



San Francisco Department of Public Health

Infectious Disease Emergency Response Plan

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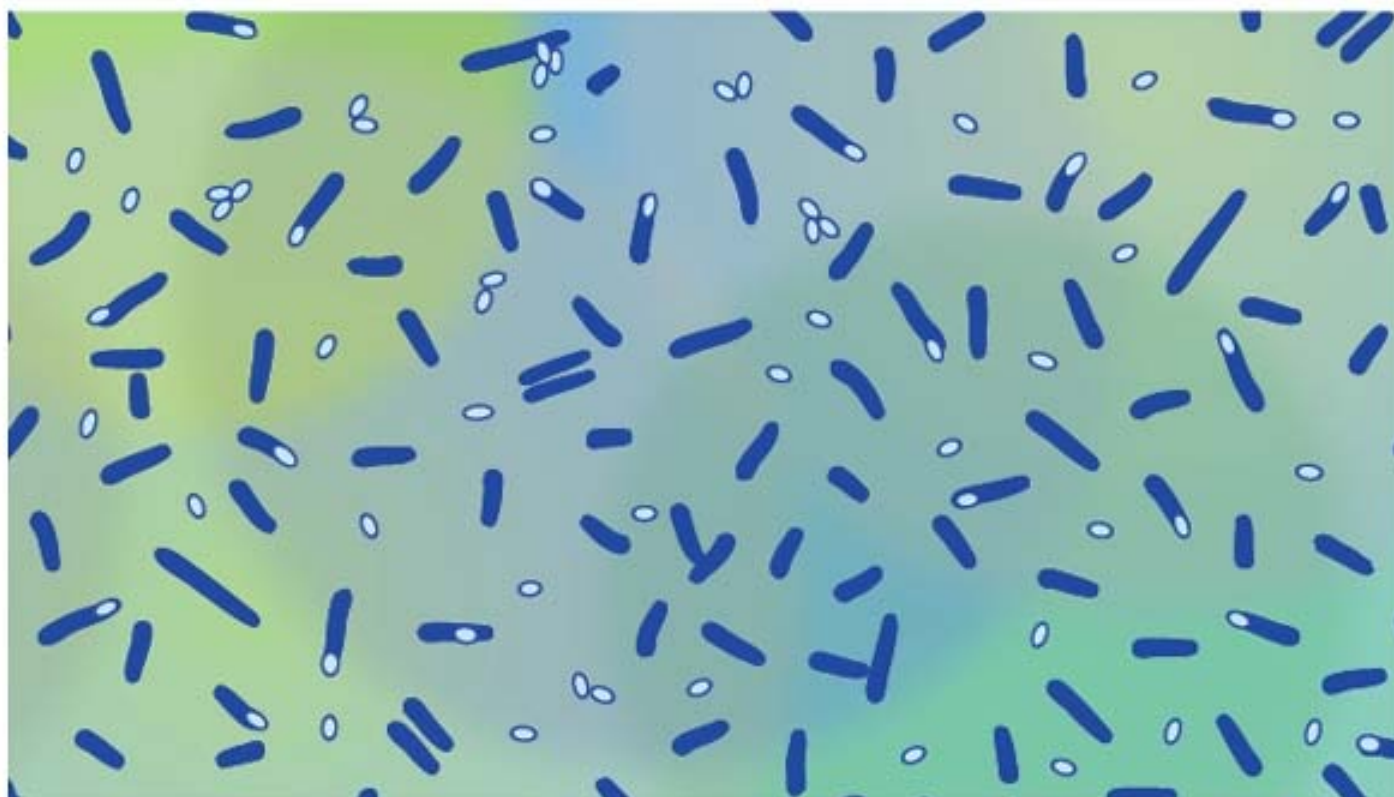


TABLE OF CONTENTS

- i Introduction
- ii Organizational Chart
- iii Quick Guide to the IDER Structure

IDER CORE PLAN

1 COMMAND

2 PLANS SECTION

- 3 Situation Status Unit
- 4 Resource Status Unit
- 5 Documentation Unit
- 6 Technical Specialties Unit
- 7 Demobilization Unit

8 OPERATIONS SECTION

9 Information & Guidance Branch

- 10 Inquiries Group
 - Phone Bank Team
- 11 Content Group
 - Infection Control/Occupational Health Guidance Team
 - Clinician Guidance Team
 - Clinician Consultation Unit
 - Special Settings Guidance Team
 - Public Guidance Team
- 12 Dissemination Group

13 Disease Containment Implementation Branch

- 14 Community Mitigation Group
- 15 Mass Prophylaxis Group
 - POD Area Management Team
 - POD(s)
 - Push Distribution Team
 - Staff Assignment and Training Team
- 16 Restriction, Exclusion, and Clearance Group
- 17 Isolation and Quarantine Group
 - Home-Based Isolation & Quarantine Team
 - Home Isolation & Quarantine Unit
 - Facility-Based Isolation & Quarantine Team
 - Facility Isolation & Quarantine Unit

18 Medical Treatment Branch

- 19 Medical Transport Regulation Group

- 20 Healthcare Sites Group
 - Hospital Team
 - Community Clinic Team
 - Mental Health Clinic Team
 - Other Licensed Facilities Team
 - Field Based Care Team
- 21 Mass Fatalities Group

22 Epidemiology and Surveillance Branch

- 23 Investigation Group
 - Case Investigation Team
 - Contact Investigation Team
 - Field Investigation Team(s)
 - Laboratory Liaison Team
- 24 Surveillance Group
 - Surveillance Team
 - Syndromic Surveillance Team
 - Syndromic Surveillance Field Unit(s)
- 25 Laboratory Group
 - Lab Receiving & Documentation Team
 - Lab Testing Team
 - Sample Prep Unit
 - PCR Unit
 - Conventional Testing Team
 - Lab Surge Team

26 Data Branch

- 27 Data Analysis Group
- 28 Application Support Group

29 LOGISTICS SECTION

- 30 Personnel Unit
 - Staff Staging Area
 - Volunteer Management Team
- 31 Supplies Unit
 - Pharmaceutical and Medical Supplies Sub-Unit
 - Pharmaceutical & Medical Caches
 - Receipt, Store, Stage Warehouse
- 32 Facilities Unit
- 33 Communication Equipment Unit
- 34 Information Technology Unit

35 FINANCE SECTION

- 36 Procurement Unit
- 37 Cost Unit
- 38 Time Tracking Unit
- 39 Claims Unit

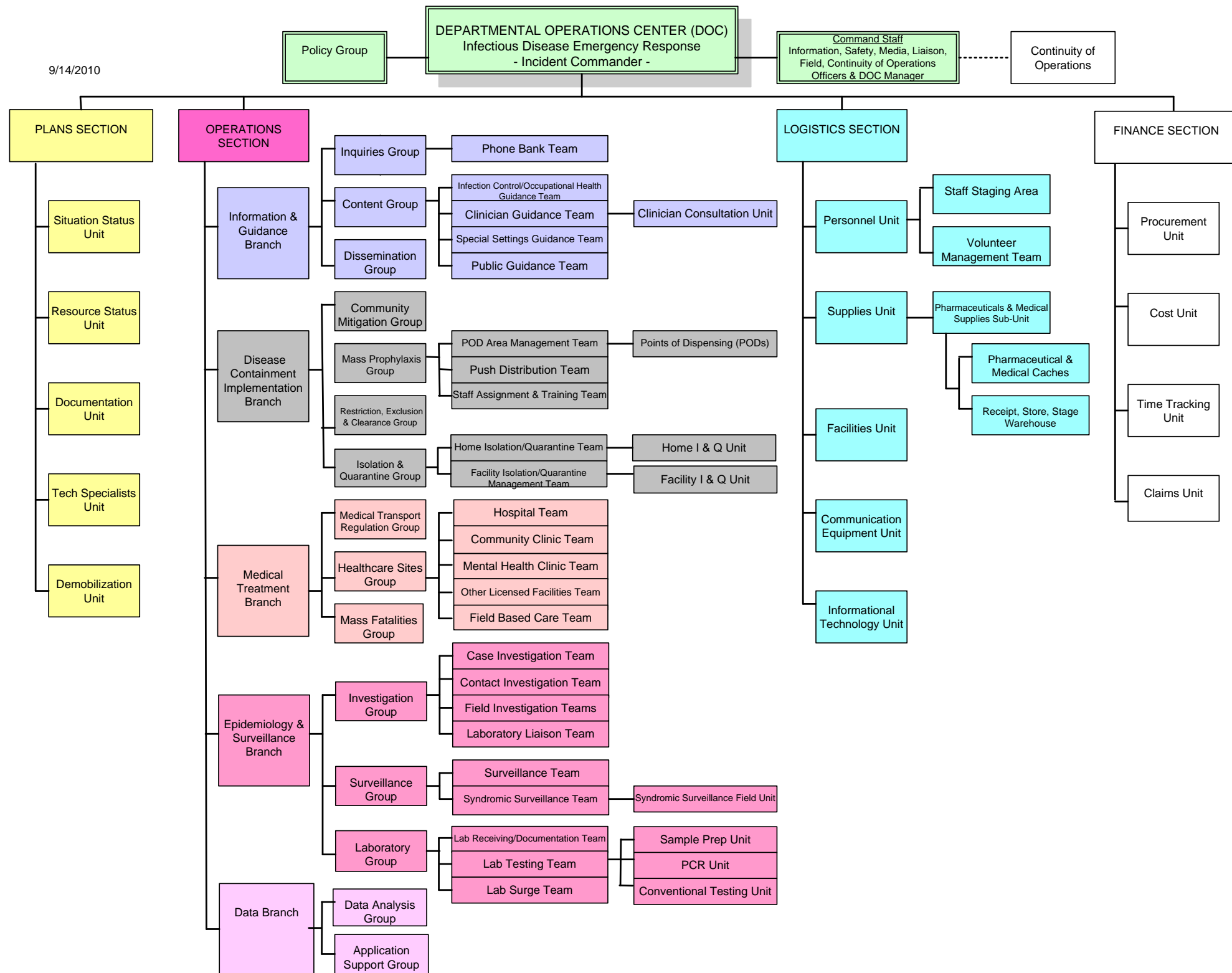
ANNEXES

- 1 Respiratory Aerosol Transmissible Diseases
- 2 Bioterrorism Event
- 3 Biological Agent Detection in the Environment
 - a. Indoor Sampling Detection
 - b. Outdoor Sampling Detection
 - c. Evaluation and Testing of Suspicious Substances or Packages
- 4 Waterborne Diseases

