

Unified County of Orange
and
Orange County
Operational Area



Disease Outbreak Response Annex

November 2017

I. Operational Area Executive Board and Emergency Management Council Letter of Approval

Orange County Operational Area Executive Board

Representatives of Law Enforcement Mutual Aid, Police Chiefs' and Sheriff's Association, Fire and Rescue Mutual Aid, Fire Chiefs' Association, Public Works Mutual Aid, City Engineers and Public Works Directors Association, Orange County Board of Supervisors, Health Care Mutual Aid, City Manager's Association, League of Cities, School Districts, Special Districts.

Members:

County of Orange
O. C. Fire Authority
Aliso Viejo
Anaheim
Brea
Buena Park
Costa Mesa
Dana Point
Fountain Valley
Fullerton
Garden Grove
Huntington Beach
Irvine
La Habra
La Palma
Laguna Beach
Laguna Hills
Laguna Niguel
Laguna Woods
Lake Forest
Mission Viejo
Newport Beach
Orange
Placentia
Rancho Santa Margarita
San Clemente
San Juan Capistrano
Santa Ana
Seal Beach
Stanton
Tustin
Villa Park
Westminster
Yorba Linda
Anaheim City School District
Anaheim Union H.S. District
Brea-Clarks Unified School District
Capistrano Unified School District
Cerritos School District
Costa Community College
Cypress School District
Fountain Valley School District
Fullerton Joint Union H.S. District
Fullerton School District
Garden Grove Unified School District
Huntington Beach School District
Huntington Beach Union H.S. District
Irvine Unified School District
La Habra City School District
Laguna Beach Unified School District
Los Alamitos Unified School District
Lowell Joint School District
Magnolia School District
Newport-Mesa Unified School District
North O.C. Community College District
North ROP
O.C. Department of Education
Orange View School District
Orange Unified School District
Placentia-Yorba Linda Unified School District
Rancho Santiago Comm College District
Saddleback Valley Unified School District
Santa Ana Unified School District
Savanna School District
So. O.C. Community College District
Tustin Unified School District
Westminster School District
AMWASERRA
Buena Park Library
Capistrano Bay Comm Services District
Capistrano Beach Sanitation District
Capistrano Beach Water District
Costa Mesa Sanitary District
Dana Point Sanitary District
East Orange County Water District
El Toro Water District
Emeryville Bay Comm Services District
Garden Grove Sanitary District
Irvine Ranch Water District
Laguna Beach County Water District
Los Alamitos County Water District
Mesa Consolidated Water District
Midway City Sanitary District
Mission Viejo Water District
Municipal Water District of O. C.
O. C. Transportation Authority
Orange County Cemetery District
Orange County Sanitation District
Orange County Vector Control
Orange County Water District
Placentia Library District of O.C.
Rosemead Comm Services District
Santa Margarita Water District
Santiago County Water District
Serrano Water District
South Coast Water District
Sunset Beach Sanitary District
Tahoe Canyon Water District
Yorba Linda Water District

November 10, 2010

Members of the Operational Area
Members of the Board of Supervisors
County of Orange Department Heads
American Red Cross/Orange County Chapter
California Emergency Management Agency

Dear Orange County Emergency Response and Recovery Officials;

Herewith is presented the revised Disease Outbreak Response Annex (DORA). This annex is the foundation for the response and recovery operations from the Operational Area (OA) and County's perspective.

The Orange County Operational Area Executive Board has approved this annex on behalf of the OA Members; the County of Orange Emergency Management Council (EMC), which governs the County of Orange Emergency Organization, has approved and concurs with this annex. This annex continues to enhance the OA/County's response and recovery capabilities and includes: the Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS), the Incident Command System (ICS) and the duties and responsibilities of the County and its departments/agencies in preparedness, response, and recovery procedures. A copy of the Disease Outbreak Response Annex may be obtained through the Orange County Sheriff's Department, Emergency Management Bureau.

This annex is a compilation of multiply public agencies, special districts and non-profit organizations all with disaster response interests. The Disease Outbreak Response Annex is linked to jurisdiction, discipline and mutual aid plans and standard operational procedures through the Operational Area and the County of Orange Emergency Operations Plans.

This annex is designed as a reference and guidance document. We look to you as members of the County of Orange and Orange County's Operational Area Emergency Response Organization to assist in the ongoing process of program and capability improvement. Use of this annex when responding in the EOC and during exercises and drills will continue to enhance our ability to respond.

Sincerely,



Orange County Operational Area
Executive Board
Chair

Sincerely,



County of Orange Emergency Management
Council
Chair

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II. Record of Changes

Date of Revision	Revision Description	Section/Component	Revision Completed By
2016-2017	Annex revision to new template	The whole annex	Emergency Management Division
April 2017	Updated Disease Agents	Appendices	Emergency Management Division
April 2017	Added OC Health Care Agency Supporting Divisions and Programs	Appendices	Emergency Management Division
July 2017	Annex review by OCEMO	The whole Annex	Emergency Management Division
August 2017	Annex review by DAFN	The whole Annex	Emergency Management Division

III. Plan Distribution

The Orange County Sheriff's Department, Emergency Management Division (EMD) is responsible for developing, maintaining and distributing the County of Orange and Orange County Operational Area Emergency Operations Plan (County and OA EOP).

EMD will make the Unified County and OA Disease Outbreak Response Annex (DORA) available to all county departments, OA jurisdictions, California Office of Emergency Services (Cal OES) and other partner organizations as necessary and upon request. An electronic version are available through WebEOC in PrepareOC. Additionally hard copies are available at the EOC and EMD staff have remote access to all plans and annexes.

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Chapter One: Introduction

1.1 Overview

The County of Orange and the Orange County Operational Area (OA) recognize that a large disease outbreak, whether local, regional and/or worldwide requires a collaborative and coordinated response to address the challenges this event will present. A large disease outbreak has the potential to cause illness in a significant number of people in a short period of time; overwhelm the healthcare system; jeopardize critical services such as healthcare, law enforcement, fire, emergency response, communications, transportation, utilities and sanitation services; and require the distribution of needed medical supplies and medical countermeasures to certain groups within a specified timeframe.

An outbreak could occur quickly, resulting in an immediate and large scale activation throughout the county (e.g. suspected anthrax dispersal) or be prolonged, lasting up to 18 months (e.g. mild to severe pandemic). Affecting multiple countries throughout the world simultaneously, furthermore, a large disease outbreak may not be limited to a contained or specified geographical area, thus mutual aid and resources from outside the county may be limited.

1.2 Purpose

This Disease Outbreak Response Annex (DORA) supports the Unified County of Orange and Orange County Operational Area Emergency Operations Plans (County and OA EOP) and the Orange County Health Care Agency (HCA) EOP because key facets in disease outbreak planning and response are constantly changing, this Annex will serve as a working document and will be updated and revised periodically as additional information, guidance and corrective actions become available. In the event of a large disease outbreak recommendations and actions described herein may change based on current needs and availability of resources. Updates will also incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts.

The purpose of the Disease Outbreak Response Annex is to:

- Outline key planning assumptions, principles, policy considerations;
- Identify objectives for the identification, investigation, containment and response activities related to a large disease outbreak in Orange County;
- Explain the unique challenges a large disease outbreak present and outline responsibilities and roles of emergency organizations;
- List key actions and activities HCA and supporting OA jurisdictions may conduct when responding to a local, regional and nationwide disease outbreak in order to reduce illness and death rates, maintain essential services and assist in minimizing social and economic disruption; and
- Provide guidance on disease response that will inform and direct provision of a targeted, prioritized and/or mass medication, vaccination and/or medical supply distribution under the

County and OA Medical Countermeasures (MCM) Annex in coordination with HCA and other OA partners.

During a large disease outbreak the Orange County OA's main responsibility will be coordinating resources, information gathering and dissemination, and supporting response activities.

1.3 Preparing, Responding and Recovering with the Whole Community Strategy

The County of Orange strives to incorporate the Whole Community perspective in its emergency planning. By planning for the Whole Community, complexities in the diversity in Orange County are assimilated into the County of Orange planning strategy.

Orange County's definition of disabilities and those with access and/or functional needs is as follows:

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence and the ability to perform the activities of daily living, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

Having recognized the need to be inclusive in its emergency planning, the OA formed the Orange County Disabilities and Access and Functional Needs (DAFN) Working Group in 2011 to strengthen partnerships with the disability community and those with access and/or functional needs. This team includes representatives from county agencies, local jurisdictions and nonprofit organizations serving people with disabilities and those with access and/or functional needs in Orange County. This group's instrumental efforts have turned the OA towards more inclusive emergency planning for the Whole Community. This group reviewed the Disease Outbreak Response Annex in August 2017 and provided valuable feedback.

In order to meet the unique needs of children in disasters, the OA formed the Kids in Disasters (KIDs) Working Group as a sub-committee of the DAFN Working Group. The mission of the KIDS working group is to engage public and private community, government and healthcare organizations and individuals to promote coordinated efforts and partnerships to ensure that infants' and children's needs are met before, during, and after disasters. Integrating children (0-18) into disaster planning requires special emergency preparedness and planning. Disasters have proven evident that children are vulnerable and require additional support during emergency situations, especially when displaced from their parents or guardians. The physical and psychological damage sustained by children can far outweigh the same effects inflicted on grown members of society, including children with disabilities and those with access and/or functional

needs. The KIDs Working Group will assist in identifying and supporting community programs that help meet the physical, medical, and mental health needs of children in disasters.

Furthermore, the County and OA are committed to maximizing compliance with the Americans with Disabilities Act and providing the best service to Orange County residents and visitors. As such, the County and Operational Area adheres to the guidelines outlined below:

- Disability will not prevent accessibility to services or facilities provided by the County.
- The County will not exclude or deny benefits of any sort based on a disability, access or functional need.
- The County will work to accommodate people with disabilities and those with access and/or functional needs in the most integrated setting possible.
- During all phases of disaster response, the County will make reasonable modifications to policies, practices and procedures, if necessary, to ensure programmatic and architectural access to all.
- The County will shelter people with disabilities and those with access and/or functional needs with their families, friends and/or neighbors as feasible in the most integrated setting possible.

1.4 Disease Agent and Outbreak Characteristics

A disease outbreak arises when the incidence of disease within a defined community or geographical area/region during a specified time period (e.g. influenza season) exceeds what would normally be expected. A single case of a communicable disease may be considered an outbreak if the disease is not usually seen in that area. For example, an outbreak may occur with a single case of a disease long absent from a population (e.g. smallpox), an agent (e.g. bacterium or virus) not previously recognized in that community or geographical area, or the emergence of a previously unknown disease within a community. The outbreak may occur in a restricted or specific geographical area, be widespread throughout the community (epidemic), or may extend over several countries and continents (pandemic). It may occur naturally, be introduced intentionally (e.g. bioterrorism); and may last for a few days, weeks, or for several years.

Current disease outbreak threats include, but are not limited to:

- Foodborne illness, including norovirus
- Influenza, including seasonal, novel, and/or pandemic influenza strains
- Childhood vaccine-preventable diseases, such as measles and pertussis
- Vector-borne diseases, such as West Nile Virus, Typhus, or Zika
- Emerging pathogens, including Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and viral hemorrhagic fevers such as Ebola
- Centers for Disease Control and Prevention (CDC) Bioterrorism Agents

Characteristics of a disease agent, which could cause, or be used to cause, a large disease outbreak, will be identified based on the following criteria:

- Mode of transmission
- Virulence/severity
- Immunity of population
- Geographic spread
- Presence of vector (if applicable) in area

1.4.1 Mode of Transmission

A disease is contagious if it is caused by some type of agent that can be spread from person to person. Not all outbreaks are caused by infectious diseases that require person to person spread (e.g. aerosolized anthrax, vector-borne diseases). This may occur through certain modes of transmission:

- Direct
 - Direct contact (e.g., skin-skin contact, kissing, sexual intercourse; includes contact with contaminated soil or vegetation)
 - Droplet spread (i.e., respiratory droplets caused by sneezing, coughing, talking, etc. that can spray over a few feet)
- Indirect
 - Airborne (i.e., dust or droplet nuclei that are very small and stay suspended in air for long periods of time and can travel great distances)
 - Vehicles (e.g., contaminated inanimate materials; food, water, biologic products (blood)).
 - Vectors (e.g., mosquitoes, fleas and ticks that carry the infectious agent).

For more information about modes of transmission, see
<http://www.cdc.gov/opphss/csels/dsepd/ss1978/lesson1/section10.html>.

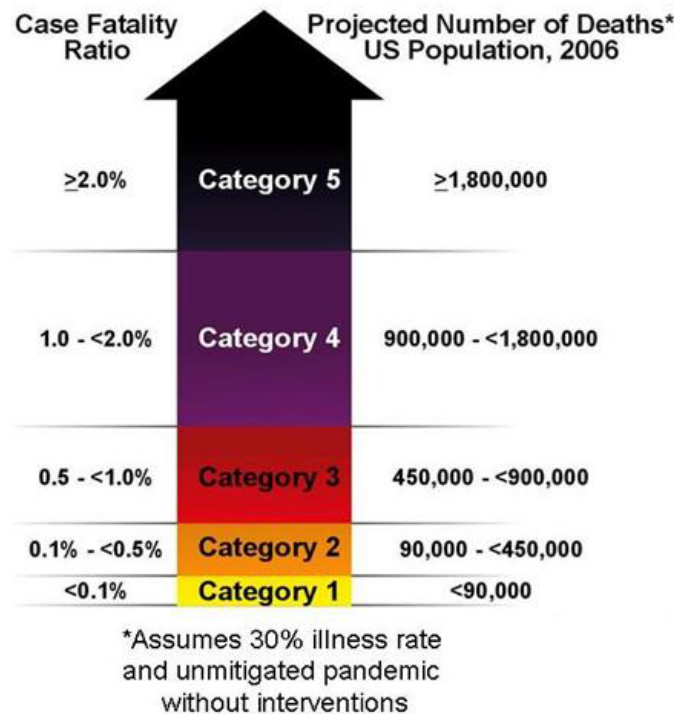
The communicability of a disease agent refers to how readily the disease agent can be transmitted from an infected person, animal or other inanimate object/host to another host. Rapidity of spread is affected by the communicability as well as the time required for a newly infected person to become communicable, how long a person stays infectious, and the number and distribution of susceptible people.

