcare workers) who may require follow up from the investigation team.

☐ Track and report suspect and confirmed cases, by geographical or business/school/other associations.

☐ Develop possible case-finding strategy.

- If active surveillance needed, request Field Unit activation.
- If active surveillance conducted, receive periodic updates from the Investigation Team Leader. Provide support to Field Unit regarding active surveillance.

☐ Produce an epi situation status report for the disease data (deaths, illness, under investigation, monitoring) and provide to supervisor for the Plans Section Sit Stat report.

☐ Analyze data as instructed by epidemiologist and produce reports.

☐ Update case definition and assure that this is communicated to Operations Section to send to hospitals and other providers.

☐ Be familiar with technology and instruments needed for receipt and transmission of surveillance data.

☐ Schedule times for regular reporting from Surveillance Team as well as reporting to Epidemiology and Investigation Group Supervisor.

☐ Ensure consistency about how a case is determined; monitor flow of data.

**Staff Supervision:**

☐ Review roster of staff assigned to the Surveillance Team; briefly assess skills.

☐ Assign staff to initiate the emergency notification system and staff "call-back" plan, if applicable.

☐ Distribute and/or review

- Job Action Sheets
- List of tools, forms and protocols suggested for each position

☐ Request support from the Epidemiology and Investigation Group Supervisor as needed.

☐ Determine division of labor between team members.

☐ Ensure Surveillance Team has all needed resources.

☐ Participate as a Surveillance Team Member as necessary.

☐ Completed the Situation Status Update and log at least once per operational period.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to Epidemiology and Investigation Group Supervisor.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.

# Surveillance Team Member

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**Function:** Monitors incoming data and assists Field Investigation Team

**Report to:** Surveillance Team Leader

**Expertise / Training:** SEMS Training and ICS

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## *Responsibilities*

- Receive surveillance data, check for completeness and accuracy and provide guidance on surveillance to callers/reporters.

- Assist with data tracking and enter data surveillance data reported into surveillance and/or outbreak databases.

## *Initial Activation*

- Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

- Meet with Surveillance Team Leader and obtain instructions, objectives, or overview of the situation as needed.

- Read entire Job Action Sheets for all positions in the Surveillance Team.

- Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to starting work.

- Put on identification vest, ID badge, etc. if provided.

- Attend Initial Briefing Meeting.

- Introduce self to all staff assigned to team.

- Familiarize self with the work station and resources including:

- Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

- Review message form instructions, if provided.

## *Current Operational Period*

- Be familiar with technology and instruments needed for receipt and transmission of surveillance data, data tracking and data input.

- Be familiar with disease case definitions and reporting requirements.

- Be familiar with possible surveillance strategies; aware of all implemented surveillance strategies.

- ☐ Request support from the Surveillance Team Leader as needed.

- ☐ Process email reports:
  - Retrieve reports from email box: _____@_____
  - Print out reports
  - Check reports for completeness and accuracy
  - Enter pertinent data into designated database
  - Make copies of report; retain one for team

- ☐ Process fax reports:
  - Retrieve reports from fax machine # ( _____ )
  - Check reports for completeness and accuracy
  - Enter pertinent data into designated database
  - Make copies of report; retain one for team

- ☐ Process phone call reports:
  - Collect as much information as possible from caller
  - Record information on designated form
  - Check report for completeness and accuracy

- ☐ Process phone call reports from Hospitals (if applicable)
  - Record summary statistics on designated form
  - Place report in Summary Report Folder

- ☐ Provide guidance regarding surveillance to callers/ reporters (e.g. case definition, reporting procedures).

- ☐ Assist Field Unit in creating screening questions/forms as needed.

- ☐ Ensure reporting to state/local level as required.

- ☐ Refer callers to appropriate staff if questioned about other issues (e.g. clinical management, diagnosis, treatment, infection control).

## *End of Current Operational Period*

- ☐ Complete all required forms, reports, and other documentation and give to Surveillance Team Leader.

- ☐ Clean up your work area before you leave.

- ☐ Ensure the in-processing of any equipment checked out to you.

- ☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

&#9744; Sign out and log the hours worked during the response.  Leave a phone number where you can be reached.

## *Demobilization*

&#9744; Obtain instructions for organizing and backing up all computer files.  Complete process as instructed.

&#9744; Turn in all equipment to Logistics Section and obtain appropriate return forms.

&#9744; Turn in all paper documents to Planning Section.

&#9744; Ensure completion of any other tasks in the Demobilization Plan.

&#9744; Participate in event Hot Wash and/or After Action Report (AAR) session.

&#9744; Request any Post-Incident Debriefing or other support as needed.