APPENDIX

- A ICS Forms
- B Activation and Notification
- C Plans
- D Communicable Disease Information
- E Epidemiology and Surveillance
- F Isolation and Quarantine
- G Infection Control
- H Mass Prophylaxis
- I Restriction, Exclusion, and Clearance
- J Laboratory
- K Data
- L Continuity of Operations
- M Logistics
- N Finance
- O Job Action Sheets
- P Pharmaceuticals and Medical Supplies
- Q Reference Materials

9/14/2010



- IDER Organizational Overview -
Quick Guide to Understanding the Infectious Disease Emergency Response Structure

COMMAND	Provide leadership to the response, approve communications, and liaise with other emergency operation sites.
Incident Commander	Provides leadership for the response, sets objectives, and approves major decisions.
Deputy Incident Commander	Communicates with the EOC. Supports and serves as Incident Commander as needed.
Information Officer	Approve documents and guidance for responders and external audiences.
Safety Officer	Oversee and make safety recommendations for IDER responders.
Media Officer	Coordinates press conferences, press releases, and media updates.
Liaison Officer	Coordinate IDER activities with other agencies and partners
Field Officer	Represent the Incident Commander at an incident command post field site.
Continuity of Operations Officer	Coordinates response activities with ongoing health department leadership.
DOC Manager	Manages administrative functions of the DOC.
POLICY GROUP	The Policy Group receives continual situation status updates and approves major policy changes and other high-profile decisions.
PLANS SECTION	Maintain and share current information on the emergency situation and response internally. Project issues and needs for future operational periods.
Situation Status Unit	Gather and maintain up-to-date information on the incident and response. Draft Incident Action Plan and Incident Status Summary.
Resource Status Unit	Track the use of personnel and material resources. Anticipate future needs.
Documentation Unit	Gather and file all IDER forms, reports, and documents. Make copies and disseminate documents to all modules as appropriate.
Technical Specialists Unit	Recruit specialists needed by the IDER modules to inform response activities.
Demobilization Unit	Plan for the demobilization of modules and the overall response.
OPERATIONS SECTION	Oversee operations and ensure that objectives are being met.
Information and Guidance Branch	Oversee the receipt of information requests, development of informational resources and responses, and dissemination of materials to audiences outside of the response.
Inquiries Group	Receive requests for information and provide approved responses and/or materials. Forward requests for which there are no approved responses for information creation.
Phone Bank Team	Operationalize a telephone bank with live operators able to provide approved answers and recommendations.
Content Group	Develop informational materials and recommendations for various audiences.
Infection Control/ Occupational Health Guidance Team	Provide recommendations on appropriate infection control and personal protective equipment.
Clinician Guidance Team	Research and develop clinical recommendations (e.g., health alerts).
Clinician Consultation Unit	Respond to calls from clinicians requesting guidance.
Special Setting Guidance Team	Develop guidance for special settings (e.g., jails, long term care facilities, schools).
Public Guidance Team	Develop and package (e.g., guidance for into fact sheets, Health Alerts, web text, press releases and other materials for public distribution.
Dissemination Group	Disseminate information via web, fax, email, and other means to outside audiences.
Epidemiology & Surveillance Branch	Provide guidance on investigation and surveillance strategies and oversee implementation.
Investigation Group	Develop a disease investigation strategy. Oversee case and contact investigation and specimen submission to the Lab Branch.
Case Investigation Team	Conduct telephone interviews with cases to gather information about exposures, symptoms, any contacts, and other details.
Contact Investigation Team	Conduct telephone interviews with contacts to gather information about exposures, symptoms, and other details.
Field Investigation Team(s)	Conduct case and contact investigation and active surveillance in the field.
Laboratory Liaison Team	Receive, prioritize, submit, and track human lab specimens from the Epidemiology and Surveillance Branch and the Disease Containment Implementation Branch.
Surveillance Group	Develop a surveillance strategy. Coordinate the collection of surveillance information.
Surveillance Team	Receive reports from medical providers on cases of disease and forward to the Investigation Group.
Syndromic Surveillance Team	Receive and process syndromic surveillance information.
Syndromic Surveillance Field Unit(s)	Conduct syndromic surveillance.
Laboratory Group	Provide guidance on specimen collection, testing procedures, regional lab resources, and

- IDER Organizational Overview -
Quick Guide to Understanding the Infectious Disease Emergency Response Structure

	report summarized lab reports.
Laboratory Testing Team	Oversee the testing of samples related to the emergency and reporting of results.
Sample Prep Team	Prepare samples for testing.
PCR Team	Perform PCR Tests and report results.
Conventional Testing Team	Perform culture or serology tests and report results.
Lab Data Entry Team	Enter test results into an electronic database and prepare hard copy results
Lab Resources Team	Coordinate specimen receipt and forward to the Lab Testing Group or regional labs.
Specimen Receiving Documentation Team	Receive samples for testing and process paperwork.
Surge Capacity Team	Send lab specimens to local and state labs for testing when tests can not be performed at the San Francisco lab or the Lab Branch has exceeded capacity.
Disease Containment Implementation Branch	Provide guidance and oversee implementation of activities to prevent or slow the spread of disease.
Community Mitigation Group	Coordinate strategies to reduce the spread of disease among the public and in schools, worksites, and other community sites and mass gatherings.
Mass Prophylaxis Group	Oversee operations to dispense antibiotics/vaccines to responders and at-risk populations.
POD Area Management Team	Oversee 1 to 5 PODs and assist with logistics coordination.
Points of Dispensing (PODs)	Provide prophylaxis for up to 2,000 individuals per hour.
Push Distribution Teams	Oversee the distribution of prophylaxis to businesses and organizations for self-dispensing.
Staffing Assignment & Training Team	Register, assign, train, and deploy responders working at PODs.
Restriction, Exclusion, & Clearance (REC) Group	Carry out REC for cases and/or contacts working in sensitive occupations and/or settings.
Isolation & Quarantine Group	Provide recommendations and prepare orders for isolation and/or quarantine.
Home-based Isolation & Quarantine Team	Oversee isolation and quarantine activities for individuals based at home.
Home Isolation & Quarantine Unit	Monitor cases and contacts isolated at home. Coordinate support services.
Facility-based Isolation & Quarantine Team	Set up isolation and/or quarantine facilities, monitor individuals for disease progression, and coordinate support services.
Facility Isolation & Quarantine Unit	Oversee a facility designated for isolation and quarantine.
Medical Treatment Branch	Coordinates the infectious disease emergency response with local medical care systems (EMS, hospitals, clinics, etc.)
Medical Transport Regulation Group	Ensure resources are available for transport of victims to medical treatment sites.
Healthcare Sites Group	Monitor and coordinate with health care sites.
Hospital Team	Monitor and coordinate with hospitals.
Community Clinic Team	Monitor and coordinate with clinics.
Mental Health Clinic Team	Monitor and coordinate with mental health clinics.
Other Licensed Facilities Team	Monitor with long term care facilities and other health care sites.
Field Based Care Team	Manage alternate care sites and other field based treatment sites.
Mass Fatalities Group	Coordinates the disposal of human remains with the EOC and Medical Examiner.
Data Branch	Provide guidance on receiving, managing, and analyzing data about the infectious disease emergency and supporting software applications.
Data Analysis Group	Receive, organize, and analyze data.
Application Support Group	Assign, track, install, and troubleshoot data software issues.
Logistics Section	Oversee the receipt, filling, and tracking of personnel and supplies requested by modules. Coordinate the prioritization of resources.
Personnel Unit	Recruit, assign, and track individuals required for the response.
Staff Staging Area	Sign-in and orient responders prior to deployment.
Supplies Unit	Obtain, assign, and track supplies used for the response.
Pharmaceutical and Medical Supplies Sub-Unit	Request, receive, and prepare medical and pharmaceutical supplies.
Pharmaceutical and Medical Caches	Coordinate the request and delivery of local, state, and federal caches of pharmaceutical and medical supplies.
Receipt, Store, Stage Warehouse	Receive, re-package, track, and disseminate pharmaceutical and medical supplies.
Facilities Unit	Manage facilities (cleaning, operation) utilized by the response.
Communication Equipment Unit	Assign, track, install, and troubleshoot communication equipment.

- IDER Organizational Overview -
Quick Guide to Understanding the Infectious Disease Emergency Response Structure

Information Technology Unit	Assign, track, install, and troubleshoot computer equipment.
FINANCE SECTION	Monitor the cost of the response and oversee the purchasing of supplies.
Procurement Unit	Receive and process requests to purchase items required by the response.
Cost Unit	Track the cost of the response.
Time Tracking Unit	Monitor the number of hours worked by responders during each operational period.
Claims Unit	Oversee compensation for injury and other claims-related activities for the event.

INTRODUCTION

A BACKGROUND

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

B PURPOSE

The purpose of the Infectious Disease Emergency Response (IDER) Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin, or respond to other infectious disease emergencies as defined above. This is consistent with the San Francisco Department of Public Health's (DPH) mission to protect the public from illness and/or death.