The attack rate (i.e. proportion (often expressed as percent) of a population who become ill with a specified agent after exposure and mode of transmission will be directly correlated with the spread of that agent within a geographical region.

1.4.2 Virulence/Severity

The level of disease virulence, or severity, is indicated by several factors which may include: Case Fatality Ratio (CFR), defined as the proportion of people contracting a disease who die of that disease, hospitalization rates, and intensive care admission rates. For example, during an influenza pandemic, the severity of the pandemic (Category 1-5) is defined by the CFR as below:

Figure 1 U.S. Pandemic Severity Index by Category¹



The figure above reflects deaths only; the number of individuals requiring outpatient visits and hospitalization would be many times greater. The estimated number of deaths by pandemic severity category and CFR for Orange County residents is depicted in Figure 2.

Figure 2 Estimate of Orange County Deaths CFR Based on Pandemic Influenza Severity

Orange County Population (2015)	Population Ill (30%)	Severity Index 1 < 0.1% CFR	Severity Index 2 0.1-0.5% CFR	Severity Index 3 0.5-1.0% CFR	Severity Index 4 1.0-2.0% CFR	Severity Index 5 >2.0% CFR
3,161,218*	948,365	< 948	948 – 4,742	4,742 – 9,484	9,484 – 18,967	>18,967

*Data Source: *State of California, Department of Finance, Report P-1 (Total Population): State and County Population Projections, 2010-2060*. Sacramento, California, February 2017; available at <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>.

¹ US Pandemic Severity Index. From “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States” (2007), available at https://www.cdc.gov/flu/pandemic-resources/pdf/community_mitigation-sm.pdf

1.4.3 Immunity of Population

Individual immunity to a disease is acquired through natural infection or through vaccination. If a disease has never been seen before in a given population, it can spread rapidly if no vaccine is available. For diseases for which vaccines are available, herd immunity can protect even those that are not immune if a large percentage of the population has been vaccinated or previously have had the disease. However, if vaccination rates fall in specific communities or throughout the county, outbreaks of even the vaccine-preventable diseases can occur.

1.4.4 Geographic Spread

The area in which a disease agent can spread will also contribute to determining the level of response. The level of response will vary according to the disease agent, mode of transmission, communicability, virulence/severity, containment efforts, size, type, and susceptibility of population exposed, previous response experience, and location and type of exposure (e.g. ongoing versus one-time introduction). These geographical areas can be defined as:

- Localized event – a defined group of people, one city, or multiple cities, are affected. The response may or may not require assistance from neighboring cities and/or counties.
- Community-wide or regional event – multiple cities, the entire county, or a region of counties are affected. The event may or may not require assistance from neighboring counties, regions, the state or a federal response.
- Pandemic – an epidemic that becomes geographically widespread and affects multiple areas of the world. Assistance from other areas will likely not be available as they also may be affected or may be anticipating an impending need for their own local response.

For example with pandemic influenza, the World Health Organization (WHO) defines six pandemic alert phases with phase 3 having limited human-human transmission among close contacts, phase 4 causing “community-level outbreaks”, phase 5 with human-human spread in at least two countries in one WHO region, and phase 6 characterized by community-level outbreaks in at least one other country in a different WHO region. For more information about WHO pandemic phases, see <http://www.who.int/csr/disease/swineflu/phase/en/>.

1.5 Planning Assumptions

1.5.1 General Assumptions

- An outbreak of a new disease or one uncommon to the area will likely require public health assistance for diagnosis and clinical management.
- A large disease outbreak will likely require the coordination of county, public and/or private sector partners.
- Increased mortality may impact Coroner operations; including handling, identification and final disposition of the deceased.
- The ability of the federal and state government to support local jurisdictions may be limited at the onset of the disease outbreak based on scale (i.e. statewide/worldwide), and may continue to be limited for an extended period.

- Coordination with local, state and federal agencies and representatives is essential for an effective response.
- Contagious disease outbreaks may occur simultaneously throughout much of the region and nation, limiting mutual assistance and resources from others.

1.5.2 Time Period

- The first detected case of infection in the state or country may occur within Orange County.
- Because of high rates of international travel and many ports of entry, there may be very little time between the identification of a disease agent in another country and the first identified human case in Orange County.

1.5.3 Healthcare Surge

- A large disease outbreak will place a great strain on existing health care resources.
- The healthcare system will need support in addressing shortages in:
 - Personnel
 - Space
 - Medications/Vaccinations
 - Medical equipment, supplies, and other resources (i.e. medical transport)
- Additional resources from mutual aid and volunteer groups may not be available to assist in the Orange County response.
- Utilization of Disaster Service Workers, Medical Reserve Corps, and other affiliated volunteers to work outside of their normal scope of work may be required to deal with staffing shortages.
- To support the healthcare surge, the healthcare community must plan for:
 - Triage to mitigate the number of people seeking medical care
 - Effective outpatient management
 - Cancellation of elective procedures
 - Transfer of patients into alternate existing healthcare community settings (e.g., outpatient clinics, home health or hospice, long term care facilities)
 - Establishment of ancillary or alternate care sites
 - Rationing and prioritization of equipment and services
 - Laboratory and pharmacy operations
 - Altering of standards of care

Refer to the Orange County HCA Medical Surge Plan for more information about healthcare surge planning and response.

1.5.4 Prophylaxis and Treatment

- Prophylaxis and/or treatment in response to a disease outbreak may require the administration of antibiotics, antitoxins, antivirals and/or vaccines, collectively referred to as Medical Countermeasures (MCM).
- Patients may require access to MCM within 24-48 hours of symptom onset or suspected disease exposure.
- However for some diseases, MCM may not be effective to treat or protect against a novel disease agent or may be in very limited supply with distribution occurring in phases.

- MCM shipments may arrive through state and regional mutual aid sources (e.g. Strategic National Stockpile (SNS)).
- If sufficient quantities of MCM are not available at disease outbreak onset, prioritization may be required and will be allocated according to federal and state guidance, recommendations or requirements.
- Targeted prophylaxis and treatment methods may need to be conducted on a smaller scale utilizing specialized distribution methods.
- Mass prophylaxis/vaccination may require the activation of Point of Dispensing (POD) sites within the OA to provide large groups of the population with the necessary medical countermeasures.
- If not readily available, a vaccine may take months after a novel disease agent is detected to be manufactured, tested and distributed. Supplies to administer the vaccine may also be limited.
- Multiple doses of vaccine administered over weeks, or months, apart may be required to develop maximal immunity to a novel disease agent.
- Local health departments may be required to manage the receipt, storage, distribution, tracking, and use of drugs and vaccines, as well as monitoring of their adverse events, in consultation with state and federal authorities.

Refer to the County and OA Medical Countermeasure (MCM) Annex for details about prophylaxis and treatment in response to disease outbreak.

1.5.5 Impact to Essential Services

- Essential services may need to be defined and re-defined over the course of the outbreak, and continuity of operations plans will need to be implemented.
- Critical goods and services provided by vendors, contractors, and consultants may be erratic and stressed.
- During a large disease outbreak there may be competing emergency transportation requirements and requests for prioritization, both for people and for supplies and equipment.
- Safe transportation may require increased cleaning and protective equipment, and decisions may be needed regarding whether transportation systems should be closed.
- In a prolonged disease outbreak response, interruption in the transportation and delivery of supplies may lead to a need for public/private partnerships to support resource distribution.

1.5.6 Public Information

- There will be a significant surge in the need for messages and public communications.
- Information provided to the public from OA jurisdictions must come from Orange County HCA and/or County and OA Emergency Operations Center (EOC), if activated. During a disease outbreak the overall situation could be changing very quickly. Dissemination of information must be a coordinated effort with consistent messaging.
- Different types of communications (e.g., where to go for prophylaxis, how to prevent infection, community mitigation measures, or where to go for food and water) will need to occur simultaneously to varied populations and community partners.

1.5.7 Security

- Multiple security requirements could result during a large disease outbreak response, including security during:
 - The receipt, storage and transport of SNS assets
 - POD site operations
 - Possibly healthcare and alternate care site operations

1.5.8 Measures to Protect Public

- Non-pharmaceutical community mitigation strategies, such as social distancing and school dismissals may be effective to limit transmission and slow the spread of a communicable disease agent especially while medical countermeasures are unavailable.
- Early in an outbreak of a communicable disease with significant morbidity or mortality, containment measures including isolation of ill and quarantine of exposed may be necessary to limit transmission.
- Increased environmental cleaning may be needed, including of public facilities and transport vehicles.

See Appendix 3 Community Containment Strategies for more information.

1.5.9 Staffing

- High absenteeism levels may reduce available services within the community.
- Absenteeism will be the result of workers becoming ill, staying home to care for children or family members, or refusing to go to work due to fear of becoming ill.
- Persons may be absent from work for extended periods, depending on the agent.

1.5.10 Animal Care

- Depending on the disease, there may be concerns regarding infection in or from pets, or exposure of pets to infected persons.
- A severe disease outbreak could result in an increase in strays, an increase in individuals unable to care for pets, and increased ectoparasites (e.g., fleas).
- Animal shelter capacity in existing facilities will likely be exceeded and infection control risks from ill animals will limit the ability to shelter some animals.

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Chapter Two: Concept of Operations

2.1 Goals of Emergency Management

Emergency management goals in response to a disease outbreak are multi-faceted, involving every sector of the emergency response organization (federal, state, OA, county, city, public and private school districts, special districts, and community based organizations).

2.1.1 Operational Area response activities may focus on:

- Implementing recommendations and taking actions to reduce or delay transmission of the disease among employees and the community.
 - Refer to Appendix 3: Community Containment Strategies for more information regarding the types of actions and recommendations which may occur in response to a disease outbreak.
- Maintaining mission-critical operations and services.
- Minimizing social disruptions and the economic impact of a disease outbreak.
- Maintaining situational awareness and supporting surveillance activities.
- Providing security to support infection prevention, control, and treatment activities.
- Coordinating transportation to support testing, infection prevention, control, and treatment activities.
- Coordinating delivery of food and other essential items to public distribution sites if supplies are limited or regular distribution is interrupted.
- Coordinating communications and disseminating consistent public information announcements.
 - For additional information regarding communications during a disease outbreak, see Appendix 8: Risk Communications and Information.
- Coordinating mutual aid requests when local resources are exhausted.
- Identifying facilities and providing logistical support for mass care, healthcare surge, and mass prophylaxis.
- Providing supporting services and policies for emergency responders, including personal protective equipment recommendations and guidance.
- Coordinating surge in mortuary and funeral services.
- Coordinating information with OA jurisdictions.

2.1.2 OC Health Care Agency with the support of the OA response activities may focus on:

- Detection of the introduction of a disease agent into the County and the initial stages of an outbreak.
- Efforts to contain spread of disease after initial introduction or early in outbreak, if possible.
- Surveillance to assess severity and extent of disease.
- Provision of disease information to OA, health care providers, and other community partners.
- Public education and provision of health information.
- Recommendations for social distancing measures, if required.
- Receipt and deployment of pharmaceutical and medical supplies from local, state, and federal stockpiles.
- Prioritized distribution of antimicrobials and vaccine if available but supply is limited.

- Coordination of mass prophylaxis, if available and supply permits.
- Mobilization of the Medical Reserve Corps (MRC) to assist the medical response and medical supply deployment.

2.1.3 California State response activities may focus on:

- Receipt of the federal pharmaceutical medical supplies, including but not limited to, the assets of the Strategic National Stockpile, assisting with breakdown and repackaging of these resources, and arranging transport to impacted areas or regions.
- Issuance of statewide alerts.
- Management of statewide resources and deployments as needed.
- Laboratory support, as available.
- Activation of the State and Regional Emergency Operations Centers (SOC and REOC, respectively), as required.
- Activation of the National Guard, if necessary.
- Issuance of emergency orders to maintain civil order or allow altered standards of care, if necessary.
- Providing consultation and resources to local government, as requested and available.
- Monitoring the outbreak or cases and contacts from a state perspective.

2.1.4 Federal response activities may include multiple agencies, and will focus on:

- Delivery of federal resources, specifically pharmaceutical and medical supplies.
- Consultation and local support, as requested and necessary.
- Possible deployment of field teams (e.g., Disaster Medical Assistance Team [DMAT]), Disaster Mortuary Operational Response Team [DMORT].
- Development of guidelines for treatment, follow-up, referral, and infection control.
- Monitoring of the outbreak from the national perspective.
- Issuance of national emergency notices, if necessary.