# Investigation Group Supervisor

> **Function:** Guide Field Investigation Staff with objectives, assignments and data collection of the Investigation Group
>
> **Report to:** Public Health Branch Director (Initial Response) or Epidemiology and Investigation Group Supervisor (Full Response)
>
> **Expertise / Training:** SEMS Training, ICS, and Management
>
> **You Supervise (if activated):** Case Investigation Unit Leader; Contact Investigation Unit Leader

## *Responsibilities*

- Carry out case and contact investigations in order to determine the cause of disease, the source of disease, the mode of transmission, risk factors for disease, exposures, and any other factors that may be associated with illness.

- Investigate suspect or confirmed cases and determine contacts that are at risk for the disease.

## *Initial Activation*

☐ Meet with Day-to-Day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Public Health Branch Director or Epidemiology and Investigation Group Supervisor and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheets for all positions in the Investigation Team.

☐ Anticipate staffing needs.

☐ Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to working.

☐ Put on identification vest, ID badge, etc. if provided.

☐ Attend Initial Briefing Meeting.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the work station and resources.

☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

☐ Review message form instructions, if provided.

## *Current Operational Period*

☐ Obtain briefing from Epidemiology & Investigation Group Supervisor.

☐ Participate in planning meeting to set objectives for the operational period.

☐ Prepare to conduct the following activities with the team members:

- Receive referrals of persons who may be at risk of disease from:
    1. DC Office/Response Team/disease response in the field investigations-line lists.
    2. Phone calls from persons who think they have had contact with disease suspect-create a line list as appropriate.
    3. Health care providers who have detected a suspect at their outpatient facility OR
    4. Hospitals that are treating an isolated disease suspect at their facility.

- Identify individuals who are quarantined at home and administer a questionnaire to determine their movements and other potentially exposed persons.
    1. Create a line list of persons known to be exposed, identify contact information and interview or arrange for quarantine.
    2. Provide public information via PIO for persons who are exposed but unknown contact information. PIO will arrange for phone bank or hotline for call-ins.
    3. Assess all persons who believe they are at risk and determine need to quarantine and isolate per testing guidance.
    4. Determine if testing is needed and if so where/who will collect samples, methods, collection supplies, and laboratory drop off location/holding method.

- Call the hospitals and healthcare facilities who report suspects and ask:
    1. What is your estimate of how many healthcare workers will be involved in the care of the suspect patient(s)?
    2. What is the name of the employee health person who will track healthcare worker exposure to the suspect patient(s)? (We will ask the hospital to monitor the employees or the PHD will need to do this).
    3. Report the name of the employee health representative for the facility to the Surveillance Group.
    4. Ask each hospital/healthcare facility to complete and return a line list for their staff who are currently on duty with the patient. We will need a new list each day. Ask when this will be completed. The line

list should specify the risk level of each person (exposure to fluids, exposure without PPE, etc.)

5. Ask each health care facility for a list of patients who could have been exposed to the disease (in waiting rooms or exam rooms).

- For COVID-19, persons may have been exposed by:

    1. being within approximately 6 feet of a COVID-19 case for a prolonged period of time.

    2. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

    3. Once you receive line lists of employees/clients:

    4. Track receipt of line lists and determine who needs follow up for isolation/quarantine/monitoring.

    5. Give this information to the Facility Isolation and Quarantine Team for follow up. (Health officer orders may be issued to monitor any worker in a hospital/healthcare facility who has direct contact or exposure with the suspect/confirmed patients).

- For COVID-19 the ERT should go on scene to an outpatient facility reporting a confirmed COVID-19 to do an epi assessment. However, clients and staff may have left the area before being contained. These persons may need to be tracked down.

- Give them the most appropriate email for return of documents. If DOC open line lists can be faxed to <u>805-681-5192 (DOC) OR 681-5142 (EMS Office).</u>


## Staff Supervision and Administrative Items

☐ Review roster of staff assigned to Case and Contact Investigation Units;

☐ Assess staff skills and provide "just in time" training

☐ Collect contact information available for Case and Contact Investigation Units.

☐ Be familiar with the roles, Job Action Sheets, and data collection forms for all staff assigned to the Case and Contact Investigation Units.

☐ Be familiar with equipment and supplies used in field operations.

☐ Be familiar with definitions of cases and contacts.

☐ Approve necessary adjustments to forms, questionnaires, and surveys; coordinate changes with the Surveillance Team Leader and/or the Epidemiology & Investigations Group Supervisor.

☐ Be familiar with when and how to refer a case or contact for isolation and quarantine; familiar with appropriate home isolation and quarantine guidelines,

infection control precautions, and required Health Officer Isolation and Quarantine Legal Orders.

☐ Brief Case and Contact Investigation Units on:

- Staff name and roles
- Mission and goals of team
- Objectives for the operational period
- Specific assignments to team members
- Distribute and review data collection forms
- Train team members on proper interview protocol if necessary
- Transportation assignments
- Assignment of field communication devices is applicable – exchange of phone numbers
- Safety in the field
- Equipment needed

☐ Collect equipment needed:

- Directions to locations
- Communication devices
- Collection forms/ kits

☐ Ensure Case and Contact Units provide periodic reports that will be passed along to the Surveillance Team.