Activities that may be implemented during an Infectious Disease Emergency Response include:

- Coordination with other city, regional, state and federal agencies and other organizations responding to a large public health emergency.
- Development and dissemination of information and guidance for the medical community, responders, general public, and special populations and settings.
- Public health disease containment measures such as infection control, mass prophylaxis, isolation and quarantine, or restriction and clearance.
- Coordination of medical care systems and management of alternate care and/or shelter sites.
- Epidemiological surveillance and investigation activities such as surveillance, investigation, and lab testing.
- Collection and analysis of data to inform the development of objectives and tactics.

C SCOPE

An infectious disease emergency (IDE) occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak or biological threat that has the potential for significant morbidity and mortality in San Francisco.

The Communicable Disease Control and Prevention (CDCP) Section of the DPH routinely receives reports of cases of infectious disease (with the exception of tuberculosis, HIV/AIDS, and sexually transmitted diseases), conducts investigations and implements disease containment measures. The IDER Plan is intended to be used for any infectious disease emergency that requires a response that exceeds the Section's normal disease control capacity. Some outbreaks or situations will require limited response activities; other situations will require large-scale response efforts that involve many sections within the DPH and/or many city agencies.

The IDER Plan is a functional response guide for the Incident Commander and other responders. The IDER Plan includes a Core Plan, four scenario-based Annexes, and Appendices. The Core Plan is modular and provides overall guidance for infectious disease emergencies. Depending on the situation parts of the plan can be activated and deactivated as necessary. The Annexes include specific recommendations for the following situations:

- Respiratory Aerosol Transmissible Diseases

- Bioterrorism Events
- Biological Agent Detection in the Environment
- Waterborne Outbreaks or Threats.

The Appendices contain detailed instruction and tools to be used during a response and include protocols, forms, guidelines, Memorandums of Understanding (MOUs), and other documents.

This Plan does not apply to public health emergencies not caused by an infectious or biological agent.

The IDER Plan is to be utilized in concert with the DPH Emergency Operations Plan. The IDER Plan is also designed to be used in conjunction with the City and County of San Francisco's Operational Area Emergency Operations Plan (EOP) when DPH resources are exhausted and/or when multiple City Departments or Agencies are involved in the response. These additional plans further describe the roles and responsibilities of the DPH and other local agencies, state agencies, and federal agencies in responding to an infectious disease emergency.

The Department of Public Health will supply staff to fill leadership roles within the response and to represent the Health Department at the City and County Emergency Operations Center (EOC).

D ASSUMPTIONS

The IDER Plan integrates the key elements of communicable disease control and prevention with emergency management concepts. A National Incident Management System (NIMS) compliant Incident Command System (ICS) organizational structure will be utilized to scale the response as needed to effectively manage and meet the incident objectives the infectious disease emergency response. California also requires use of the Standardized Emergency Management System (SEMS) by Government Code §8607(a) for managing response to multi-agency and multi-jurisdiction emergencies in California. This plan assumes that SEMS is NIMS compliant and also conforms to SEMS guidelines and communications.

The IDER Plan assumes that individuals occupying leadership positions have achieved high level ICS training. The IDER Plan further acknowledges that there are a limited number of personnel within the San Francisco Department of Public Health with the knowledge and training in infectious diseases, epidemiology, public health, and emergency preparedness. The IDER Plan is an operational plan that can be used to guide disaster service workers. The Plan is modular and assumes each incident will require tailored activation and utilization of the IDER Plan. The IDER Plan can be adjusted to address scenarios varying by infectious disease agent, size and/or overall severity. The modular format allows those in leadership positions to quickly access pertinent information. This plan outlines key functions and roles, but depending on the scale of the event and the response, one individual responder may fulfill more than one role or position.

The IDER Plan also assumes that all confidential data regarding individual cases will not be shared outside of those who need to know in order to fulfill legally mandated public health functions.

E PLAN ACTIVATION

Only authorized staff may direct the activation/deactivation of the IDER Plan. The IDER Activation and Notification Protocol should be utilized (see Appendix A.a.). DPH staff authorized to initiate activation/deactivation include the:

- Director, San Francisco Department of Public Health
- Health Officer, San Francisco Department of Public Health
- Director, Communicable Disease Control and Prevention Section
- Director, Bioterrorism and Infectious Disease Emergency Unit
- Director, Communicable Disease Control Unit

- Director, Communicable Disease Prevention Unit
- Disease Control Team Leader, Communicable Disease Control Unit
- Communicable Disease Control and Prevention On-Call Physicians
- City and County of San Francisco Health Officers

One or more of the following criteria for an IDE must be met for activation:

- Large outbreak requiring more than routine resources;
- Possible or confirmed bioterrorism as defined in the Bioterrorism Event Annex;
- Positive signal from an acknowledged environmental detector;
- First or initial case(s) of an emerging infectious disease with potential for significant illness or death in the population
- High profile situation involving an infectious disease
- Waterborne outbreak or threat
- Activation of the DPH DOC and/or Citywide EOC for an IDE response or other emergency with potential need for an IDE response.

An activation triggers implementation of the Infectious Disease Response Plan and notification of responders. Guidance on which modules to activate is located in the IDER Plan and situation specific Annexes for guidance.

F NOTIFICATION

The following leaders must be notified when the IDER Plan is activated:

- Director, San Francisco Department of Public Health
- Health Officer, San Francisco Department of Public Health
- Deputy Director, Department of Public Health Office of Policy and Planning
- Public Information Officer, Department of Public Health
- California Department of Public Health DCDC Duty Officer
- Department of Emergency Management (DEM) Duty Officer

The need to notify other internal and external partners of the activation of the IDER Plan will be determined by the circumstances of the event including: the suspected biological agent, the anticipated scope of the response, the size of the impacted populations, whether bioterrorism is suspected, and whether there is a waterborne component to the incident. See the situation specific Annexes for guidance.

Internal partners potentially receiving notification include: Public Health Laboratory, Environmental Health (e.g., Section Director, Haz-Mat Duty Officer, on-call Environment Health Inspector), Human Resources, DOC Activation Group, Medical Health Operational Area Coordinator (MHOAC).

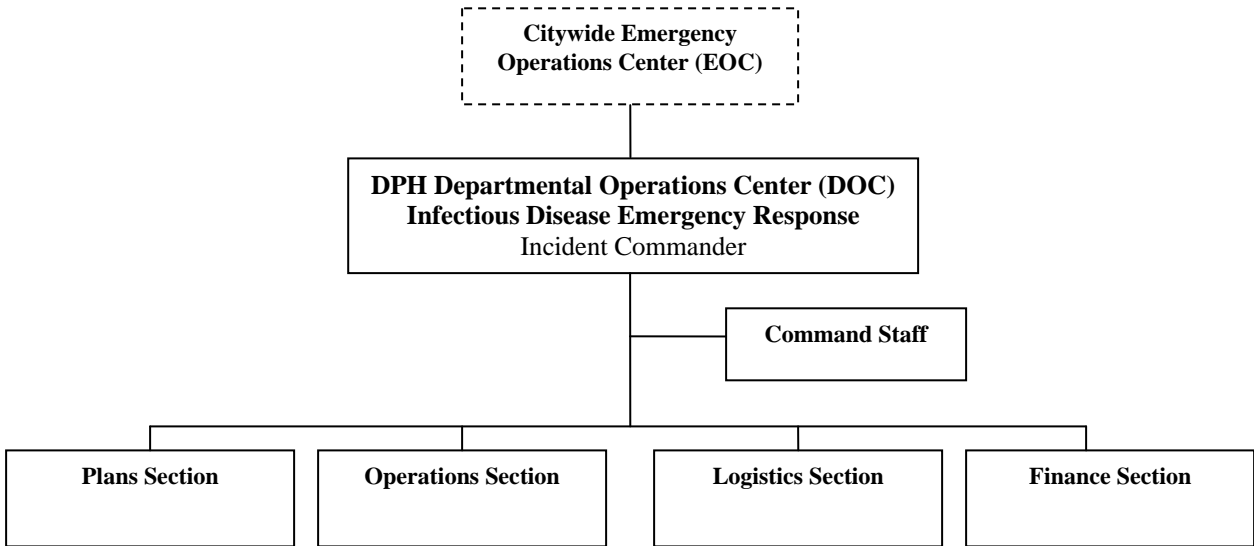
External partners potentially receiving notification include: San Francisco Department of Emergency Management (DEM), San Francisco City & County EOC Activation Group, Mayor's Office, Weapons of Mass Destruction Alert Group, Regional Disaster Medical/Health Coordinator (RDMHC), California Department of Public Health DCDC Duty Officer, and California Emergency Medical Services Agency.

Additional external partners to be notified are addressed in the IDER Plan Annexes and Activation and Notification Protocol in Appendix B1.

G ROLES AND RESPONSIBILITIES

The DPH is the lead agency for any health or medical emergency response in the City and County of San Francisco. Within DPH, the Communicable Disease Control and Prevention Section is the lead section for an Infectious Disease Emergency Response and will supply personnel to staff the IDER Incident Command as well as other positions of leadership and positions requiring technical expertise. The IDER Incident Commander will have final authority on all decisions pertaining to the response.

The San Francisco EOC provides coordination and support for all city departments, regional, state and federal disaster response partners. The EOC also maintains contact and coordination with other local government EOCs, the Governor’s Office of Emergency Services / Homeland Security Coastal Regional Emergency Operations Center (REOC). The EOC and other city agencies’ DOCs use the NIMS/ICS/SEMS throughout their response operations. See the City and the County of San Francisco Emergency Operations Plan for additional information and details. The IDER Commander will communicate with liaisons at the EOC as necessary in order to inform key departmental and political leaders regarding the scope of the IDE response and the rationale for decisions with large impact to the public.



* See organizational chart for fully expanded response modules.

H AUTHORITIES

In California, cities and counties have the responsibility to protect the public’s health, and these duties fall under the responsibility and authority of the Local Health Officer. Specifically, “the Health Officer may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any state of war emergency, state of emergency, or local emergency, within his or her jurisdiction” as defined by California Government Code § 8558.