2.2 Planning Principles and Policies

The County and OA Disease Outbreak Response Annex is a working document that will be updated as needed, including the incorporation of new information as it emerges regarding responding to a large disease outbreak. Disease outbreak planning principles and policies require a coordinated response well beyond the capacity of one agency or system.

2.2.1 Human Resource/Personnel

Policies and guidelines provided during the response will be modified from federal and/or state guidelines, if available. Policies surrounding OA response and day to day operations staff should be based on the following considerations:

- **Disaster Service Worker Obligations:** Employees/disaster service workers should be reminded of their obligation to report to work during a disease outbreak.
- **Employee Leave:** Human Resources, Finance and Support services should review, revise and/or develop personnel policies that consider employee compensation during absences due to factors such as personal illness, family member illness, trauma, isolation, quarantine, and/or public transportation closures.

- **Flexible Work Schedules:** Human Resources and Information Technology should expand emergency policies and procedures that allow for flexible worksite measures (e.g. telecommuting), remote access capabilities, and flexible work hours (e.g. staggered shifts, extended shifts) if such modifications need to be made as a result of the outbreak.
- **Travel and Purchasing Policies:** Appropriate travel and purchasing policies (e.g., travel restrictions, modifying current purchasing policies to allow for the prompt/immediate approval of items, employee job coding of time) should be considered/established prior to an outbreak.
- **Prophylaxis/ Vaccination:** The County and OA EOC will provide information received from the Orange County Health Care Agency regarding prioritization for prophylaxis and/or vaccination and the implementation of an employee vaccination/prophylaxis program if these services become available.

2.2.2 Prophylaxis and Treatment

During a disease outbreak, early identification of the agent and reviewing the need for treatment and/or prophylaxis, if available, are important for preventing illness and mitigating the spread. Use of local, state and federal stockpiles of antibiotics, antivirals, and vaccines (also known as medical countermeasures (MCM)), and other medical supplies/equipment, will be a key strategy in decreasing the number of people affected and the morbidity and mortality of the disease.

Local recommendations for the use of antimicrobials (e.g. antibiotics, antivirals) and vaccine as a form of prophylaxis or treatment, along with prioritization guidelines, will be provided by HCA Disease Control and Epidemiology based on CDC and California Department of Public Health (CDPH) recommendations for use. These recommendations will be based on supply availability, disease characteristics, known effectiveness of treatment or prophylaxis measures, and antimicrobial resistance patterns. Examples of the use of medical countermeasures can include:

- Pre-exposure prophylaxis – given before exposure to prevent a disease.
- Post-exposure prophylaxis – given to prevent or lessen the severity of illness in someone who has been exposed to an agent but is not yet sick. Success of the prophylactic measure depends on the particular agent, the drug/vaccine and how soon after exposure prophylaxis begins.
- Treatment - A prescribed course of antimicrobials that is given to someone who has become ill to eliminate the infection (if possible), prevent disease spread, and/or reduce complications of illness.
- Vaccination – given to persons to prevent infection. May be given post-exposure for some diseases, but most often used pre-exposure to provide immunity in certain populations. Can also provide benefit in decreasing person to person transmission.

See the County and OA Medical Countermeasures Annex (MCM), Health Care Agency's Points of Distribution (POD) Field Operating Guide for details about storage, distribution and dispensing of MCM.

2.2.3 Medical Supplies and Personal Protective Equipment

Medical supplies to support the response to a disease outbreak are the responsibility of OA jurisdictions to procure.

Use and Guidelines

Guidelines for the recommended use of medical supplies and personal protective equipment during a disease outbreak will be provided by the OCHCA, CDC, CDPH and/or the California Occupational Safety and Health Administration (CalOSHA). The County and OA Policy Group will follow the recommendations of CDC/CDPH or local recommendations and guidelines based on information provided from HCA. Guidance may be directed at the use of supplies and equipment in the home, work/occupational settings, health care settings and the community.

Medical Supply & Equipment Requests

Medical supplies and personal protective equipment (e.g. facemasks, respirators) provided to OCHCA from state or federal caches during a disease outbreak are to be utilized by medical response personnel.

Any OA organization which places PPE equipment policies in place, should have stockpiled such supplies. Normal protocols specified in local Emergency Operations Plans and the County and OA EOP should be applied utilizing logistics when additional resources are being requested.

2.2.4 Mass Care

- Residents may need to stay in their homes for significant periods, requiring advance preparations and/or accommodation to meet basic needs (e.g., food, water, prescription medications, and over-the-counter medications).
- Inability to work may lead to an inability to purchase basic necessities for some populations.
- In a prolonged disease outbreak, interruption in the transportation and delivery of supplies may lead to a need for public/private partnerships to support food distribution.
- Emergency responders and key employees working extended shifts may need on-site care and sheltering.

2.2.5 Use of Facilities

- Mass prophylaxis and healthcare surge needs may require the use of facilities within Orange County. The Health Care Agency and local jurisdictions (cities) will continue to develop Memoranda of Understanding/Agreements with facility owners for use as a point of dispensing site (POD.)
- Safety inspections for suitability of facilities will be the responsibility of each jurisdiction. County inspectors will inspect county facilities, and cities will inspect city facilities.

2.2.6 Surge in Mortuary and Funeral Services

- A severe disease outbreak could result in a surge in mortuary and funeral services. In addition, infection prevention and control practices may need to be implemented and burial traditions may need to be modified to prevent transmission among funeral attendees.

- There may be multiple unattended deaths which may require modification of processing procedures, especially in situations of critical personnel shortages.
- Issues with identification of deceased and transport of deceased out of the area may also be encountered.
- There may be a need for temporary storage of deceased.

2.2.7 Transportation

- In a severe disease outbreak there may be competing emergency transportation requirements and requests for prioritization, both for people and for supplies and equipment. Safe transportation may require increased cleaning and protective equipment, and decisions may be needed regarding whether transportation systems should be closed.

2.3 Direction, Control, and Coordination

2.3.1 Operational Area Coordinator (OAC) and Director of Emergency Services (DES)

The County Health Officer, or designee, will serve as the Operational Area Coordinator (OAC) during a large disease outbreak response. The OAC's authorities and responsibilities are outlined in the Unified County of Orange and Operational Area EOP. Specific to this Annex, the OAC has the primary responsibility for activating its response strategy at the level appropriate to the specific disease agent based on the disease outbreak characteristics described.

The County Executive Officer (CEO), or designee is the Director of Emergency Services (DES) for a large disease outbreak. The DES' authorities and responsibilities are outlined in the Unified County of Orange and Operational Area EOP. The CEO is responsible for directing the County's emergency organization and requesting the County Board of Supervisors proclaim the existence or threatened existence of a Local Emergency in the County, if necessary.

As some of the duties and responsibilities of the OAC and DES do overlap, they will collaborate in a Unified Command. However, the OAC will have the primary responsibility for coordinating the OA response while the DES is the primary on managing County resources.

2.3.2 Proclaiming a Health Emergency

Proclaiming a health emergency during a disease outbreak event will follow the same protocols as described in the County and OA EOP, under the authority of California Government Code Section §8558, 8607, 8630 and California Health and Safety codes §101040, 120175, 120200, 120210, and as prescribed by County Ordinance No. 3915, Section 3-1-6.

A County Proclamation will be coordinated with the County and OA EOC and County Counsel and must be ratified by the Orange County Board of Supervisors within 7 days and continuation (renewal) of the proclamation must be done every 30 days.

A Proclamation of Local Emergency (health related or otherwise) is the proclaimed existence of:

- Conditions of disaster or of extreme peril to the safety of persons and property within Orange County.
- Conditions that are or are likely to be beyond the control of local resources or require the combined resources of other political subdivisions.

Purpose:

- Authorizes the undertaking of extraordinary police powers.
- Provides limited immunity for emergency actions of public employees and governing bodies.
- Authorized the issuance of orders and regulations to protect life and property.
- Activates pre-established local emergency provisions such as special purchasing and contracting.

A local proclamation allows the County to request mutual aid. It provides access and authority to impose curfews; close business establishments; close public buildings and places such as streets, schools, parks, beaches and amusement parks; and direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property.

2.3.3 Activation of the County and OA EOC

The level of County and OA EOC activation will be determined by the Operational Area Coordinator and Director of Emergency Services (OAC/DES). During the initial activation of the County and OA EOC, a conference call may be utilized to assess the current situation and determine the appropriate agency participation, current actions, operational period objectives and response priorities. Communications and updates with community partners will be facilitated by the HCA Public Information Officer, Joint Information Center (JIC), and the County and OA EOC, if requested.

County and OA EOC response functions are outlined in the Unified County and Operational Area EOP. During a large disease outbreak the level of County and OA EOC activation will depend on the disease characteristics. Based on the characteristics of the disease, the County and OA EOC will be activated as needed, or upon request from a County department or OA jurisdiction.

If the risk of disease contagion is high, it may be necessary to utilize a Virtual EOC environment to reduce the probability of disease transmission. Many technological methods can be used to achieve this including the use of WebEOC, video or web-conferencing, conference calls and email.

EOC Activation Triggers

The Unified County of Orange and Operational Area EOP provides the criteria used for an activation. During a disease response, the following additional criteria may be used to determine if the County and OA EOC needs to activate:

- An outbreak with the potential for severe disease or social disruption that requires coordination with County departments and OA jurisdictions and/or is not likely to be contained with existing resources.
- During a proclaimed local health emergency.
- Coordination of several County departments and OA jurisdictions in response to the emergency is necessary.
- County resources may be overwhelmed and a proclamation of an emergency may be warranted.

2.4 Organization and Assignment of Responsibilities

During a large disease outbreak, it will be the responsibility of all sections to ensure continuity of emergency operations when personnel are ill by activating appropriate lines of succession as defined in the Unified County and OA EOP. In addition, all Section Chiefs and the DES/OAC should coordinate closely with the Logistics Section, Personnel Unit to ensure redundant personnel are available to support operations through the Disaster Service Worker program.

2.4.1 Management Section

In order to efficiently respond to a large disease outbreak, the Management Section may need to assume atypical responsibilities, or augment traditional roles.

Additional responsibilities of functions in the Management Section during a disease outbreak include:

- The **DES, OAC and Policy Group** shall make decisions regarding closing businesses and schools, and limiting social gatherings and travel, especially in circumstances where public health recommendations conflict with special events.
- The **DES, OAC and Policy Group** shall set priorities for treatment and prophylaxis amongst the public, emergency responders, and essential leadership personnel, following federal and state guidance.
- The **DES, OAC and Policy Group** shall set policies for alternate standards of care or deviations from normal procedures and practices other than those in State law or regulation and implement changes in State laws or regulations affecting standards of care. These types of decisions could range from altering medical standards of care to altering dispatch procedures.
- The **DES and OAC**, in coordination with the Operations and Logistics Section Chiefs, local hospitals, and the Emergency Medical Services (EMS) shall identify and allocate resources, including available private assets, in situations of shortage.
- The **DES** shall proclaim a local emergency when necessary.
- The **Legal Affairs Officer** shall formulate legal documents with sound legal grounds for all actions determined by the Policy Group.
- The **Safety Officer** shall ensure all emergency response personnel are outfitted appropriately and follow safety precautions, safety plans are developed and implemented at all sites, and accidents or failures in protection are investigated.

- The **Public Information Officer** shall support the DES/OAC, County departments and OA jurisdictions in addressing all specialized public information related to the disease outbreak.

2.4.2 Operations Section

In a large disease outbreak the Operations Section will be tasked with addressing a wide range of response activities. Some policy and procedures may be specific to a type of disease (e.g. Ebola) where specific procedures are in place. Those procedures can be found in the attachments of this annex.

Additional responsibilities of the Operations Section during an outbreak response include:

- The **Operations Section Chief** shall identify the need to establish and then coordinate staging areas amongst OA jurisdictions for the diversity of resources that will need to be stored and tracked.
- The **Medical and Health Branch** (Medical, Public Health, Behavioral, Environmental Health Groups and Agricultural Commissioner) shall coordinate all health, medical, environmental behavioral health related activities. Health and Medical will provide disease updates and the latest public health recommendations from the WHO, CDC, CDPH, and HCA. This branch will communicate and coordinate with the HEOC and HCA EMS DOC providing the County and OA EOC information on hospitals, emergency medical response, surge, and patient transport. The Behavioral Health Group shall coordinate with OA jurisdictions to address behavioral health needs of the general population and the emergency workers during the outbreak response (and recovery). Additionally, the Medical and Health Care Branch will provide information on any SNS, POD or other type of HCA activity.
- The **Fire and Rescue Branch Director** shall coordinate with the 9-1-1 communications center and EMS to modify existing 9-1-1 triage procedures and response. This may necessitate ambulance transport to non-traditional destinations, or use of non-ambulance transportation for the non-critical patients.
- The **Law Enforcement and Traffic Control Branch Director** shall address and coordinate security and vehicular traffic issues, such as secure storage and transport of medical assets, security at mass prophylaxis sites, security at healthcare and alternate care sites, security for closed businesses and facilities not in use, security at shelter and feeding sites, and security and infection control in prisons and for prisoner transport. The Law Enforcement and Traffic Control Branch Director shall, in circumstances of personnel shortage, address, coordinate, and support OA jurisdictions in prioritizing or providing alternate mechanisms for decedent operations such as mass fatalities management, identifying remains, notifying next of kin, releasing remains, and storing personal property of deceased.
- The **Care and Shelter Branch Director** shall coordinate with OA jurisdictions to prioritize care, shelter, lodging, and food provisions for the general public, while ensuring appropriate infection prevention and control practices (in conjunction with the Medical and Health Branch). It will do the same for emergency workers in coordination with the Logistics Section.
 - The **Animal Care Services Group** shall coordinate the collection and sheltering of displaced and dead animals (including large livestock), assess the need for testing and/or performing necropsies on animals and maintain essential services at Animal Shelters. They shall also provide communication and transportation support for other agency

disaster functions, staff the OCCR Animal Care Services Department Operations Center, as needed, and request medical mutual aid through various established channels.