☐ Schedule times for staff check-in, departure.

☐ Participate as a Field Investigator is necessary; refer to Job Action Sheet for duties.

☐ Collect data collection forms from staff, review forms for completion, clarify any consistencies or illegible areas and deliver to Surveillance Team.

☐ Determine protocol for re-assigning cases; determine protocol for when case/contact is lost-to-follow-up.

☐ Return field equipment to appropriate location; return any specimens to PHL; discard of biohazard waste appropriately.

☐ Coordinate with Laboratory Team if after hours drop off needed.

☐ Complete the Situation Status Update at least once per operational period.

**If Isolation & Quarantine Procedures are enacted by the Health Officer and Supervisor, refer to the *Isolation & Quarantine Team Leader Job Action Shee*t.**

## *End of Current Operational Period*

- Complete all required forms, reports, and other documentation and give to Epidemiology and Investigation Group Supervisor.

- Clean up your work area before you leave.

- Ensure the in-processing of any equipment checked out to you.

- Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

- Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

- Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

- Turn in all equipment to Logistics Section and obtain appropriate return forms.

- Turn in all paper documents to Planning Section.

- Ensure completion of any other tasks in the Demobilization Plan.

- Participate in event Hot Wash and/or After Action Report (AAR) session.

- Request any Post-Incident Debriefing or other support as needed.

# Case Investigation Unit Leader

> **Function:** Conduct investigation and surveillance activities as needed
>
> **Report to:** Investigation Team Leader
>
> **Expertise / Training:** SEMS Training, ICS, and Management

## *Responsibilities*

- Conduct investigation activities as needed, e.g. case investigation, contact investigation, specimen collection, environmental investigation, etc.

- Conduct active surveillance for cases by collecting specific types of surveillance data on designated data collection forms.

## *Initial Activation*

☐ Meet with day-to-day Supervisor and identify critical tasks that may need to be placed on hold or assigned to other staff during the activation.

☐ Meet with Investigation Team Leader and obtain instructions, objectives, or overview of the situation as needed.

☐ Read entire Job Action Sheets for all positions in the Investigation Team.

☐ Alert supervisor if you are unable to perform any of the duties in the Job Action Sheets. Clarify any questions or concerns with assigned supervisor prior to work.

☐ Put on identification vest, ID badge, etc. if provided.

☐ Attend Initial Briefing Meeting.

☐ Introduce self to all staff assigned to team.

☐ Familiarize self with the work station and resources.

☐ Establish and maintain an Operational Log (ICS Form 214) that chronologically describes your actions during your shift.

☐ Review message form instructions, if provided.

## *Current Operational Period*

☐ Initiate and maintain an Operational Log (ICS Form 214) throughout the entire shift.

☐ Receive transportation assignment from Field Unit.

☐ Introduce self to all staff assigned to Field Unit.

☐ Be familiar with assigned data collection forms.

☐ Be familiar with equipment and supplies used in field operations.

☐ Be familiar with field safety guidelines and contact information for Field Unit. Drive to _____ location.

☐ Check-in at location designated by Field Unit.

☐ Be oriented to assigned location(s) for case finding and introduced.

☐ Note times for staff check-in and meeting place and time for departure.

☐ Conduct field-based case investigation and contact tracing/management.

☐ Complete appropriate data collection form. Types of information to be gathered include (but are not limited to):

- Data fields available (name, medical record number, date, age, diagnosis, address, hospital location, etc.).

- Time required to search log/database to find cases meeting search criteria.

- Linkages to patient databases in other clinical care location.

- Sample chart abstraction to complete a case report form.

☐ Transmit data to the E&S Data Team for data entry.

☐ If conducting active surveillance, periodically report to Surveillance Team Leader on progress of surveillance activities. Be familiar with Surveillance Team active surveillance strategy and any required forms.

☐ Document and evaluate field-based case investigation and contact tracing/management.

☐ Document active surveillance activities.

## *End of Current Operational Period*

☐ Complete all required forms, reports, and other documentation and give to Investigation Team Leader.

☐ Clean up your work area before you leave.

☐ Ensure the in-processing of any equipment checked out to you.

☐ Brief on-coming staff at shift change on specific job position duties. Ensure that ongoing activities are identified and that follow-up requirements are known before you leave your workstation.

☐ Sign out and log the hours worked during the response. Leave a phone number where you can be reached.

## *Demobilization*

☐ Obtain instructions for organizing and backing up all computer files. Complete process as instructed.

☐ Turn in all equipment to Logistics Section and obtain appropriate return forms.

☐ Turn in all paper documents to Planning Section.

☐ Ensure completion of any other tasks in the Demobilization Plan.

☐ Participate in event Hot Wash and/or After Action Report (AAR) session.

☐ Request any Post-Incident Debriefing or other support as needed.