“Preventive measure” means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code, and from any other money appropriated by a County Board of Supervisors or a City governing body to carry out the purposes of Section 101040.

The Health Officer, upon consent of the County Board of Supervisors or a City governing body, may certify any public health hazard resulting from any disaster condition if certification is required for a Federal or State disaster relief program.

The Health Officer shall take measures to control the spread or further occurrence of any contagious, infectious, or communicable disease of which he/she is aware. The Health Officer may inspect any place or person when necessary to enforce health regulations.

The IDER Commander, if not a Deputy Health Officer, will serve as the Health Officer designee for decisions and implementation of authority to implement these public health interventions.

Additional authorities and codes include:

- California Government Code, Title 1, Division 4, Chapter 8, Sections 3100, 3101, and 3102, and Declaration: Public Employees as Disaster Service Workers
- San Francisco Administrative Code, Chapter 7, Sections 7.1-7.19, Disaster Council Emergency Service Workers
- California Health and Safety Code, Section 458, Authority to Take Preventive Measures During Emergency by the County Health Officer
- Legal authorities for isolation and quarantine (IDER Appendix F)
- Health Officer Guide for Communicable Disease Control in California
- California Government Code, Section 8695, Immunity of Physicians and Nurses
- Business and Professions Code, Section 2727.5, Practice of Nursing in Emergency
- Business and Professions Code, Sections 4008 and 4227.1, Pharmacy

I SUPPORTING ACTIVITIES

Depending on the scale and scope of the disease the following activities may need to be activated.

Continuity of City Services. In the event of a reduced workforce either due to an emergency requiring large numbers of responders or widespread illness or other reasons, the Health Department and/or EOC will activate continuity of operations plans to ensure that critical city services continue to be provided.

Health Care Surge. High prevalence of morbidity, mortality, and the worried well may lead to an increase in public demand for health services (e.g. hospitals, clinics). Hospitals anticipating or experiencing health care demands that exceed their daily operating capabilities should activate hospital surge plans utilizing their emergency operating procedures and request assistance via the hospital incident command system (HICS).

J PLAN MAINTENANCE

This emergency response plan was developed by the DPH Communicable Disease Control and Prevention (CDCP) Section in cooperation with other DPH sections. The plan, or components of the plan, will be exercised yearly (if not activated for an actual event) or more frequently if needed. An evaluation of the exercise or event will be completed and revisions will be made to the plan as warranted.

K IDER COMMUNICATIONS

The IDER Plan assumes that all communications and requests follow ICS guidelines (e.g. vertical communication to supervisees or supervisor). During each operational period, there should be a minimum of one briefing between supervisors and supervisees.

Exceptions for some pre-approved lateral communications are detailed in the relevant modules of the plan. For example, groups within the Epidemiology & Surveillance Branch will need to communicate directly with Isolation & Quarantine and Restriction & Clearance Groups regarding individual cases. During a response, the Information

Officer may approve specific lines of lateral communication. Lateral communications may occur when it is simply to clarify a previous communication. However, all new decisions or new requests must be communicated vertically and approved through the ICS structure. For example, if a Branch would like to make new policies or guidelines they must be sent to the Information Officer for approval prior to dissemination. In addition, any communications that change the scope of the operations, the objectives, or strategies must be approved via the ICS chain of command.

Any lateral communications between IDER responders and the EOC or other city DOCs must also be communicated up the ICS chain of command.

The Plans Section is responsible for distribution of internal responder communications. The Information and Guidance Branch is responsible for distribution of external communications (e.g. public, clinicians, etc.) once approved by the Information Officer. The Information Officer is responsible for communications with the PIO, media, DOC, and/or EOC.

L TRAINING

To maintain the necessary skills and knowledge to appropriately respond to an emergency, DPH will provide ongoing training opportunities for DPH and community partner staff at all levels of the organization. These include, but are not limited to:

- Monthly communications drills
- Ongoing ICS and NIMS training
- IDER Plan trainings, drills, and exercises
- DPH lead workshops, drills and exercises
- DEM lead workshops, drills and exercises
- Hospital and other healthcare lead workshops, drills, and exercises

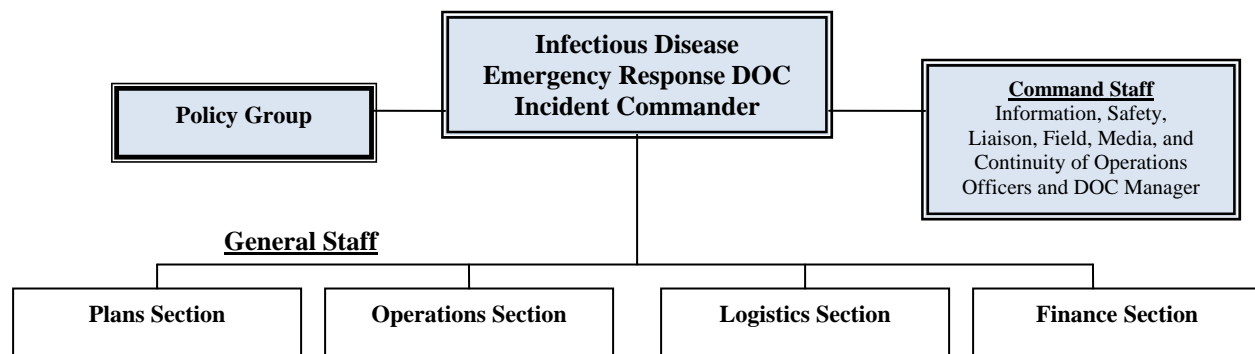
During a response just-in-time training will be provided at the Staff Staging Area and within modules as appropriate.

M IDER ORGANIZATIONAL OVERVIEW

The infectious disease emergency response structure is illustrated in the attached organizational chart. An overview of module roles and responsibilities are detailed in the IDER Organizational Overview Quick Guide.

1. COMMAND

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of IDER DOC Command is to provide overall management and to be responsible for the major decisions of the infectious disease emergency response. Command objectives include:

- Establish the IDER DOC Command and response modules.
- Approve and authorize the Incident Action Plan.
- Approve and authorize any major decisions, policies, informational materials, or requests that are a part of the response.
- Ensure close coordination with the EOC, other DOCs, partners, field command posts, and ongoing operations of the Department of Public Health.
- Maintain an appropriate response organization.

b. Methods

IDER Plan. The IDER plan, including the Annexes and Appendices, is a guide for responding to different types of infectious disease emergencies.

Operational Period. The length of the operational period (e.g. 8 hours, 12 hours, 24 hours, 1 week) is determined by the needs of the incident and set by the Command and General Staff. In rapidly escalating or very complex incidents, the operational periods should be shorter to allow for rapid response to changing events.

C. IMPLEMENTATION

a. Incident Commander

Activate the Incident Commander for all activations.

The Incident Commander is selected based on the incident type and by qualifications and experience. The Deputy serves as the liaison with the EOC and will provide regular updates and collect and

disseminate information from the EOC to the IDER response. The Deputy should be able to assume the position of Incident Commander.

In multi-agency incidents a Unified Command organization may be formed to jointly determine objectives, strategies, plans, and priorities and work together to execute integrated incident operations and maximize the use of assigned resources.

The Incident Commander (IC) is responsible for the overall management of the incident at the DOC Command Post and any activated field sites (e.g., POD(s), Isolation and Quarantine Facilities, RSS Warehouse, Field Command Post, etc.). The Incident Commander is directly responsible for ensuring that all activities are directed toward accomplishment of the overall objectives. The Incident Commander, with assistance from General and Command Staff, is responsible for setting the objectives for the operational period. Example objectives include:

- Provide guidance to the public on the event, disease, prevention, and when to seek health care
- Provide guidance to clinicians on diagnosis, treatment, and prevention, including infection control
- Implement disease control measures (e.g. prophylactic antibiotics, PPE, isolation)
- Ensure that health care systems are functional, coordinated and able to meet the needs of the situation.
- Collect and disseminate information epidemiological information about the incident (e.g. source of the outbreak, duration, who is at risk, geographic extent, how many people are affected)
- Facilitate laboratory diagnosis/confirmatory testing

The size or complexity of an incident may prompt the Incident Commander to expand the incident response organization (activate or de-activate modules).

Functions of the Incident Commander

- Assess the situation and/or obtain a briefing from the prior Incident Commander. Obtain and review the Incident Briefing Form (201) if available.
- Approve the Incident Action Plan and make recommendations for the next operational period.
- Establish or maintain an appropriate organizational structure and activate/deactivate modules as needed.
- Approve requests for additional resources (e.g., supplies, staff).
- Coordinate activities of Command and General Staff.
- Meet at least once per operational period with Command and General Staff (Section Chiefs) (meetings to be scheduled by the Plans Section).
- Oversee functions of the Information Officer, Media Officer, Continuity of Operations Officer, Safety Officer, Liaison Officer, Field Officer, and DOC Manager.
- Ensure that all documents and information developed by the response are reviewed and approved by the Information Officer prior to dissemination.
- Ensure that all policies developed by the response are reviewed and approved by the Policy Group.
- Assign the Deputy to coordinate situational updates, response support, and objectives with the EOC.
- Order demobilization of the incident response.

a.1. Information Officer

Activate the Information Officer position for all activations.

This position will review and approve all documents that are distributed to internal and external audiences. The Incident Commander will provide final authorization, as appropriate. This individual will work closely with Information and Guidance Branch to develop communication goals, identify documents to produce, craft messages, and review and approve final documents. They should meet at least once per operational period with Branch staff.

Functions of the Information Officer

- Review and approve all documents and other information developed by the IDER response.
- Ensure that all information and guidance released internally and externally is in agreement with policies and objectives set by the Policy Group and Incident Commander.
- Coordinate communication strategy and message development closely with the Information & Guidance Branch. Meet regularly.
- Track and list all approved documents including time and date of approval.
- Determine from the Incident Commander if there is any sensitive or confidential information that should not be shared outside the response.

a.2. Media Officer

Consider activation of the Media Officer when the event is likely to attract media attention or when media should be utilized for information dissemination.