2.4.3 Planning and Intelligence Section

The Planning and Intelligence Section will have the same responsibilities during an outbreak response as described in the County and OA EOP. Additional challenges to the Planning and Intelligence Section will result from the types of monitoring and surveillance systems needed during an outbreak. Because the damage will be primarily to people and not infrastructure, systems to assess and report situation status may need to be modified, and new systems defined. In addition, resource status will be difficult to maintain in real time and will change frequently. It may be difficult to receive situation reports from organizations overwhelmed by response. Planning and Intelligence will rely heavily on the Health Care Agency's Epidemiology Division as Technical Specialists for situational awareness and information.

2.4.4 Logistics Section

The Logistics Section will have the same responsibilities during an outbreak as defined in the County and OA EOP. However, challenges to the Logistic Section will result from the constant fluctuation of available personnel and resources to support response operations and the need to sustain staffing over months.

- The **Resources and Support Unit** shall support the assessment of available supplies of pharmaceuticals, critical medical devices and personal protective equipment (PPE) in local caches, such as the OCHCA Bioterrorism (BT) Stockpile, and assist with resource supply and procurement when they are exhausted.
- The **Transportation Unit** shall handle requests from the OCHCA HEOC Logistics Section for additional county cargo vans, passenger vans and other vehicles to support transport of medical assets and other response operations, and coordinate appropriate routes.
- The **Communications, Alert and Warning Unit** shall ensure continuity of communication between the field and agency EOCs especially if alternate care sites and PODs are being used.

2.4.5 Finance and Administration Section

The Finance and Administration Section will have the same responsibilities during a disease outbreak as described in the County and OA EOP. Additional challenges posed to the Finance and Administration Section by the disease outbreak will include having to track costs over a long period of time (e.g., months) and in which reimbursement is not forthcoming in the near term. Furthermore, traditional practices based on cost reimbursement from infrastructure damage will not apply to the outbreak. Federal and state reimbursement programs do not currently define outbreak damages (e.g., lost wages/productivity) as reimbursable. This may affect typical reimbursement for both Public Assistance and Individual Assistance grants programs, if made available.

2.5 Coordination with OCHCA Supporting Divisions/Programs

OCHCA will play a key role in the disease outbreak response and will lead the outbreak investigation and surveillance activities, provide disease control and mitigation recommendations, coordinate functioning of health facilities and pre-hospital response, provide or coordinate behavioral health services, and identify and mitigate food, water and hazardous material safety issues. OCHCA will rely on divisions and programs to support a disease outbreak response. OCHCA has established a Health Emergency Operation Center (HEOC) and one Emergency Medical Services Department Operation Center (DOC), to coordinate and manage emergencies. It is not possible in advance to predict who will be affected by the etiologic agent of a disease outbreak, and the scope of the response needed may exceed the capacity of the public and private sectors. Support may need to be garnered from both traditional and non-traditional external organizations through the OA jurisdictions, OA, or State EOCs. However, of particular importance at the County and OA level will be an understanding of the roles and responsibilities of OCHCA's various divisions and programs during a disease outbreak response, which are outlined in Appendix I.

2.6 Public Notifications and Alerts

The role of public information during and after a disaster is crucial. If employees, residents and businesses lack reliable information, this may be paralyzing for them and may turn to distrust or anger at authorities. It is imperative that the OA go beyond minimal efforts to keep the public aware and informed. It will therefore include provision of timely, reliable, and regular information via multiple media channels, including print, broadcast, website(s), social media, community organizations and networks, direct outreach, etc., as well as in multiple languages and formats.

All efforts will be made to keep residents, businesses, and government employees informed of what they can expect from the County and/or OA, where and how they can access resources and information, and conversely they should be informed of what their community expects of them and where and how they can access the resources they need to be self-reliant and advance their own recoveries.

Public information channels such as social media, hotlines, or in-person visits must be quickly established to receive incoming questions and referrals. Communication with employees, residents and businesses that may have been displaced outside the county will also need to be addressed.

The County and OA has a multitude of tools available to assist in the dissemination of public information. It is the responsibility of the PIO to initiate the use of all applicable communication mediums in order to reach the intended audience during response and recovery. The same message should be distributed across all channels to minimize any confusion due to conflicting information.

Communication systems utilized by the Operational Area are described in the Unified County and OA Emergency Operations Plan and Joint Information System Annex, in addition to the following systems

Orange County Health Care Agency Website

The OCHCA website (<http://www.ocalthinfo.com>) is an information for medical and health community and the public. During a disease outbreak this site will serve as a place for disease specific information and press releases.

HCA Public Information Hotline

HCA has the capability of opening a public information hotline (Health Referral Hotline) to receive direct inquiries from the public. This hotline capability can supplement the County and OA Public Information Hotline or can be used independently in situations where the County and OA EOC is not activated.

2.7 County and OA Coordination

Conference Call

Timely, accurate and effective communication with OA jurisdictions is vital during any event. Due to the complexities of a disease outbreak, it is important to understand the communication lines between the OC Sheriff's Department, Emergency Management Division, the Orange County Health Care Agency and the jurisdictions impacted throughout the OA.

Conference calls are an exceptional tool during an incident of this type and are held at the federal to local level. During a large disease outbreak Orange County will conduct conference calls with the OA using right-to-know vs. need-to-know strategies.

WebEOC

In order to provide a common operational picture, the Operational Area employs WebEOC as a crisis management software system. WebEOC uses "Jurisdictional Information Management System (JIMS) Boards" to display and share disaster information within jurisdictions and between OA jurisdictions.

The OCSD EMD and OA jurisdictions should use WebEOC during a Disease Outbreak event for the following purposes:

- Review situational information posted by OA jurisdictions.
- Request and review each OA jurisdiction's situational status.
- Post press releases.

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Chapter Three: Plan Development and Maintenance

3.1 Overview

Principles in disease outbreak planning take into account established policies and procedures for infectious disease outbreaks, as well as assumptions about outbreaks provided by WHO, planning guidance from the U.S. Department of Health and Human Services (HHS), CDC, the Homeland Security Council, and CDPH.

The CDPH, Pandemic Influenza Preparedness and Response Plan (September 2006) and the Los Angeles Public Health Department Pandemic Influenza Preparedness and Response Plan (March 2007) served as templates for the development and composition of this Annex. Additionally, the following documents were used as guides and sources of reference information:

- UCLA Center for Public Health and Disaster: "Writing a Disaster Plan: A Guide for Health Departments," July 2005
- National Association of County and City Health Officials: "Local Health Department Guide to Pandemic Influenza Planning," Version 1.0 2006
- Centers for Disease Control: "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-pharmaceutical Interventions," February 2007

3.2 Plan Maintenance

This annex has been developed and reviewed by the Orange County Emergency Management Organization (OCEMO) and the Emergency Management Council Sub-Committee (EMC Sub-Committee) and presented for final approval to the Orange County Operational Area Executive Board and Emergency Management Council. Ongoing maintenance will be by periodic review at the minimum of every two years by OCEMO and the EMC Sub-Committee with revisions tasked to the Orange County Sheriff's Department, Emergency Management Division with support from the Orange County Health Care Agency.

In addition, the OA and OCHCA continuously collaborates and coordinates with local, regional and state jurisdictions in disaster preparedness planning, training, and exercises. OCHCA staff participates monthly in conference calls with CDPH and all local public health jurisdictions to discuss emergency preparedness and medical countermeasures planning, including training and statewide exercise development.

3.3 Training and Exercises

Each jurisdiction within Orange County is responsible for its own planning, training and exercises, as well as involvement in Operational Area planning, training and exercises as required by Standardized Emergency Management System (SEMS) / National Incident Management System (NIMS).

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Chapter Four: Authorities and References

The following Authorities and References specific to this annex are listed below:

4.1 Federal

- Public Health Service Act, as amended
- U.S. Department of Health and Human Services, Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, as amended
- U.S. Department of Health and Human Services, Pandemic and All-Hazards Reauthorization Act (PAHPRA) of 2013, as amended
- U.S. Department of Health and Human Services, Public Readiness and Emergency Act (PREP Act)
- U.S. Food and Drug Administration, Medical Countermeasures Initiative (MCMi)
- U.S. Food and Drug Administration, Emergency Use Authorization (EUA)
- Centers for Disease Control, Strategic National Stockpile
- Centers for Disease Control Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States
- Centers for Disease Control Zika Interim Response Plan, 2017

4.2 State

- California Health and Safety Code Sections Pertaining to State Authorities
- California Health and Safety Code Sections Pertaining to Local Authorities
- California Health and Safety Code Sections Pertaining to Emergency Medical Services
- California State Emergency Plan
- California State Pandemic Plan
- California Department of Public Health Pandemic Influenza Preparedness and Response Plan
- California Department of Public Health Interim Guidance: Implementing a Pandemic Influenza Vaccine Immunization Program in California
- California Department of Public Health Guidance for Surveillance of and Response to Invasive Aedes Mosquitoes and Dengue, Chikungunya and Zika in California, 2017
- California Medical Mutual Aid Plan
- Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance

4.3 County

- Unified County of Orange and Orange County Operational Emergency Operations Plan
- County of Orange and Orange County Operational Area Medical Countermeasures (MCM) Annex
- County of Orange and Orange County Operational Area Weapons of Mass Destruction Annex
- County of Orange and Orange County Joint Information System Annex
- Orange County Coroners Mass Fatalities Response Plan
- Orange County Health Care Agency Emergency Operations Plan
- Orange County Health Care Agency Point of Dispensing Field Operations Guide
- Orange County Health Care Agency Business Continuity Plan

4.4 Acronyms Specific to this Annex

BHS	Behavioral Health Services
CAHAN	California Health Alert Network
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CYS	Children and Youth Services
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
EMS	Emergency Medical Services
FDA	Food and Drug Administration
HAN	Health Alert Network
HCA	Health Care Agency
HDM	Health Disaster Management
HEOC	Health Emergency Operations Center
HHS	US Department of Health and Human Services
IAP	Immunization Assistance Program
ICP	Infection Control Practitioner
IDB	Infectious Diseases Branch
LRN	Laboratory Response Network
MCM	Medical Countermeasures
OIE	Office International des Epizooties
PHL	Public Health Laboratory
POD	Point of Dispensing
PPE	Personal Protective Equipment
RT-PCR	Reverse Transcriptase-Polymerase Chain Reaction
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
VAERS	Vaccine Adverse Event Reporting System
VRDL	Viral and Rickettsial Disease Laboratory
WHO	World Health Organization

Chapter Five: Appendices

[Appendix 1: Coordination with OC HCA Supporting Divisions and Programs](#)

[Appendix 2: Medical Distribution Models and Tracking Adverse Events](#)

[Appendix 3: Community Containment Strategies](#)

[Appendix 4: Influenza and Novel Viruses](#)

[Appendix 5: Bioterrorism Disease Agents](#)

[Appendix 6: Dengue Chikungunya and Zika](#)

[Appendix 7: Ebola Virus Disease \(EVD\)](#)

[Appendix 8: Risk Communications and Information](#)

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Appendix 1: Coordination with OCHCA Supporting Divisions and Programs

OCHCA will rely on divisions and programs to support a disease outbreak response. HCA has three DOCs (Environmental Health, Epidemiology and Assessment, and Emergency Medical Services) that are coordinated by the HEOC, which is a resource request and information clearinghouse for the DOCs. It is not possible in advance to predict who will be affected by the etiologic agent of a disease outbreak, and the scope of the response needed may exceed the capacity of the public and private sectors. Support may need to be garnered from both traditional and non-traditional external organizations through the County, OA jurisdictions, OA, or State EOCs. However, of particular importance at the County and OA level will be an understanding of the roles and responsibilities of OCHCA's various divisions and programs. The following divisions and programs within OCHCA will have active and direct roles during a pandemic influenza event or other communicable disease event.

Public Health Services (PHS)

PHS is responsible for monitoring the incidence of disease in the community and developing preventive strategies to maintain and improve the health of the public. PHS encompasses various divisions, including Disease Control & Epidemiology, Public Health Laboratory, Public Health Nursing, Family Health, Health Promotion, and Environmental Health. Divisions within Public Health Services that will be involved in a disease outbreak response, along with response roles, are, but not limited to the following:

Disease Control and Epidemiology (DCE)

- **Disease Surveillance and Reporting:** Conducts surveillance for communicable diseases and outbreaks, investigates the source of the infections, makes recommendations on infection control and other measures to decrease transmission, and participates in Public Health Assessment teams as needed. Surveillance may change over the course of the outbreak to focus on particular groups, such as hospitalized or fatal cases, depending on the situation. Submits case reports and/or aggregate data to CDPH as needed.
- **Case and Contact Management:** Early in an outbreak, DCE will provide and oversee case and contact management as per CDPH/CDC recommendations (if available). DCE will oversee implementation of isolation/quarantine measures as needed to contain or mitigate the level of transmission. As the outbreak evolves and more is known about the agent and/or more of the community is infected, case and contact management procedures may change.
- **Health Care Provider Education/guidance:** Disseminates information to and advises hospitals, clinics, other health care facilities, and health care providers on disease management and reporting.
- **Public and Community Partner Education/guidance:** Provides information and technical expertise to the OAC regarding disease mitigation strategies for community partners and the general public.
- **Public Information:** Serves as technical specialist to Public Information Officer (PIO) and or Joint Information Center (JIC) for public information and media requests related to

communicable diseases. Reviews and assists in development of disease information for Health Referral line or other community guidance.

- **Death Registration:** Addresses any surge in death registration by temporarily prioritizing registration of deaths over other activities of the Birth and Death Registration unit. Maintains alternate locations available for death registration including the Coroner Division and a geographic spread of funeral homes (all found on the state Electronic Death Registration System).
- **Surge:** Provides technical expertise to assist in request and allocation of community and HCA resources including personnel in the event of a communicable disease threat. Provides information to the HEOC Operations Chief and requests any resource needs, including medical mutual aid and staffing surge needs, through established channels. Public health clinic and program staff may serve as surge to support PODS or immunization clinics.

Orange County Public Health Laboratory (OCPHL)

Routinely provides laboratory testing services for Orange County programs and provides reference services for Orange County laboratories. During an emergency impacting the public, the OCPHL coordinates their activities with DCE and/or Environmental Health in regards to specimen submission and testing criteria.

- **Testing Capabilities:** The enhancement of testing capabilities during a disease outbreak will assist in:
 - Rapid/early detection of a disease agent.
 - Confirmation of suspected/probable cases.
 - Providing information to assist with case management.
- **Case Reporting:** Specimen reports will be sent as requested to HCA Policy Group, HCA Disease Control and Epidemiology (real time), and to CDPH, summarizing OCPHL results.
- **Surge:** Ensures adequate staffing of the HCA Public Health Lab and other program response areas. Provides data and information to the HEOC Operations Chief and will request any resource needs, including medical mutual aid and staffing surge needs, through established channels. May serve as a technical specialist for the Joint Information Center (JIC) or in support of HEOC operations.

Public Health Nursing (PHN)

PHN conducts assessments; assists with case management, referral and follow-up services; and provides disease education.

- **Public Health Assessment:**
 - Assesses health and functional needs of displaced persons and assists with referrals and case management of higher risk individuals.
 - Assesses living conditions in distressed neighborhoods and communities.
- **Serve as Public Health Liaison:**
 - Provides disease and health information to groups.
 - Assists in coordination of public and private services.
- **Staffing Surge Support – Upon request, may assist:**

- DCE with follow up on to suspected, probable or confirmed cases and contacts during a disease outbreak.
- DCE in serving isolation and quarantine orders and assessing the needs of those placed in isolation or quarantine.
- Provides Public Health Nursing support to:
 - Vaccination/medication dispensing sites.
 - Point of Dispensing (POD) sites.
 - HCA clinics.
 - Other locations as requested and able.

Family Health (FH)

May serve as a technical specialist or support HEOC operations. During an emergency impacting the public, FH staff will be responsible for:

- **Community Awareness and Outreach:** Ensures the HCA Health Referral Line is adequately staffed and public information is developed and approved by the HCA Policy Group and HCA PIO.
- **HCA Clinic Operations:** Ensures critical HCA clinic operations and any response operation are maintained to provide vaccination services to the community, HCA staff and other health care providers.
- **Distribution of Vaccine during a Disease Outbreak:** FH will be responsible for:
 - Reviewing recommendations for the prioritization/targeted distribution of vaccine.
 - Assessing immunization infrastructure and assisting in the development of distribution strategies.
 - Tracking and reporting adverse events to vaccines.
- **Staffing Surge Support: (upon request, may assist)**
 - DCE with specimen collection, immunization or other clinical services for management of suspect cases and contacts during a disease outbreak.

Health Promotion (HP)

Responsibilities may include:

- Develop and/or disseminate health education materials.
- Provide translation services.
- Provide staff to address HCA personnel needs and requests.

Environmental Health Services (EH):

The responsibilities of Orange County Environmental Health (EH) during disease outbreaks are defined by those functions which ensure the protection of public health for the citizens of Orange County during the emergency phase of the outbreak. Every EH program has the potential to be required to respond in an emergency role, depending on the incident.

The responsibilities of EH during a disease outbreak may include:

- Identification and mitigation of issues regarding food safety in retail and wholesale food facilities, safe drinking water, hazardous material, hazardous waste, and medical waste.

- Identification and mitigation of issues regarding sewage spills, health hazards associated with waste debris.
- Assessment, sampling, posting and closures of public recreational beaches.
- Identification and mitigation of issues regarding residential rental units, motels/hotels, and detention facilities.
- Assessment, sampling, and closure of public swimming pools and spas.
- Assessment of environmental health safety at shelters.
- Radiological and biological emergency response.
- Assisting other response agencies in our areas of expertise.

Behavioral Health Services (BHS)

The function of BHS is to provide timely and effective behavioral health interventions to community members, partners, and first response personnel psychologically impacted by an emergency, including a large disease outbreak. BHS supports EOC and HEOC operations and offers staffing capable of providing psychological first aid, referral and linkage to a variety of community resources intended to facilitate recovery, by tapping into resiliency, and encouraging connection to supportive community resources through direct intervention. All BHS staff members are Disaster Service Workers subject to activities as may be assigned to them in such events.

The responsibilities of BHS during a disease outbreak response include, but are not limited to:

- Assembly and deployment of BHS staff to requested sites to provide behavioral health support and to address HCA personnel needs and requests.
- Identification and mitigation of issues regarding behavioral health needs, provision of behavioral health support and services, including psychological first aid, hotline assistance, defusing, debriefings, assessment for ongoing care, referral and linkage, for community members, partners, and first response personnel.
- Coordination with the County EOC and HEOC PIO to communicate sensitive behavioral health care information as needed.
- Behavioral health follow up post outbreak, as needed.

Medical Services (MS)

Health Disaster Management (HDM)

The function of HDM is to coordinate emergency response functions related to all-hazards planning of health-related emergencies and manage the county-wide Emergency Medical System for medical emergencies.

HDM's responsibilities include:

- Ensure the HEOC and its systems are ready for emergency use 24/7.
- Support the HEOC structure and process to support Command and General Staff.
- Support and coordinate hospital and ambulance information, resource requests, and triage of medical resources through the EMS DOC.

- Fulfill the Medical Health Operational Area Coordinator (MHOAC) role and provide health and medical resource status updates to the Policy group, OA, and Regional Disaster Medical and Health Coordination Program.
- Oversee Point of Dispensing (POD) operations once activation requested by Health Officer/Policy Group.
- Facilitate logistics support and resource tracking for both HCA materials and supplies and those items requested from the OA.
- Liaisons with outside health care providers to provide information from HCA on health impacts of disaster.
- Carries out resource management priorities set by the Policy Group.
- Ensures communication capabilities with healthcare sector. Provides information to healthcare sector on prioritization of use of communication equipment.
- Provides interagency coordination of response activities.
- Collect and analyze information and provide situation assessment to HCA Policy Group for further response planning.
- Collect and disseminates information to key partners upon approval from HCA Policy Group.
- Coordinate and distribute resources as well as determine resource availability
- Monitor information from and provide to OA through WebEOC.
- Assist in coordination of the demobilization and recovery process.
- Support DOCs by collecting resource request and coordinating distribution of assets.
- Gather and collect information for After Action Report and Correctional Action Plan.

Employee Health

Employee Health Services will continue to provide or coordinate occupational health services for all County of Orange departments following a disease outbreak.

Correctional Health Services (CHS)

Provides medical, infection control, health education and pharmaceutical services at a community standard of care to all inmates in the County's five correctional facilities. CHS may be required to:

- Conduct disease screening upon inmate intake/transfer or per outbreak recommendations.
- Submit specimen samples to the PHL for testing.
- Provide personal protective equipment (PPE) and appropriate training to correctional setting personnel.
- Provide correctional setting personnel and inmates, if available, with antibiotics, antivirals and/or vaccine based on recommendations and guidelines provided.

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Appendix 2: Medical Distribution Models and Tracking Adverse Events

Overview

The ability to receive, store, manage, distribute and track medical supplies, drugs and equipment throughout the agency and OA is a major function of OCHCA.

Details on how medical supplies and antimicrobials are received, requested and processed are part of the Orange County OA Medical Countermeasure (MCM) Annex.

Medical Distribution

During a disease outbreak response, the use of medical countermeasures will be based on the disease characteristics outlined in Section 1.4. Based on CDPH and/or CDC guidance, drugs and/or vaccines may be recommended for specific tiers (e.g. stakeholder groups and/or individuals) based on the disease agent, risk of infection, risk of severe illness or developing complications, essential service provided (e.g. healthcare providers) and drug availability.

The Public Health Officer, acting as the OAC, will provide information to the OA on prioritization and distribution methods to ensure the medical countermeasures are allocated appropriately and reach their intended target groups. Examples of distribution strategies may include, but are not limited to:

- Prioritized
- Targeted
- Mass Dispensing/Vaccination

Prioritized Distribution

The prioritization of certain groups for prophylaxis and/or treatment will be based on DCE, CDC and/or CDPH recommendations once the disease agent and characteristics of that disease agent are identified. Vaccines may also be prioritized based on CDC, CDPH and/or DCE recommendations.

This method of distribution may be designed to:

- Limit mortality and morbidity.
- Decrease transmission in the community.
- Maintain response functions within the priority groups.
- Treat confirmed, probable, and/or suspect cases.
- Provide post-exposure prophylaxis in select settings.
- Limit clusters of cases in healthcare settings, school, institutional or household settings.
- Preserve limited supplies.

Targeted Distribution

Targeted distribution is a tiered system of categories based on federal and/or state recommendations that are designed to target those groups at higher risk to receive drugs and/or vaccines dependent upon disease severity. This method of distribution may be designed to:

- Be used when a larger supply is not available for those within all target groups.
- Maintain response functions within the target groups.
- Limit mortality and severe morbidity rates.
- Limit cases in specified occupational groups to ensure continuity of operations is maintained.

Mass Dispensing/Vaccination

A Mass Dispensing/Vaccination campaign will be conducted when drug, vaccine and/or medical supplies are available in large enough quantities to be made available to a large majority of the e public. This distribution method may include:

- Activation of Point of Dispensing (POD) sites.
- Activation of County and OA, HCA and jurisdictional Emergency Operation Centers.

Appendix 3: Community Containment Strategies

Background

Certain pharmaceutical and non-pharmaceutical community containment measures may play an important role in slowing the spread of the disease. Pharmaceutical measures such as antibiotics, antiviral drugs and/or vaccines will likely be in high demand or may be delayed and limited in supply.

Communicable Diseases

The implementation of non-pharmaceutical containment interventions may be the only practicable countermeasure to diminish the rate of transmission for communicable diseases. Non-pharmaceutical interventions may include use of respiratory etiquette and hand hygiene, home isolation and quarantine, school dismissal, and workplace and community social distancing.

Non-pharmaceutical interventions (NPI) are divided into different areas, and recommendations for their application depend on the severity of the disease. Recommendations for certain measures, such as use of hand hygiene and respiratory etiquette and staying home while ill, apply across all settings. NPI areas include:

- Home – isolation and quarantine (may be voluntary)
- Schools – dismissal of students from school and closure of child care programs along with measures to reduce mixing in other settings
- Workplace/Community - modify, postpone or cancel selected public gatherings and encourage alternatives to face-to-face meetings

Types of Mitigation Measures

Promoting Hand Hygiene & Respiratory Etiquette

- **Hand hygiene** includes hand washing with plain or antimicrobial soap and water and use of hand sanitizers containing at least 60% alcohol when soap and water are not available.
- **Respiratory etiquette** includes covering the mouth and nose with a tissue when sneezing or coughing, disposing of the used tissue and washing hands, or using hand sanitizer immediately afterward.

Home Isolation of Cases and Quarantine of Contacts

Individuals known or thought to be infected with the disease agent, who are not ill enough to require hospital care, may be recommended to stay home and avoid contact with other persons.

Home isolation will likely be voluntary, and guidance will be provided to household members about how to minimize their risk for infection while caring for the ill person.

Quarantine refers to the separation and restriction of movement or activities of people who are not ill but may have been exposed to infection for the purpose of preventing transmission of disease. Individuals exposed to persons infected with the outbreak agent may be asked to stay

home, will be instructed to be alert for symptoms, and will be instructed on homecare and when to seek medical care. Household members of contacts should pay particular attention to recommended hygiene practices.

Mandatory isolation and/or quarantine will likely only be considered for individual cases of a communicable disease with significant morbidity or mortality, in the earliest stage of the outbreak when the disease agent is first detected in Orange County, as it will not be feasible to monitor and enforce mandatory isolation or quarantine of a large number of persons.

Only the State Public Health Officer or the County Health Officer (or his/her designee) has the authority to mandate quarantine or isolation under the following laws: California Government Code §§7, 1194, 24100, 24101, 24105, California Health and Safety Code §§120100, 120105, 120110, 120115, 120130, 120140, 120175, 120195, 120200, 120225, 120240, 120275, 120295, 120300, 121364, 121365, 121366, 121367, California Code of Regulations, Title 17, §§2501, 2516, 2518, 2522, 2624, California Penal Code §1473.