The Media Officer coordinates and/or provides updates on the incident, disease, response, and other related topics for broad distribution to the general public. Primarily dissemination sources include:

- Press (e.g., television news, newspapers, radio programs, magazines).
- Social media, primarily internet (e.g., Twitter, Facebook, FastFacts) and mobile-based (e.g., CCSF Alert, Twitter) tools for sharing/discussing information. (Note that updates to the website, 311, and phone bank are done by the Information and Guidance Branch following Information Officer approval.)

The Plans Section and Information and Guidance Branch will primarily provide guidance on existing media activity, public response to the event, and public information needs. Other modules may also hear-of and provide feedback. The Media Officer should develop a plan to ensure that accurate and timely information is being disseminated broadly through media sources to the general public and special populations accessible through media sources (e.g., non-English speakers).

The Media Officer will also receive requests from the press and set-up interviews, press conferences, press tours, and other activities as needed. He/she may act as a spokesperson or recruit a technical expert for this role. The Media Officer will release or approve the release of messaging developed by the Information and Guidance Branch and approved by the Information Officer to social media sites.

The Media Officer will coordinate closely with the EOC Public Information Officer/Media Officer and/or Joint Information Center (JIC). This may include sharing incident and response information, informational materials (e.g. fact sheets, health alerts, press releases created by the Communicable Disease Information Branch), and a media spokesperson.

Functions of the Media Officer

- Obtain media activity and information needs from the Plans Section, Information and Guidance Branch, and other sources to develop a media plan.
- Serve as a liaison to the EOC Public Information Officer and/or JIC.
- Coordinate material for use in media briefings with Information & Guidance Branch (e.g. press releases, talking points) with approval from Information Officer.
- Coordinate with media and set-up press conferences, interviews, etc. as needed. Serve as, or recruit, a media spokesperson.
- Release or approve the release of information through social media.

a.3. Safety Officer

The Safety Officer position should be activated when:

1. It is necessary to develop and recommend measures for assuring responder safety, OR
2. It is necessary to assess and/or anticipate hazardous and unsafe situations.

The Safety Officer is responsible for ensuring that the physical and psychological health needs of all responders. Federal, state, and local laws, ordinances, and regulations mandate minimum safety equipment and procedures for private and public employees and employers alike. Contracts or contractual obligations may also be in place. An emergency does not supersede these regulations. The Safety Officer should coordinate closely with the Infection Control/Occupational Health Group in the Information and Guidance Branch.

Assistant Safety Officers may be assigned to implement key functions such as implementation of personal protective equipment (PPE) for responders, surveillance of responders for symptoms of the infectious disease of concern, and to assess and provide safety recommendations for Points of Distribution (PODs), the Receipt, Stage and Store Warehouse (RSS), non-activated health department staff, and/or other sites. (Specific roles and responsibilities for on-site Assistant Safety Officers can be found in the Mass Prophylaxis Group module and the Pharmaceutical and Medical Supplies Sub-Unit module of the IDER Plan).

If a responder requires medical evaluation or care while working during the response, the Safety Officer will provide information and direction to ensure the responder processes necessary claims with the Finance Section and is seen at the San Francisco General Hospital Occupational Health clinic or other location.

Functions of the Safety Officer

- Review the Incident Action Plan for safety implications.
- Identify hazardous situations associated with the incident.
- Develop a safety message for responders.
- Ensure responders are supported to take breaks and receive hydration and nourishment as appropriate.
- Participate in Command and General Staff meetings.
- Receive recommendation for prophylaxis, personal protective equipment, and other infection control measures from the Infection Control/Occupational Health Team. Work with the Logistics Section Personnel Unit, Mass Prophylaxis Group, and/or other modules to ensure that necessary responders are provided with and trained on safety measures.
- Exercise emergency authority to stop and prevent unsafe acts.
- Investigate accidents that have occurred and ensure that responders receive proper care.
- Coordinate with the Claims Unit in Finance Section as required.
- Develop method to track the health and safety of responders, including injuries, minor illnesses, and surveillance for signs and/or symptoms of relevant infectious disease.

a.4. Liaison Officer

Activate the Liaison Officer when the incident is multi-jurisdictional or involves several agencies or partners.

The Liaison Officer is the contact for other DOCs and partners involved in response operations (e.g., Red Cross). (Note: the Liaison Officer will represent DPH if there is a Unified Command). The Liaison Officer will provide updates and receive and ensure the prompt response to questions, recourse requests, and other needs.

Functions of the Liaison Officer

- Be a contact point for partners and cooperating agencies.
- Maintain a list of assisting partners and agency representatives.
- Keep agencies supporting the incident apprised of the incident status.
- Monitor incident operations to identify current or potential inter-organizational problems.
- Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency resources.

a.5. Continuity of Operations Officer

Activate the Continuity of Operations Officer for all activations.

The Continuity of Operations Officer is responsible for ensuring coordination between the response and ongoing health department activities. He/she will provide the San Francisco Department of Public Health Director, or designee, with updates on the event, response, and future objectives; will receive updates on ongoing health department activities and share these with the Command and General Staff; and provide ongoing support to the Logistics Section to coordinate the request and smooth transition of resources (e.g. staff, supplies) to areas of priority in the response or ongoing health department activities.

Depending on the emergency event and needs of the response the San Francisco Department of Public Health Director may scale-back ongoing daily operations. For a small emergency response, daily operations may only be modified slightly. During an emergency where large numbers of staff and resources are required, health department priorities may shift to focus solely on mission critical, legally required, and life saving activities. (Note that legal requirements may be waived or modified during an emergency by the local, state, or federal government). Additional details are available in the San Francisco Department of Public Health Continuity of Operations Plan.

If a new emergency situation is identified, or if the scale and scope of the response or health department activities changes significantly during the operational period, the Continuity of Operations Officer will facilitate communication between the Incident Commander and the Health Department Director to establish priorities and determine how resources should be redirected or requested from outside partners.

Ongoing health department activities may be impacted by the infectious disease emergency. For example, demand of services may increase/decrease, staff use of infection control measures may be modified, public questions about the situation/disease to health department staff may increase, etc.

Functions of the Continuity of Operations Officer

- Be a contact point for the San Francisco Department of Public Health Director or designee.
- Keep leadership within the Health Department apprised of the incident status and objectives.
- Provide updates to Command and General Staff on health department needs and priorities.
- Assist the Logistics Section with the request and coordination of health department assets (e.g., supplies, staff).
- Monitor incident operations to identify current or potential inter-organizational problems.
- Ensure the transfer of necessary information and guidance to and from the response and ongoing health department operations.
- Participate in planning meetings, providing current resource status, including limitations and capability of DPH resources.

a.6. Field Officer

Activate the Field Officer when an IDER presence is required at a field command post or other field site.

A Field Officer may be needed to provide infectious disease specific information to agencies and partner organizations at a field site. The Field Officer may function as part of Unified Command at a field command post or coordinate with a designated liaison. All field requests for information and recommendations will be forwarded to the Incident Commander and all responses should first be authorized by the Incident Commander. The Field Officer will provide situational status information between the IDER Command and the partners and agencies at the field site.

Functions of the Field Officer

- Be a contact point for partners and cooperating agencies at the field command post.
- Provide updates on the incident and response activities at the field site.
- Coordinate actions and decisions with the IDER Incident Commander.
- Provide infectious disease information (e.g. clinical information, infection control guidance) to agencies at the field site.
- Maintain a list of assisting partners and agency representatives at the field site.
- Participate in field meetings.
- Request IDER resources as needed.

a.7. DOC Manager

Consider activation of the DOC Manager for large-scale emergency responses.

The DOC Manager provides support to the Incident Commander, Officers, and Policy Group. He/she may coordinate requests to the Plans, Operations, Logistics, or Finance Sections to support smooth operations at the DOC. The DOC Manager troubleshoots administrative and other problems.

Functions of the DOC Manager

- Attend Command and General Staff meetings.
- Ensure Command Staff has necessary administrative support.
- Coordinate Plans, Operations, Logistics, and Finance requests to support DOC operations.

a.8. Policy Group

Consider activation of the Policy Group for all activations.

The Policy Group is composed of technical experts and health department leaders. Approval from the Policy Group will be required for, but not limited to, the following:

- Response objectives and activities
- Clinical guidance
- Guidance to the general public, special populations, and other key groups (especially social distancing interventions)
- Policies and protocols
- High-profile decisions
- Data sharing
- Data analysis priorities

The Policy Group will work closely with the Incident Commander, Officers, and ensure that response decisions are in concordance with EOC, Mayor's Office and San Francisco City and County Departmental priorities.