School Dismissals

School aged children are often implicated as an important source of infection for household members, often shed more of the disease agent for a longer period of time than adults and have hygiene habits that are not as reliable as those of adults. Decisions regarding school dismissals may be made by the State or local Health Officer. Factors that may be taken into consideration in determining whether or not to dismiss schools include:

- The specific characteristics and epidemiology of the disease agent.
- The mortality and hospitalization rates among children.
- The likelihood that children would not spread the disease agent in other, non-academic settings.
- The impact on the workforce.
- Consideration for the health and welfare of the children affected by such dismissals.
- The evidence for the effectiveness of this intervention.

Schools or school districts may also opt to close or dismiss schools for staffing or attendance reasons.

Cancellation of Public Gatherings

Evidence on the effect of canceling public gatherings on person-to-person disease transmission is unclear. Decisions regarding criteria for such cancellations will depend on the specific characteristics and epidemiology of the disease agent as well as other considerations listed at the beginning of this document.

Use of Masks in Community Settings

There is very little information about the effectiveness of using facemasks² and respirators³ in community settings, and these devices should always be used in combination with other measures to prevent transmission. Public messages regarding the use of facemasks by asymptomatic individuals in the community setting should emphasize that masks are not a substitute for social distancing or other personal protection measures.

Supply issues should be considered so that mask and respirator use in communities does not limit their availability in health care settings. Health care workers have been identified as a higher risk group for exposure, and the importance and effectiveness of the use of respirators to reduce the risk of transmission in the health care setting has been documented.

During an outbreak of a communicable disease that is spread by the respiratory route, CDC may recommend any or all of the following:

- Avoiding close contact with others and crowded conditions.
- Limiting the time spent in crowded settings to the minimum necessary and consider using a facemask (especially for those who are at increased risk of severe infection or complications).
- Considering respirator use when close contact with an infectious person is unavoidable (for example, when caring for a household member with the disease agent). If a respirator is unavailable, use of a mask should be considered.
- Wearing of masks by ill persons if they must be in contact with other persons.

Mass Transit & Travel

Like most major urban areas, Orange County is heavily dependent on mass transportation. Crowding on mass transit in Orange County may lead to increased transmission of a disease agent that is spread from person to person. Telecommuting and other measures may be encouraged for businesses in order to reduce crowding of people on buses and trains workers use to travel to their workplaces, and to increase the effectiveness of social distancing efforts in the workplace.

Implementation of Community Mitigation Strategies

CDC guidance recommends that community containment measures be targeted, layered, and applied on a statewide or regional basis. In most situations, these measures would be instituted based on CDC guidance and/or recommendations. In conjunction with CDPH, HCA will consider the following community containment measures, with the goal of minimizing human-to-human spread while imposing the least restrictive measures possible. Maintenance of essential services (e.g.,

² Disposable masks cleared by the U.S. Food and Drug Administration for use as medical devices; these may be surgical, dental procedure or isolation facemasks.

³ An N95 or higher filtering face-piece respirator certified by the U.S. National Institute of Occupational Safety and Health.

health care, social services, transportation, food delivery, utilities, finance, information technology, and private business) in an affected area would be a priority.

The CDC currently suggests that community containment measures be implemented during a declared WHO Phase 6 depending on the severity of the pandemic. The applicability of recommendations may vary from jurisdiction to jurisdiction in the U.S. and in California depending on epidemiological data, population density, guidance provided by the CDC and CDPH, and other considerations.

Figure 2A: Recommended U.S. Community Mitigation Strategies by Pandemic Severity Level⁴

Pandemic Severity Index			
Interventions* by Setting	1	2 and 3	4 and 5
Home Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend†§	Recommend†§	Recommend†§
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider**	Recommend**
School Child social distancing -dismissal of students from schools and school based activities, and closure of child care programs -reduce out-of-school social contacts and community mixing	Generally not recommended Generally not recommended	Consider: ≤4 weeks†† Consider: ≤4 weeks††	Recommend: ≤12 weeks§§ Recommend: ≤12 weeks§§
Workplace / Community Adult social distancing -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings) -increase distance between persons (e.g., reduce density in public transit, workplace) -modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances) -modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended Generally not recommended Generally not recommended Generally not recommended	Consider Consider Consider	Recommend Recommend Recommend

⁴ From "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States" (2007), available at www.flu.gov.

Appendix 4: Influenza and Novel Viruses

Background

When a novel virus, e.g. a new influenza strain, emerges to which the population has little to no immunity, and the virus develops the ability to spread efficiently from person to person, a worldwide pandemic can occur. Influenza is a disease that primarily affects the respiratory tract (nose, throat, and lungs), comes on suddenly, may include fever, headache, cough (which may be severe and prolonged), sore throat, nasal congestion, and body aches, and may result in complications such as pneumonia. Influenza may also cause vomiting and diarrhea, especially in children.

An influenza pandemic is unlike other types of public health emergencies because it has the potential to rapidly cause illness in large numbers of people worldwide with continued transmission for months. The ease with which a virus strain transmits from person-to-person, the susceptibility of the population to it, and the severity of illness resulting from it are all factors that determine the level of response.

Pandemic Planning Assumptions

- The epidemiological characteristics of a novel virus may differ from those of seasonal influenza.
- The usual incubation period for human influenza averages two days, with a range of one to four days.
- When the circulating virus is more likely to be a non-human strain, the incubation and infectious periods may also differ from that of seasonal influenza.
- Transmission is likely to be primarily by droplet spread; there may also be contact and possible airborne transmission. Therefore, especially early in the pandemic before the characteristics of the virus are well established, infection control recommendations may include standard, airborne and contact precautions, including eye protection.
- The epidemiologic profile (i.e. virulence, principal mode of transmission, timing and duration of viral shedding, and attack rate in different risk groups) of the pandemic may change during each pandemic phase and wave, and recommendations regarding specific measures may need to be adapted over the course of the pandemic.
- The effectiveness of non-pharmaceutical containment measures is unknown and depends on timing of implementation, compliance among the targeted populations and characteristics of the novel virus.
- Some community containment measures may need to be in place for as long as 12 weeks, possibly even longer.
- The effectiveness of individual strategies for limiting transmission will depend on the feasibility of implementation within the existing infrastructure, secondary effects (e.g., loss of income due to closure of a workplace), availability of resources, and the public's willingness to comply.

- Measures that the public independently chooses to adopt may be acceptable, as long as they are reasonably effective, are not discriminatory, do not unduly divert essential resources, and are not used as a substitution for other required disease control measures.
- Individual isolation and quarantine may have limited use in a pandemic due to the short incubation period and the potential for transmission prior to symptoms that influenza viruses typically demonstrate. If the first confirmed cases in Orange County lead rapidly to outbreaks in multiple clusters, case and contact tracking may be ineffectual.
- Certain situations may require special consideration, especially situations that correspond to WHO Phases 4 through 6 (see below), and/or prior to significant spread within Orange County. Examples may include probable, suspected or confirmed cases in:
 - Persons who have traveled to a novel influenza-affected country or been exposed to a laboratory-confirmed human case,
 - Travelers on airplanes or cruise ships about to arrive in the U.S.,
 - Persons with known exposure to sick animals in the U.S., and/or
 - Small, well-defined settings, such as nursing homes, schools, etc.
- The pandemic may last as long as eighteen months and occur in several 8 to 12 weeks waves separated by weeks of inactivity, with mortality and morbidity increasing and decreasing sporadically.
- There will be no or limited availability of an influenza vaccine in the early phase(s) of a pandemic and a make take 6 to 9 months to produce enough vaccine for distribution.

WHO Pandemic Phases

WHO uses a series of six phases of pandemic alert as a system for identify the geographical spread of the virus. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses.

The designation of phases, including decisions on when to move from one phase to another, is made by the Director General of WHO. These phases are defined as follows:

Phase 1 - no viruses circulating among animals reported to cause infections in humans.

Phase 2 - animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

Phase 3 - animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

Phase 4 - characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

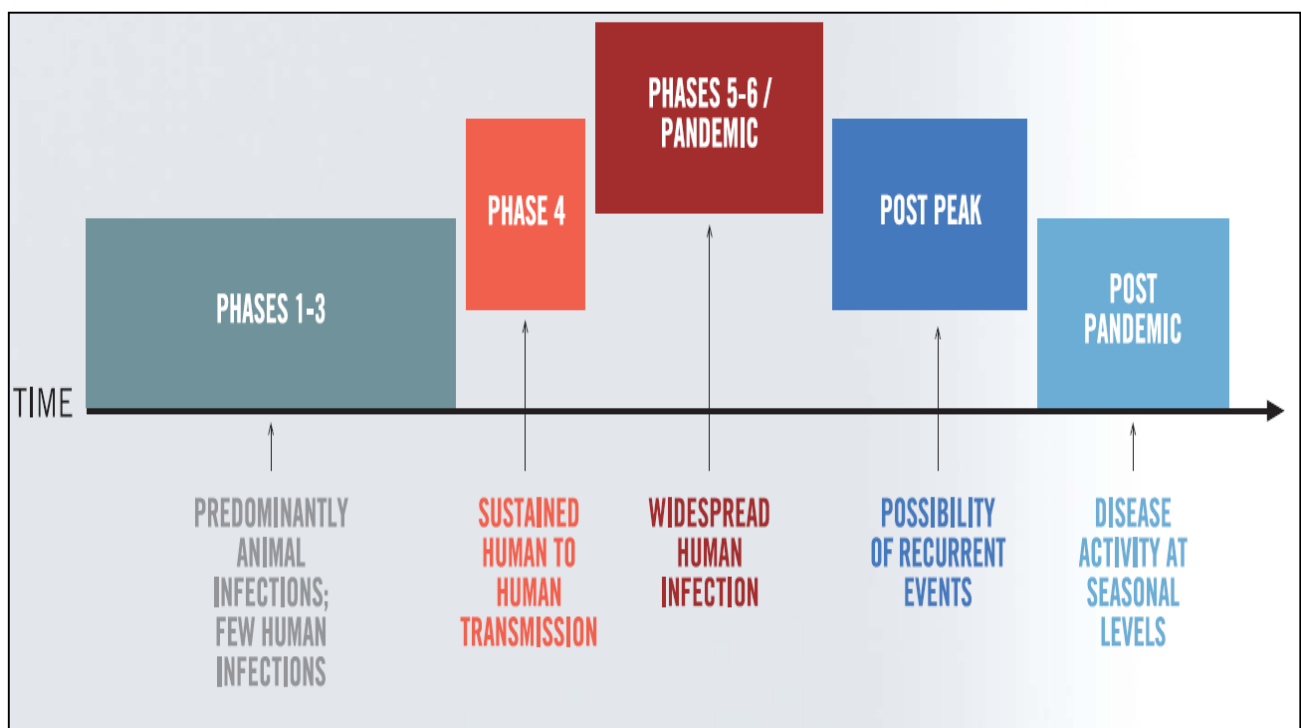
Phase 5 - characterized by human-to-human spread of the virus into at least two countries in one WHO region. Declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6 – Pandemic phase characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

Post-peak period – The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Post-pandemic period - At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Figure 1A: WHO Pandemic Influenza Phases⁵



⁵ WHO Pandemic Influenza Phases, available at www.who.int

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Appendix 5: Bioterrorism Disease Agents

Background

The Centers for Disease Control and Prevention (CDC) has categorized various biological agents, including pathogens, that the public health system and primary healthcare providers must be prepared to address and respond to as they could be viewed as potential disease outbreak agents. The categories and agents are classified as:

Category A – High-priority agents include organisms that pose a risk to national security because they:

- Can be easily disseminated or transmitted from person to person;
- Result in high mortality rates and have the potential for major public health impact;
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.
- Category A Agents include:
 - Anthrax (*Bacillus anthracis*)
 - Botulism (*Clostridium botulinum* toxin)
 - Plague (*Yersinia pestis*)
 - Smallpox (variola major)
 - Tularemia (*Francisella tularensis*)
 - Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

Category B - Second highest priority agents are classified as agency that:

- Are moderately easy to disseminate;
- Result in moderate morbidity rates and low mortality rates; and
- Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.
- Category B Agents include:
 - Brucellosis (*Brucella* species)
 - Epsilon toxin of *Clostridium perfringens*
 - Food safety threats (e.g., *Salmonella* species, *Escherichia coli* O157:H7, *Shigella*)
 - Glanders (*Burkholderia mallei*)
 - Melioidosis (*Burkholderia pseudomallei*)
 - Psittacosis (*Chlamydophila psittaci*, previously known as *Chlamydia psittaci*)
 - Q fever (*Coxiella burnetii*)
 - Ricin toxin from *Ricinus communis* (castor beans)
 - Staphylococcal enterotoxin B
 - Typhus fever (*Rickettsia prowazekii*)
 - Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])
 - Water safety threats (e.g., *Vibrio cholerae*, *Cryptosporidium parvum*)

Category C - Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of their:

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality rates and major health impact
- Agents include emerging infectious diseases such as Nipah virus and Hantavirus

Bioterrorism Disease Agent Response

The CDC does not prioritize these agents in any order of importance or likelihood of use. Whether used as potential bioterrorism agents or occurring naturally, these agents are often suspected only upon recognition of unusual disease clusters or symptoms.

Rapid response to a bioterrorism related disease outbreak requires prompt identification of the agent and potential treatment options. Due to the rapid onset of disease illness, it may not be practical to await diagnostic laboratory confirmation. Instead, it will be necessary to initiate a response based on the recognition of high-risk syndromes.

The CDC has developed a series of bioterrorism disease response agent fact sheets for the Category A agents that addresses the following aspects:

- Definition of the Agent
- Method of Spread
- Symptoms
- Level of Transmissibility
- Prevention Measures
- Treatment Measures
- What to do upon Suspected Exposure

These forms, and additional information, can be accessed at:

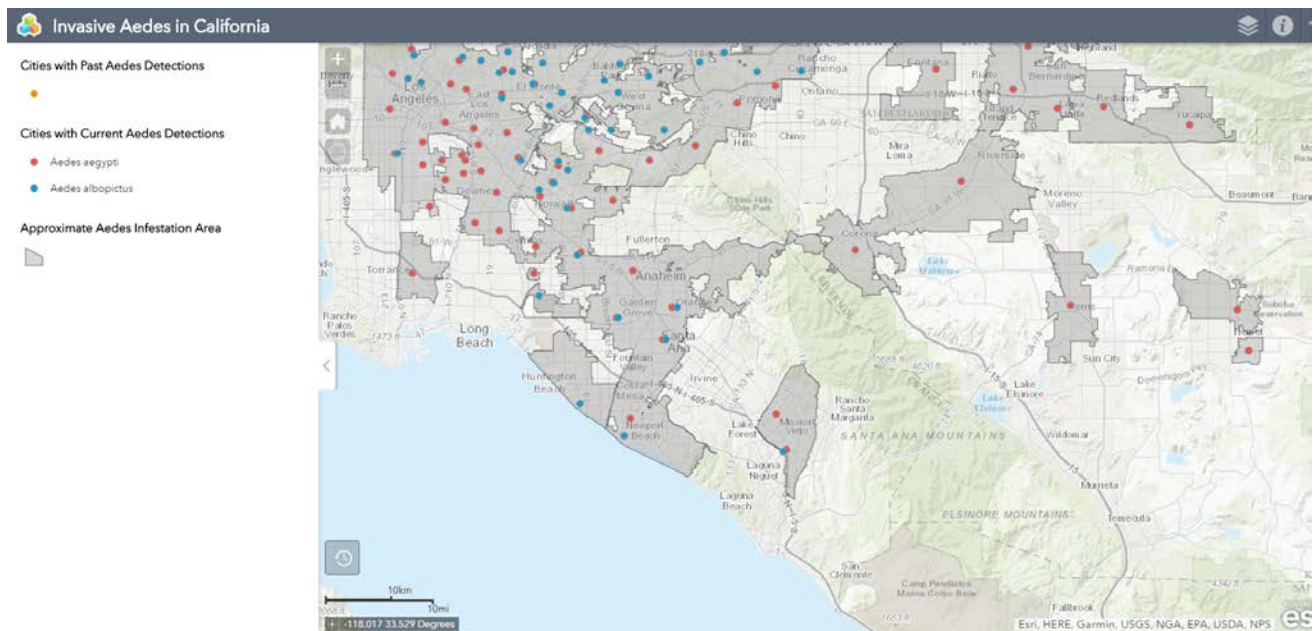
<https://emergency.cdc.gov/bioterrorism/>

Appendix 6: Dengue, Chikungunya and Zika

Background

The detections of *Aedes albopictus*, also known as the “Asian tiger mosquito,” in 2011 in Los Angeles County, and discoveries of *Aedes. aegypti*, also known as the “yellow fever mosquito,” in 2013 in urban areas of Fresno, Madera, and San Mateo counties demonstrated that California is vulnerable to colonization by these highly invasive mosquitoes. By the end of 2016, detections of one or both species had been made in 125 cities in 12 counties. Both species are vectors of exotic arthropod-borne viruses (arboviruses) including dengue, chikungunya, Zika, and yellow fever. Travel-associated human cases of dengue, chikungunya, and Zika have been reported in California, but none of these viruses are known to be transmitted locally by mosquitoes at present. Established invasive *Aedes* mosquito populations increase the potential for local transmission to occur.

CDPH Reporting as of April 17, 2017 of Invasive Aedes in Orange County



Dengue is a viral disease characterized by fever, headache, joint and muscle pain, which can progress to bleeding and shock in some people. Dengue transmission is common in much of the tropics, and outbreaks have occurred in areas of the United States where *Aedes aegypti* and *Aedes albopictus* are established, including Florida, Texas, and Hawaii. Presumably, infected visitors or returned travelers to these areas imported dengue virus and served as sources for these outbreaks.

Chikungunya is another viral disease with fever and severe joint pain, and outbreaks had been identified in countries in Africa, Asia, Europe, and the Indian and Pacific Oceans. In late 2013, the first local transmission of chikungunya virus in the Americas was identified in the Caribbean Islands, and the disease has since spread rapidly to other countries in South and Central America and continues to spread globally.

Zika is another viral disease with fever, rash, and joint pain, and, before 2015, outbreaks had occurred in areas of Africa, Southeast Asia, and the Pacific Islands. In May 2015, human cases were detected for the first time in Brazil, and Zika spread rapidly to other countries in Latin America and the Caribbean Islands. In 2016 the CDC designated Miami-Dade County, Florida and Brownsville, Cameron County, Texas as a Zika cautionary areas, due to reported mosquito-borne spread of the Zika virus. As of April 2017, California has reported 537 travel related Zika cases.

Zika was initially considered a mild disease, but there is now an association between Zika infection during pregnancy and the development of birth defects such as microcephaly, the development of abnormally small head and brain. In adults, Zika infection has been associated with Guillain-Barré syndrome, an autoimmune neurological disease. Zika virus can be sexually transmitted or acquired via blood transfusion; thus, all blood products in California are screened for Zika virus.

The behavior and habitat preferences of *Aedes aegypti* and *Aedes albopictus* differ substantially from the indigenous *Culex* mosquito species that are the primary targets of control programs in California's urban areas. Adult *Aedes aegypti* and *Aedes albopictus* are active during the day, have short flight ranges, and females are aggressive and persistent biters of mammals, especially humans. What is most distinctive is their preference for small, artificial water-holding containers for laying eggs and larval development; hence they are known as "container-breeding" mosquitoes. Their close association with and dependence on humans to provide larval habitat, particularly within residential properties, results in a widespread but often patchy distribution, making effective surveillance and control a challenge. Detection and control are further complicated by eggs that resist desiccation and can remain viable for months on dry surfaces of containers.

Response Activities

OC HCA in coordination with OC Mosquito and Vector Control District (OCMVCD), has established surveillance and response actions*:

**Response activities may change depending on situation and current CDC and CDPH recommendations.*

Surveillance Activities

OC HCA

- Advisories to clinicians
- Outreach to prenatal care providers
- Evaluating potential cases in returning travelers;
 - Arranging for testing, including pregnant women
- Enhancing laboratory capacity for Zika testing

OCMVCD

- Survey neighborhoods for *Aedes* mosquitos in traps and mosquitos breeding in water.

- Control strategy includes:
 - Establish perimeter around disease cases (1/8 and 1/4 mile surveillance and control zones)
 - Control and treat sources for immature and adult mosquitos

Response activities to a suspected local transmission

Joint notification of affected city or cities by OCHCA and OCMVCD

OCHCA

- Laboratory confirmation of result
- Case interview
 - Rule out sexual or travel exposure
 - Identify potential date range and sites of exposure
 - History of mosquito bites
- Household contact interview
 - Identify any other with Zika like symptoms

Response activities to confirmed local transmission

OCHCA

- Targeted surveillance at home, work or other likely location of exposure
 - To identify other recent cases from same or nearby mosquito pool
- All household members
 - Assess for symptoms
 - Urine/serum testing for Zika
- House to house survey of close neighbors, neighborhoods, local gathering places and workplaces
- Coordination of testing of all pregnant women (regardless of symptoms)
- Coordination of testing of all symptomatic persons within affected area.
- Determination of Zika cautionary area with CDPH and CDC
 - Communication of boundaries
 - Communication of travel, testing and related guidance
 - Including pregnant women, their partners and those planning pregnancy
- Augment outreach and communications with healthcare providers

OCMVCD

- Assessment for mosquito and sources
- Post signs in neighborhood(s) and mailers sent to homes in the immediate area
- OCMVCD Hotline activated

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Appendix 7: Ebola Virus Disease (EVD)

Background

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus species. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans:

- Ebola virus (*Zaire ebolavirus*);
- Sudan virus (*Sudan ebolavirus*);
- Taï Forest virus (*Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*); and
- Bundibugyo virus (*Bundibugyo ebolavirus*).
- Reston virus (*Reston ebolavirus*), has caused disease in nonhuman primates, but not in humans.

Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola virus remains unknown. However, on the basis of evidence and the nature of similar viruses, researchers believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five virus strains occur in an animal host native to Africa.

How does Ebola spread?

Ebola spreads from person-to-person by direct contact with a patient's body fluids, like saliva, blood, vomit, urine, feces, and sweat. The virus gets into the body through broken skin or mucous membranes (spongy skin like the kind you find in your nose or mouth). Ebola can also be spread by infected objects, like needles, that have been tainted with body fluids. Ebola can also spread after death, when preparing the patient's body for burial. Ebola can't spread through the air, in food, or water. It takes 8–10 days for most people to get symptoms, but it can range from 2–21 days. Patients can spread the virus while they have a fever or other symptoms. People who don't have symptoms can't spread Ebola.

What are the symptoms of Ebola?

Ebola can cause these signs of disease:

- Headache
- Vomiting
- Fever
- Stomach pain
- Weakness

- Lack of appetite
- Diarrhea
- Abnormal bleeding

Person Under Investigation (PUI)

A person who has both consistent signs or symptoms and risk factors as follows:

- Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**
- Travel to or residence in a country with widespread Ebola transmission or contact with a person with Ebola within the 21 days before the onset of symptoms.

Specific SOPs pertaining to an Ebola response are housed with HCA, OC Fire Authority, OC Sheriff's Department and OCSD Emergency Management Division.

Appendix 8: Risk Communications and Information

Background

Timely, accurate and effective communication with the public, news media, HCA staff, response agencies, health care providers, Operational Area jurisdictions and essential service providers is a critical component of disease outbreak preparedness and response.

During a large disease outbreak communications will center on incident information, guidelines and recommendations; and strategies to limit transmission and infection. Communications will also include information and recommendations specific to the needs and characteristics of Orange County. There will be an emphasis on communications to encourage preparedness for individuals, families, community organizations, and businesses with key messages on proactive steps the public can take to protect their health, including non-pharmaceutical interventions such as hand washing and respiratory etiquette.

By ordinance, the designated Director of Emergency Services during a disease outbreak (e.g. epidemic) or other public health emergency is the County Executive Officer, who appoints a Public Information Officer. In addition, a county-wide disaster public information function will be located at the County and OA EOC, if activated, or a Joint Information Center.

Role of the Joint Information Center (JIC)

A large disease outbreak may necessitate the activation of the County and OA EOC, with the establishment of a Joint Information Center to be a part of the County and OA emergency public information efforts. The establishment of the JIC would be coordinated with the HCA and the County Executive Office Media Relations Director. The JIC would serve as the media liaison site for the County and OA EOC.

Information Dissemination

Dissemination of information to the general public

HCA will coordinate its public information response with the California Department of Public Health and the California Office of Emergency Services (Cal OES), as well as regional and local partners, in order to ensure the consistency of public information messages. This coordination will take place through direct contact, teleconferences, and the capabilities of the California Health Alert Network (CAHAN) or other mechanisms that may be established for an exchange of information, ideas and messages.

Dissemination of information, recommendations, and guidelines to hospitals, health care providers and other health agencies

Information will be provided to hospitals and health care agencies through several communications channels. These will include the CAHAN, the HCA website, HCA fax and email distribution lists, the ReddiNet system, the Blast Fax system, and resources of medical societies such as the Orange

County Medical Association and the local chapter of the American Academy of Pediatrics to reach individual providers. County and OA EOC communication capabilities may be request to assist in the coordination between public and private response agencies.

Public Information Hotline & Website

HCA has the capability of opening a public information hotline (Health Referral Line) to receive direct telephone inquiries from the public. This hotline capability can supplement the hotline capability at the County and OA EOC or can be used independently in situations where the County and OA EOC is not activated. Information can also be distributed to other telephone based information providers in Orange County including 2-1-1 and the Office on Aging. The Agency's website will assist in reaching a vast audience, with efforts made to ensure all agency web pages are Americans with Disabilities Act compliant.

Communication with groups that require additional/special assistance

HCA's *Crisis and Emergency Risk Communications Plan* includes a plan to communicate with groups that require additional/special assistance during a disease outbreak. These groups include:

- Non-English speaking community
- Residents of residential facilities
- Schools and children
- Senior citizens
- Pregnant women and newborns
- Individuals with disabilities
- Tourists and visitors
- Behavioral and mental health illnesses
- Homeless population

Other means of reaching these groups may include through community and faith based organizations, long-term care facilities, school nurses, County's Office on Aging, 2-1-1 hotline system, convention and visitor bureaus; and resort operators. HCA's mental health clinics would be relied upon to provide information to clients, and the County's homeless programs or other community or faith based organizations can provide information and assistance.

Dissemination of bilingual messages

HCA maintains a media directory of print and broadcast media outlets serving Orange County, including those serving non-English language groups and routinely provides press releases and other information to these media outlets.