Functions of the Policy Group

- Provide guidance on when policy approval is required.
- Identify and request staffing required for the Policy Group.
- Receive and approve policy requests in a timely manner.
- Coordinate decisions with the Incident Commander and Command Officers as appropriate.
- Ensure that policy decisions are coordinated with the EOC, Mayor's Office, and other San Francisco City and County Departments.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Command Staff				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Incident Commander	Manage the overall incident. Develop the incident action plan.	Management and leadership experience; ICS experience	1	DOC
Deputy Incident Commander	Perform tasks assigned by the Incident Commander, serve as the liaison to the EOC, and assume responsibility for the response as needed.	Management and leadership experience; ICS experience		DOC
Administrative Assistant	Provide administrative support including note taking, sending and receiving faxes, modifying documents, phone and radio communication		1+	DOC
Information Officer	Approve all guidance and documents. Coordinate with the Information and Guidance Branch. Serve as a liaison to the EOC/JIC for information requests.	Disease control experience	1	DOC
Media Officer	Liaison to media. Provide media and social networking plan. Develop press releases and talking points. Assist the Information Officer with tasks. Serve as a liaison to the JIC as needed.	Public Information Officer		DOC
Liaison Officer	Provide point of contact and coordination with agency representatives from assisting or cooperating agencies			DOC
Continuity of Operations Officer	Ensure communication and coordination with ongoing health department activities and the response.	Management and leadership experience	1	DOC
Safety Officer	Develop and implement safety plan for IDER responders. Assess and/or anticipate hazardous and unsafe situations. Implement provision of PPE and/or prophylaxis for IDER responders if necessary.	Occupational Health Professional		DOC
Field Officer	Represent the DOC at a field site. Coordinate decisions between the Incident Commander and agencies/partners at the field.			DOC
DOC Manager	Support DOC Operations.			DOC
Policy Group Member	Receive and approve policy approval requests.			DOC

E. REPORTING

The Command Staff and all Section Chiefs report to the Incident Commander

F. DELIVERABLES

The Command Staff is responsible for producing the following:

- Approved Incident Action Plan for each operational period
- List of approved documents, policies, and guidelines (with date and time)
- List of assisting and cooperating agencies and agency representatives
- Safety Plan for IDER responders
- List of IDER responder health and safety incidents

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

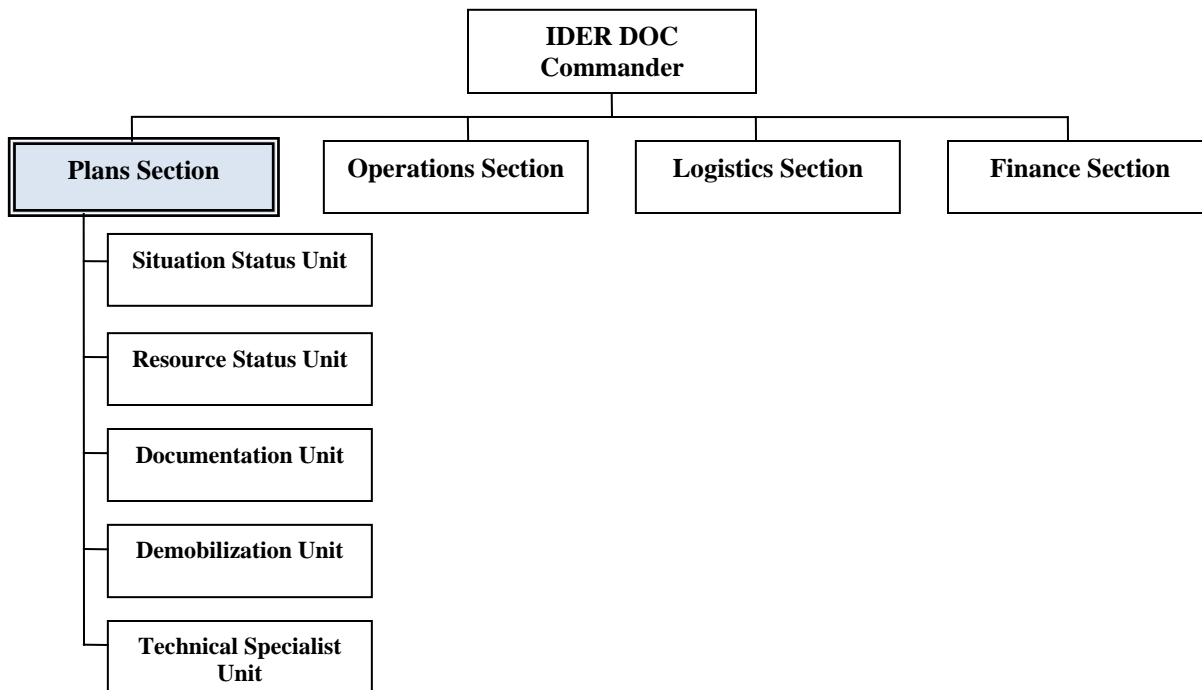
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1+	Logistics
Copy machine access	1	Logistics

2. PLANS SECTION

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Plans Section is to succinctly provide the response with accurate and comprehensive information that enables optimal decision making regarding on-going and future management.

Plans Section objectives include:

- Collect, assess and integrate incident and response information to produce an overall assessment of the incident which includes the status of the infectious disease emergency and IDER operational activities and resource use.
- Prepare projections of the incident, response needs, and response capabilities.
- Provide recommendations for decisions and/or actions that will address future response needs.
- Facilitate Command/General staff meetings
- Draft the Incident Action Plans for each Operational Period.
- Maintain documentation of the response and store original response-related documents.
- Coordinate demobilization and after action reporting.
- Disseminate information within the response.
- Coordinate access to technical specialists as needed.

b. Methods

Planning strategies include but are not limited to:

Incident Action Plan. Incident Action Plans define the response activities and resource utilization for a specified time period, called the operational period. The plan contains objectives reflecting the overall

incident strategy and specific actions and supporting information for the next operational period. The plan may have attachments, including an organization chart, communication list, medical plan, and incident maps. See Appendix B for ICS Forms.

Situation Status Briefing Board. A summary of collected, assessed, and incident and response information from activated IDER modules including: status of the emergency, IDER operational activities, new local/regional/state/federal guidance. The Situation Status Briefing Board should be available to all responders as a central information source about the response.

Resource Tracking Summaries. Personnel and material resources may be requested by responders throughout the response and must be tracked each time they are issued or re-assigned to different positions. An inventory database or other system may be utilized for tracking. The Logistics Section will have primary responsibility for issuing and updating the status of resources. The Resources Unit will summarize overall resource status, utilization, needs, and fulfillment.

Demobilization. A Demobilization Plan will describe how personnel and activities of the infectious disease emergency event are to be reduced and/or closed out as the event abates. Demobilization planning early-on ensures a more orderly and appropriately phased conclusion of response activities. It also identifies items requiring follow-up and the parties responsible.

Documentation. Documentation of the response and maintenance of records ensures that crucial information is available to staff during and after a response. The availability of information will assist in the preparation of the After Action Report and provide a historical and legal record of the response.

Technical Specialists. Technical specialists are individuals who have specialized knowledge and expertise and whose role in the response has not been previously planned for. There are no pre-determined qualifications for technical specialists, rather they should be experts in their field of work. Examples include plume modelers, vector control specialists, veterinarians, and toxic substance specialists.

Consult the Plans Section Unit modules for additional details of the strategies listed above.

C. IMPLEMENTATION

a. Plans Section

At the beginning of a response always activate the Plans Section, Situation Status Unit, and Documentation Unit. Consider activation of the Demobilization Unit to set-up demobilization process (reporting and documentation requirements).

Upon activation, the Plans Section Chief will be briefed by the Incident Commander on the situation and current operational objectives. The Plans Section Chief will make recommendations about which Plans Section Units are needed for the response and will activate approved Units.

Functions of the Plans Section

- Collect and assess information on the current situation, response activities, and available resources (e.g. Module Objectives and Update, ICS Form 202b,, Inventory Database).
- Provide incident status summary to Command and General Staff.
- Prepare projections of the incident, response needs (personnel and material resources), and IDER response capabilities.
- Identify gaps in response capacity and recommend actions to address gaps. This may include alternative future response strategies and specialized resources.

- Organize and facilitate planning meetings with General and Command Staff.
- Draft the Incident Action Plan for each Operational Period and request approval from the Incident Commander.
- Determine needs for Unit activations, obtain approval, and request staff from the Logistics Section.
- Brief Plans Section Unit leaders on the situation and objectives for the operational period.
- Provide oversight, guidance, and assistance to Plans Section Unit leaders (e.g. answer questions, address problems, make decisions in keeping with the Section's operational objectives, and determine which problems, requests or questions need approval).
- Prepare the Plans Section Module Objectives and Update, ICS Form 202b..
- Distribute all internal IDER documents.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Plans Section Chief	Supervise planning activities, assign responsibilities, orient staff and serve as a resource for Section staff.		1	DOC
Plans Section Deputy	Assist the Chief to produce Incident Action Plans, situation summaries, and other duties as assigned.			DOC
Administrative Assistant	Perform administrative duties. Take notes at meetings and other duties as assigned.		1	DOC

E. REPORTING

The Plans Section Chief will report to the Incident Commander.

F. DELIVERABLES

The Plans Section is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Incident Action Plan, ICS Form IAP, and attachments (for each Operational Period)
- Response documents and/or products assigned to active Units within the Plans Section.
 - Minutes of Command/General Staff meetings
 - Resource report
 - Demobilization plan
 - Other reports as detailed in Unit modules.

G. RESOURCES

The following resources will be required to perform minimum response operations. See Plans Section Unit modules for resources required by each Unit.

a. Protocols, forms, and guidelines, and MOUs

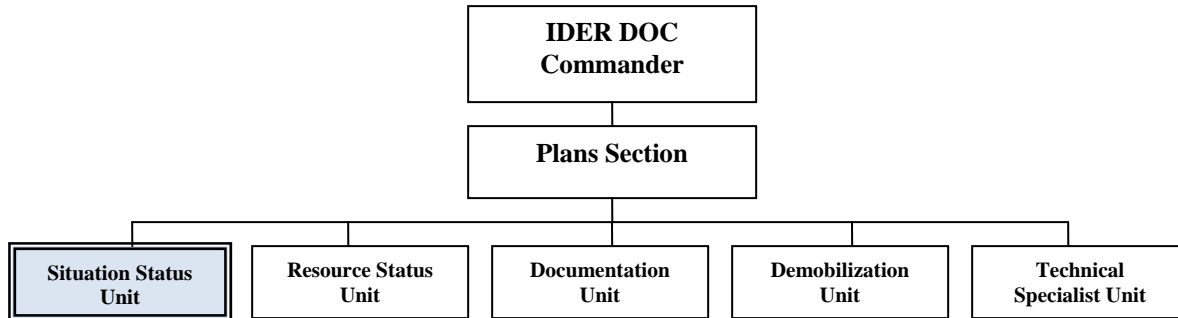
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Plans	Appendix E
IDER Organization Wall Chart	Appendix E1
Maps – World, USA, San Francisco, Bay Area	Appendix E2
Guidance for the Scale and Scope of a Pandemic Flu Response	Appendix E3
Demobilization Planning Guide	Appendix E4
Command Staff Meeting Agenda	Appendix E5
ICS Form Tracking Spreadsheet	Appendix E6
Debrief Agenda	Appendix E7
Situation Status Google Board Information	Appendix E8
Indoor Monitors	Appendix Ea
USPS Facility and Indoor Sampling Detection Details	Appendix Ea1
Map of USPS Processing & Distribution Center	Appendix Ea2
CDC. Responding to detection of aerosolized Bacillus anthracis by autonomous detection systems in the workplace. MMR 2004; 53 (No.RR-7): [1-11]	Appendix Ea3
CDC. Biohazard Detection System Recommendations for Public Health Initiation of Anthrax Post-exposure Antibiotic Prophylaxis. Memo. October 6, 2006.	Appendix Ea4
Outdoor Monitors	Appendix Eb
Location of BioWatch Monitors	Appendix Eb1
Map of San Francisco BioWatch Detectors (check BioWatch portal for updates)	Appendix Eb2
BioWatch Filter Testing Agents and Process	Appendix Eb3
Interpretation of a BioWatch Alert	Appendix Eb4
SF BAC Decision Matrix Following a BioWatch Actionable Result (check BioWatch portal for updates)	Appendix Eb5
F. Tularensis and Brucella Guidelines for Responding to an Outdoor BAR (check BioWatch portal for updates)	Appendix Eb6
SF Bay Area BioWatch Consequence Management Plan (check BioWatch portal for updates)	Appendix Eb7
Federal Biowatch Outdoor Guidance	Appendix Eb8
Indoor Stability of Diverse Pathogens Poster	Appendix Eb9
BioWatch Portal Quicksheet	Appendix Eb10
BioWatch Preparedness & Response Guidance Part I (check BioWatch portal for updates)	Appendix Eb11
BioWatch Preparedness & Response Guidance Part II (check BioWatch portal for updates)	Appendix Eb12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Computer Screen Projector	1	Logistics
Copy machine access	1	Logistics

3. SITUATION STATUS UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Situation Status Unit within the Plans Section is to provide up-to-date information and projections to aid in the response. Unit objectives include:

- Collect, process, assess, and organize incident and response information.
- Prepare overall assessments of the incident (status of the infectious disease emergency, operational activities, personnel and material resource use, updated regional/state/national/international guidance).
- Prepare maps, tables and graphs as needed.
- Develop incident projections including response and resource needs.
- Identify gaps in response capacity and identify alternative response strategies.
- Provide recommendations for decisions and/or actions that will address future response needs.
- Draft Incident Action Plans to be discussed and finalized at Command/General Staff Planning Meeting.
- Establish and maintain a Situation Status Briefing Board.

b. Methods

The following methods will be utilized by the Situation Status Unit:

Incident Action Plan. Incident Action Plans define the response activities and resource utilization for a specified time period, called the operational period. The plan contains objectives reflecting the overall incident strategy and specific actions and supporting information for the next operational period. The plan may have attachments, including incident objectives, an organization chart, communication list, medical plan, and incident maps. See Appendix B for ICS Forms.

Information Gathering. In coordination with the Information & Guidance Branch, the following situational information will be collected: 1) San Francisco emergency situation and response activities; 2) regional/state/national/international emergency situation and response activities; 3) guidance issued by the state, CDC, WHO, OSHA, and others; 4) news reports from local/regional/national/international press and social media (e.g., blogs); 5) public reaction to the event; and, 6) other information as available. Information will be collected through internet searches, participation in teleconferences, ICS forms, public health communication systems (e.g., CAHAN, EpiX, CIDRAP), television and news paper reports, and other sources as available. **Note that some of these duties may be led and conducted by the*

Information and Guidance Branch, in which case the Situation Status Unit should coordinate with this Branch regarding dissemination of information.

Situation Status Briefing Board. A summary of collected, assessed, and incident and response information from activated IDER modules including: status of the emergency, IDER operational activities, new local/regional/state/federal guidance. The Situation Status Briefing Board (white board, website, or other updatable site) should be available to all responders as a central information source about the response.

Incident Objectives and Update (ICS Form 202). Each activated IDER Section and Branch is responsible for preparing a minimum of one Module Objectives and Update, ICS Form 202b, (see Appendix B) per operational period (or more for quickly changing situations). These updates will be forwarded to the Situation Status Unit and will be used to create an overall IDER Incident Objectives and Update summary (ICS Form 209). Contents of the document include status of the emergency, IDER operational activities, resource use, etc. The Incident Objectives and Update form will be part of the Incident Action Plan.

Strategic Planning/Alternative Strategies. Information provided by the IDER modules will be used to plan strategically and examine alternative response strategies. At a minimum, strategic planning should examine: public health interventions, long-term operational issues, strategic goals, and identification and assignment of specific tasks to be conducted during each operational period. Alternative strategies to address the emergency will be considered at Command/General Staff Planning meetings with input from the Policy Group.

C. IMPLEMENTATION

a. Situation Status Unit

Activate the Situation Status Unit for all IDER activations.

This Unit will be a resource for all responders regarding up-to-date information. Information will be posted on a Situation Status Briefing Board easily available to all responders.

Information Gathering. The Situation Status Unit will be responsible for finding, receiving, consolidating, and disseminating situational information. Activities may include:

- Review of local, regional, national, and international news, public health, and other sources with current information on the situation (in coordination with the Information & Guidance Branch.)
- Interviews or updates from responders to gather and post up-to-date situational information.
- Collection of Module Objectives and Update Forms (ICS Form 209b) from all activated IDER modules at least once per operational period, or more regularly if the situation is changing rapidly (frequency to be determined by Incident Commander). The Situation Status Unit will notify responders when the form must be submitted.

The Unit will utilize the completed Module Objectives and Update Forms to create an overall Incident Objectives and Update Form (ICS Form 202) that includes the above information. Situational information should also be posted to a Situation Status Briefing Board.

Incident Action Plan Development. Each operational period, the Situation Status Unit is responsible for preparing the first draft of the Incident Action Plan, coordinating input from Command Staff and other Section Chiefs, and finalizing the document. Use the Incident Action Plan Cover Sheet and attach the necessary items. It should include the following components:

- Current information that accurately describes the incident situation and resource status.
- Objectives and activities which should be measurable and achievable during the operational period.
- Instructions or resources for responders (e.g., safety message, Communication List (ICS Form 205), radio instructions)

The steps involved in creating an Incident Action Plan include:

1. Gather information on the local/regional/state/national/international situation and response, updated guidance, press and social media, and public reaction.
2. Situation Status Unit drafts the Incident Action Plan.
3. The Plans Section Chief convenes a planning meeting for the Command and General Staff. The overall incident status and draft Incident Action Plan are presented by the Plans Section Chief.
4. Incident objectives, strategies, and resources are discussed, modified, and approved.
5. Edits are made to the Incident Action Plan and are approved by the Incident Commander.
6. The Incident Action Plan is disseminated by the Documentation Unit via hard copy and electronically to responders. These documents may also be posted on the Situation Status Briefing Board, internal computer network systems, and other key sites.

The Command/General Staff should regularly compare planned progress with actual progress.

Functions of the Situation Status Unit

- Collect, consolidate, and assess information on the current situation and response activities.
- Visit responder work sites and speak with responders to gather up-to-date situational information throughout the operational period.
- Post updated information to a Situation Status Briefing Board.
- Prepare projections of the incident, response needs (personnel and material resources) and IDER response capabilities.
- Identify gaps in response capacity.
- Draft the Incident Action Plan for each operational period. Finalize after reviewed by Command and General Staff.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Situation Status Unit Leader	Monitor the incident and response; prepare the Incident Action Plan.		1	DOC
Situation Status Staff Person	Assist in consolidating module updates to create the Incident Action Plan. Seek-out responders and request situational updates throughout the operational period. Prepare projections, identify response capacity gaps, draft alternative solutions.			DOC
Situation Status Displayer	Maintain the Situation Status Briefing Board.		1	DOC

E. REPORTING

The Situation Status Unit reports to the Plans Section Chief.

F. DELIVERABLES

The Situation Status Unit is responsible for producing the following:

- Meeting times and agenda for Command/General Staff briefings
- Situation Status Briefing Board (white board, web-based, or other updatable medium)
- Incident Action Plan including Cover Sheet and attachments (for each Operational Period)
- Incident Objectives and Update Form, ICS Form 202 (for each Operational Period)
- Module Objectives and Update Form, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Plans	Appendix E
IDER Organization Wall Chart	Appendix E1
Maps – World, USA, San Francisco, Bay Area	Appendix E2
Guidance for the Scale and Scope of a Pandemic Flu Response	Appendix E3
Command Staff Meeting Agenda	Appendix E5
ICS Form Tracking Spreadsheet	Appendix E6
Debrief Agenda	Appendix E7
Situation Status Google Board Information	Appendix E8
Indoor Monitors	Appendix Ea
USPS Facility and Indoor Sampling Detection Details	Appendix Ea1
Map of USPS Processing & Distribution Center	Appendix Ea2
CDC. Responding to detection of aerosolized Bacillus anthracis by autonomous detection systems in the workplace. MMMR 2004; 53 (No.RR-7): [1-11]	Appendix Ea3
CDC. Biohazard Detection System Recommendations for Public Health Initiation of Anthrax Post-exposure Antibiotic Prophylaxis. Memo. October 6, 2006.	Appendix Ea4
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Federal Biowatch Outdoor Guidance	Appendix Eb8
Indoor Stability of Diverse Pathogens Poster	Appendix Eb9