Public Education/Non-Pharmaceutical Community Containment

Non-pharmaceutical community containment strategies to slow the spread of the virus may be a primary focus of a public information campaign. Communications to the public regarding personal hygiene measures and community wide interventions such as closure of non-essential business and school dismissals may be provided.

Travel Advisories

Communications concerning travel precautions or restrictions will be reviewed for accuracy, will be designed to prevent discrimination or retaliation against groups or individuals, and will be widely shared with the public, partners and stakeholders. HCA will follow guidance from the CDC, CDPH and other official sources in issuing or disseminating travel advisories.

Vaccine and Antiviral Shortages

Issues surrounding drug/vaccine availability and the need to potentially prioritize the available vaccine and antivirals for distribution to specific target groups will follow guidance from the CDC, CDPH and other official sources in issuing or disseminating travel advisories.

Overwhelming Healthcare Demands

Communications will include messages that help protect and maintain proper healthcare practices, identify appropriate use of medical services, provide guidance for self-care, provide information regarding alternate care sites, direct self-monitoring and reporting of symptoms, and address coping strategies and mental health needs.

Additional information can be found in the County of Orange and Orange County Operational Area Joint Information System (JIS) Annex.

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Chapter Six: Attachments

Attachment 1: County of Orange Human Resources Guidelines

Attachment 2: Notification and Conference Call Procedures for the Operational Area

See file for Conference Call templates

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Attachment 1: County of Orange Human Resources Guidelines

Guidelines for County of Orange Supervisors and Manager to ensure a healthy workplace and address employees who may be ill in the workplace during a disease outbreak (such as an influenza like illness).

Introduction

The County wants to ensure that its employees have a healthy and safe place to work. There is currently awareness of and concern about the health threat of a disease outbreak, at work settings and elsewhere. Certain diseases can be easily transmitted and has the potential to cause severe illness. It is important for people with a contagious disease, to stay home so they do not infect others.

The following guidelines will assist supervisors and managers in dealing with an employee who may be exhibiting influenza-like symptoms and may have influenza. The most important thing for all supervisors and managers to remember is to encourage staff to go home if they are feeling ill for any reason. If a situation arises that is out of the ordinary, contact your departmental Human Resources (HR) immediately.

Symptoms to be aware of and how to solicit information

The following symptoms or employee concerns reported during a disease outbreak indicate to a supervisor that an employee may be ill:

- Hear and/or observe an employee complaining of fever and a new cough or sore throat.
- A coworker of an employee comments about an employee who has a fever and a new cough or sore throat.

If you have a concern about the health of an employee as it relates to a disease outbreak, it is permissible to inquire about the employee's health and ask questions if the questions are NOT disability related. If an employee is exhibiting influenza-like symptoms, ask the employee to describe the symptoms and to self-assess how they are feeling. Ask generally about the employee's well-being and questions related to the observed symptoms:

- Do you feel well?
- Do you think you have a cold? Flu?
- What symptoms have you noticed? New cough? Fever? Sore throat?
- Do you feel you can perform your job?
- Would you like to go home?

Encourage the employee to go home if they say they have a fever and either a new cough or a sore throat. Document in writing the personal observations and information obtained from the employee.

How to handle specific situations

Employee voluntarily decides to go home

If after the discussion with the employee, the employee chooses to go home because they determine they are not feeling well, then you should discuss the following with the employee:

1. Tell the employee that they should stay home until they are well and at least until they have had no fever for 24 hours (without taking anti-fever medication).
Employees who are healthcare workers and who have direct face-to-face patient contact in clinical care settings have more restrictive guidelines for return to work and will be issued internally within HCA.
2. Tell the employee to check in with a supervisor or manager upon their return.
3. Advise the employee to review the County's website regarding the disease outbreak (<http://ochealthinfo.com>).
4. If the employee returns and they are still exhibiting the symptoms (fever and cough or sore throat), they should again be encouraged to go home.

Employee notifies department they have been in close contact with someone who has influenza-like symptoms and/or been diagnosed with the H1N1 influenza virus:

1. Advise the employee to review the County's website regarding the disease outbreak virus (<http://ochealthinfo.com>).
2. Encourage the employee to stay home or leave work if they develop a fever and either a new cough or sore throat.
3. Recommend they talk to their health care provider if they are concerned.

Employee who has influenza-like symptoms and is reluctant or refuses to go home

If after the discussion with the employee and you have determined the employee reported a fever and sore throat or a new cough, and the employee is reluctant or refuses to go home contact your departmental HR immediately and advise them of the situation.

Communication

When a department has been informed that an employee may have been exposed to or has the influenza virus it is permissible to give the department workforce the following brief information and useful tips.

Due to concerns for influenza and transmission to coworkers and/or clients, the HCA Public Health Officer recommends that you stay home or leave work if you develop the following symptoms: fever and either a new cough or sore throat, and follow up with your health care provider. People at higher risk for influenza complications including pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes) should talk to their medical provider about additional precautions.

For more information and precautionary tips visit the County's website regarding seasonal influenza and the novel influenza virus at (<http://ochealthinfo.com>).

The following guidelines are only in effect for the specific time period listed below when the CEO Human Resources Services along with HCA/Public Health implements them.

Effective Date:

End Date:

Employee reluctant or refuses to go home

If after the discussion with the employee, the employee is reluctant or refuses to go home then you should:

1. Consult with your HR to determine if a referral to Employee Health Services is necessary. Department HR will also coordinate with the CEO Human Resources and County Counsel as needed.
2. Contact Employee Health Services about the referral and determine when the employee can be evaluated. Employee Health Services will set up an appointment time for the employee to be seen within 4 hours. If they cannot be accommodated the evaluation, the employee will be sent to Concentra as a walk-in client. There is no fee to the employee for the evaluation.
3. Provide the information obtained from the employee, as well as personal observations of the employee's condition to Employee Health Services.
4. Direct the employee to Employee Health Services or Concentra to determine whether there is a medical reason to require the employee to leave the workplace. The evaluation will be a symptom screen, patient observation for cough or inflamed throat and a temperature reading.
5. Advise the employee to review the County's website regarding seasonal influenza and the novel influenza virus (<http://ochealthinfo.com>).
6. Explain to the employee that they will be using their leave balances and if they do not have any balances they will be unpaid for the time they are not allowed to return to the workplace. The time spent at Employee Health Services for evaluation will be on County time.
7. Employee Health Services will send a form to the agency/department and notify them if the employee is not allowed to return to the workplace and when they have been advised they can return to work based on the evaluation. The employee probably will be told: Stay home until they are well and at least until they have had no fever for 24 hours (without taking anti-fever medication). Employees who are healthcare workers and who have direct face-to-face patient contact in clinical care settings have more restrictive guidelines for return to work.
8. The employee should report to their supervisor or manager when they return to work. The employee does not need to be cleared by Employee Health Services unless they have been out for more than 14 consecutive calendar days.
9. If the employee returns and they are still exhibiting/reporting the symptoms (fever and cough or sore throat), they should again be encouraged to go home. If they refuse, the department HR should again be contacted.
10. Department HR should notify the CEO Human Resources Services and the Public Health Services Chief Medical Officer of any Employee Health Services referrals.

Use of Personal Physician

If the employee decides to go to their personal physician instead of Employee Health Services, they will still be required to go to Employee Health Services for return to work clearance. The employee's personal physician will need to state in writing the employee does not have influenza-like illness. The employee will need to take this statement to Employee Health Services and it will be reviewed by Employee Health Services to determine if the employee is cleared to return to work.

Attachment 2: Notification and Conference Call Procedures for the Operational Area

Background

Timely, accurate and effective communication with OA jurisdictions is vital during any event. Due to the complexities of a disease outbreak, it is important to understand the communication lines between the OC Sheriff's Department, Emergency Management Division, the Orange County Health Care Agency and the jurisdictions impacted throughout the OA.

Conference calls are an exceptional tool during an incident of this type and are held at the federal to local level. During a large disease outbreak Orange County will conduct conference calls with the OA using right-to-know vs. need-to-know strategies.

Daily Operational Area Conference Calls

In order to try to accommodate those who have to participate in multiple calls, there may be one OA conference call held daily at a set time until daily communication is no longer necessary.

During these calls, updated information will be provided by the Orange County Health Care Agency and time will be allotted to ask questions. Actions taken by each jurisdiction should be shared in a conference call conducted between OA Emergency Management Division and the OA.

Probable Cases and Jurisdiction-Specific Notifications

During the initial phases of a large disease outbreak Orange County Health Care Agency will be conducting surveillance operations and limited preliminary information may be made available to officials as appropriate and/or needed. If notification of affected jurisdictions is deemed of public benefit and the confidentiality of the affected person or persons can be preserved, conference calls with the affected jurisdiction may be considered. Procedures are as follows:

The County and OA Emergency Manager or designee will contact the jurisdiction designated point of contact by telephone to advise of a probable case within their city and coordinate the appropriate mechanism for obtaining additional information. The County and OA Emergency Manager or designee may provide a conference call phone number.

The jurisdiction's designated point of contact is responsible to have appropriate representatives from their jurisdiction on the phone call (example: Fire Chief). During the conference call, the Health Care Agency may provide more specific information, but it is important to remember that information will be limited. This conference call occurs to only assist with initial questions and concerns jurisdictional officials may have during the initial onset of a disease outbreak.

School Notification

OCHCA Epidemiology & Assessment utilizes established procedures for communications with schools during disease outbreaks. The HCA Epidemiology will contact the school directly and work with the administrators on an issue pertaining to a student.

Emergency Management Council and Operational Area Executive Board

Conference calls may be convened with the County and OA Policy group as necessary to discuss policy level issues. If requested by the Operational Area Coordinator or Director of Emergency Services, the County and OA Emergency Manager or designee will make notifications of conference call time and phone number information.

Chapter Seven: Position Checklists

County and Operational Area EOC Manager

Director of Emergency Services

Operational Area Coordinator

EOC Liaison Officer

Public Information Officer

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County and Operational Area EOC Manager

Name:

Date:

Start Time:

End Time:

Responsible Department: Orange County Sheriff's Department/Emergency Management Division

Responsible Position: Orange County Sheriff's Department/Emergency Management Division,
Director, Administrative Manager II and Administrative Manager I

Disease Outbreak Response Duties:

- ☐ Ensure proper precautions are made to sustain a safe working environment in the County and OA EOC during a contagious disease outbreak.
- ☐ If a virtual EOC environment is appropriate and favored, ensure all technological methods are available and utilized.
- ☐ Conduct periodic conference calls between OA jurisdictions to disseminate vital information.
 - ☐ Utilize the appropriate Conference Call procedures based upon disease event
 - ☐ General Disease Outbreak Conference Call Procedures
 - ☐ Ebola Conference Call Procedures
 - ☐ Zika Conference Call Procedures
- ☐ Consider recommending an emergency proclamation if the situation seems to be severe and/or protracted.

DIRECTOR OF EMERGENCY SERVICES (DES) AND OPERATIONAL AREA COORDINATOR (OAC)

Name:

Date:

Start Time:

End Time:

Responsible Department for DES: County Executive Officer

Responsible Department for OAC: Health Care Agency

DES and OAC as a Unified Command

When an emergency occurs in one or more OA jurisdictions and the unincorporated areas of the county, the designated DES and designated OAC, shall establish a unified command to collaborate and share responsibility in the coordination of resources and communication at the County and OA EOC.

Disease Outbreak Response Duties:

- ☐ In coordination with the County and OA EOC Manager establish the appropriate EOC activation level and operational periods based on the incident.
 - ☐ Consider utilizing a virtual EOC environment is appropriate if the risk of disease contagion is high.
- ☐ In coordination with the County Health Officer, ensure county wide health and medical policies are consistent and in keeping with state and federal guidelines.
- ☐ Utilize the Public Information Officer to ensure public is informed of the current situation and any protective actions.

EOC Liaison Officer

Name:

Date:

Start Time:

End Time:

Responsible Department: Orange County Sheriff's Department, Emergency Management Division

Responsible Position: Orange County Sheriff's Department, Emergency Management Division, Senior Emergency Management Program Coordinator or Agency Representative from a non-impacted jurisdiction (Emergency Management Mutual Aid)

Disease Outbreak Response Duties:

- ☐ Monitor for health situation reports, medical bulletins and press releases.
 - ☐ review and verified information,
 - ☐ distribute to appropriate personnel
 - ☐ when directed, provide information to the OA
- ☐ Maintain contact with OA jurisdictions to ensure situation status is timely, accurate and shared.
- ☐ If Virtual EOC is utilized, use all methods available to share pertinent information, including WebEOC.

Public Information Officer (PIO)

Name:

Date:

Start Time:

End Time:

Responsible Department/Position: The Director of Emergency Services (DES) or Operational Area Coordinator (OAC) and Public Information Officer (PIO) will be from the same discipline and department. Since the DES or OAC is determined by the type of incident, the Public Information Officer will also be determined by the type of incident and designated by DES or OAC.

Disease Outbreak Response Duties:

- ☐ Ensure medical information is correct and consistent in media releases.
- ☐ Coordinate with OA PIO's to ensure consistent messaging.
- ☐ Establish a Joint Information Center (JIC) if necessary, to coordinate county wide public information.
 - ☐ Consider utilizing a virtual JIC environment is appropriate if the risk of disease contagion is high.
- ☐ If activating the County and OA EOC Public Information Hotline, coordinate with HCA for staffing with knowledgeable and medically trained personnel.