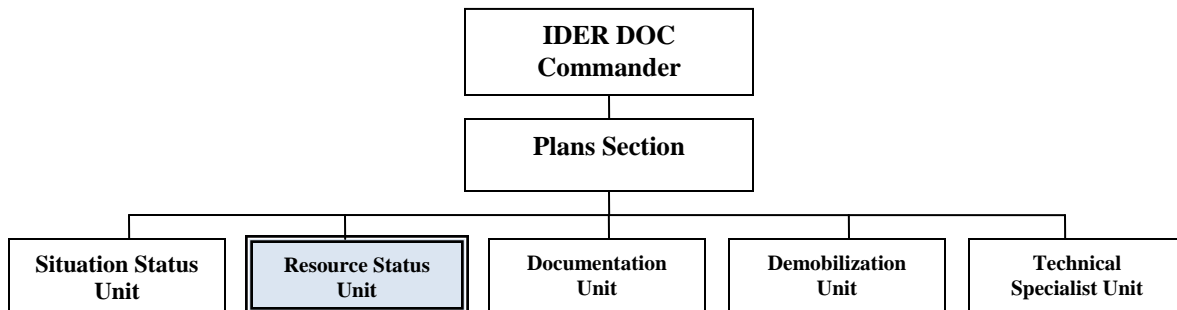
BioWatch Portal Quicksheet	Appendix Eb10
BioWatch Preparedness & Response Guidance Part I (check BioWatch portal for updates)	Appendix Eb11
BioWatch Preparedness & Response Guidance Part II (check BioWatch portal for updates)	Appendix Eb12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Computer Screen Projector	1	Logistics
Copy machine access	1	Logistics

4. RESOURCE STATUS UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Resource Status unit is to track all resources (personnel and material) once they have been deployed for the response. The Unit objectives include:

- Summarize the status and location of assigned and available material goods available to the response.
- Summarize staff assigned to the response.
- Anticipate and identify resources that may be needed in the next operational period and determine how best to deploy anticipated resources.

b. Methods

Methods used by the Resource Status Unit to manage supplies and personnel include:

Resource Categorization. Resources include personnel and material goods and must be tracked throughout the response. Information on resource location and condition is necessary for maintaining an up-to-date picture of resource availability and utilization. Resources status conditions can include:

- *Available* resources are personnel, teams, equipment, or facilities that have not yet been assigned to an incident and are ready for a specific work detail or function.
- *Assigned* resources are personnel, teams, equipment, or facilities that have been checked-in and are supporting incident operations.
- *Out-of-service* resources are personnel, teams, equipment, or facilities that have been assigned but are unable to function for mechanical servicing, rest, personal reasons, cost reasons (e.g. the cost of using the resource is prohibitive), sterilization is required before re-use, or other reasons.

Resource Tracking Summaries. Personnel and material resources may be requested by responders throughout the response and must be tracked each time they are issued or re-assigned to different positions. An inventory database or other system may be utilized for tracking. The Logistics Section will have primary responsibility for issuing and updating the status of resources. The Resources Unit will summarize overall resource status, utilization, needs, and fulfillment.

C. IMPLEMENTATION

a. Resource Status Unit

Activate the Resource Status Unit when it is necessary to summarize the status of resources (personnel or material) or to plan for anticipated future resource needs.

The Resource Status Unit is responsible for analyzing responder requests and the status of resources in order to anticipate the need for future resources and to maximize resource use, provide accountability, and minimize waste and inefficiency. The resource request and tracking process includes:

1. Responder requests a resource to the Logistics Section following approval by their supervisor. (Logistics Section to provide guidance on request process (e.g., email, telephone, ICS form).
2. The Logistics Section receives the request and determines if the request can be filled or if the request must be forwarded to the EOC. The Logistics Section notes the request (e.g., requestor's name and module, date of request, item requested, deployment location, expected date of return) in an inventory database or other tracking system.
3. The item or person is deployed to the appropriate location. The tracking system is updated.
4. If multiple modules request the same resource and limited supplies are available the Logistics Section will work with the Operations Section Chief/Deputy to determine the priority need.
5. Once no longer needed or if re-called the resource is returned to the Logistics Section for future deployment. The Logistics Section updates the tracking system.

The Resource Status Unit will provide daily updates on the status of resources through the Incident Action Plan, the Situation Status Briefing Board, and other medium as requested.

Functions of Resource Status Unit

- Coordinate resource tracking and status with Logistics Branch.
- Each operational period prepare a summary of resources (responders and material goods) available, assigned, and out of service.
- Anticipate future resource needs.
- To ensure a healthy working environment and lift staff moral consider providing meals or snacks to staff.
- Provide resource summaries and future resource need projections to the Plans Section Chief.
- Disseminate resource summaries via the Incident Action Plan, Situation Status Briefing Board, and other medium as needed.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Resource Status Unit Leader	Summarize resource status and make future projections. Manage Resources Status Unit Staff.		1	DOC
Resource Status Unit Member	Assist the Resource Status Unit Leader to summarize resources and make future projections.			DOC

E. REPORTING

The Resources Status Unit reports directly to the Plans Section Chief.

F. DELIVERABLES

The Resource Status Unit is responsible for producing the following:

- Resource Summary Report (for each Operational Period)
- Personnel and Communications List, ICS Form #205
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

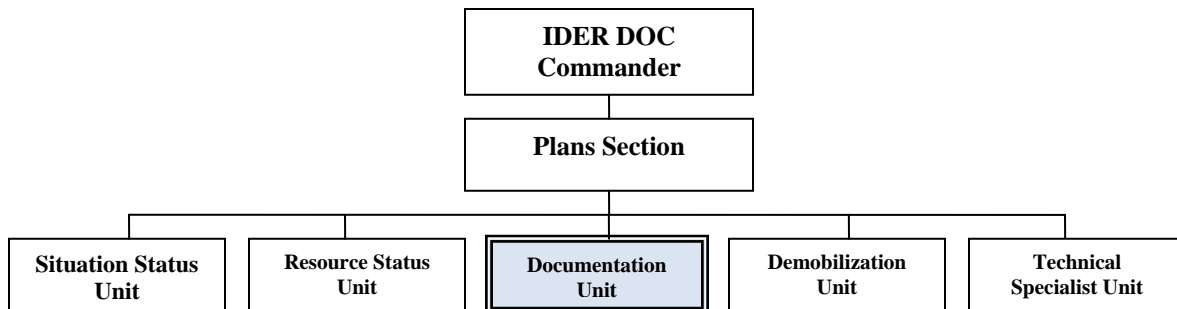
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Plans	Appendix E
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Maps – World, USA, San Francisco, Bay Area	Appendix E2
Guidance for the Scale and Scope of a Pandemic Flu Response	Appendix E3
Command Staff Meeting Agenda	Appendix E5
ICS Form Tracking Spreadsheet	Appendix E6
Debrief Agenda	Appendix E7
Situation Status Google Board Information	Appendix E8
Indoor Monitors	Appendix Ea
USPS Facility and Indoor Sampling Detection Details	Appendix Ea1
Map of USPS Processing & Distribution Center	Appendix Ea2
CDC. Responding to detection of aerosolized Bacillus anthracis by autonomous detection systems in the workplace. MMMR 2004; 53 (No.RR-7): [1-11]	Appendix Ea3
CDC. Biohazard Detection System Recommendations for Public Health Initiation of Anthrax Post-exposure Antibiotic Prophylaxis. Memo. October 6, 2006.	Appendix Ea4
Outdoor Monitors	Appendix Eb
Location of BioWatch Monitors	Appendix Eb1
Map of San Francisco BioWatch Detectors (check BioWatch portal for updates)	Appendix Eb2
BioWatch Filter Testing Agents and Process	Appendix Eb3
Interpretation of a BioWatch Alert	Appendix Eb4
SF BAC Decision Matrix Following a BioWatch Actionable Result (check BioWatch portal for updates)	Appendix Eb5
F. Tularensis and Brucella Guidelines for Responding to an Outdoor BAR (check BioWatch portal for updates)	Appendix Eb6
SF Bay Area BioWatch Consequence Management Plan (check BioWatch portal for updates)	Appendix Eb7
Federal Biowatch Outdoor Guidance	Appendix Eb8
Indoor Stability of Diverse Pathogens Poster	Appendix Eb9
BioWatch Portal Quicksheet	Appendix Eb10
BioWatch Preparedness & Response Guidance Part I (check BioWatch portal for updates)	Appendix Eb11
BioWatch Preparedness & Response Guidance Part II (check BioWatch portal for updates)	Appendix Eb12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
1. Telephone	1	Logistics
2. Fax machine	1	Logistics
3. Computer with local network, internet access	1	Logistics

5. DOCUMENTATION UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Documentation Unit is to maintain accurate and complete incident files including a record of the key steps taken to resolve the incident. Unit objectives include:

- File, maintain, and store incident files for legal, analytical, and historical purposes.
- Distribute important documents to IDER responders as requested.
- Provide large-scale duplication services.
- Provide documentation for an analysis of the response after the conclusion of the incident (After Action Report).

b. Methods

The Documentation Unit will utilize the following resources to achieve objectives:

Electronic IDER Documents. All documents related to the IDE response will be stored on a secure central computer network drive.

Documentation Log. All documents relating to the incident, including ICS forms should be logged by date, Section/Branch responsible for producing the document, and type of document. An electronic or hard copy documentation log will allow for easy identification and retrieval of incident documents.

Duplication Service. Large scale duplication of documents required by IDER responders will be provided by the Documentation Unit. If duplication needs exceed the capabilities of the Unit, assistance will be requested from Logistics.

C. IMPLEMENTATION

a. Documentation Unit

Activate the Documentation Unit for all IDER activations.

The Documentation Unit will organize, track, and retain all original records produced during the response. Key documents include ICS forms, resource requests, meeting minutes, and products distributed to clinicians, emergency responders, policy makers, and/or the public, and other documents.

Documentation will be utilized during the incident for reference, for after action reporting, and for federal funding reimbursement.

Large-scale duplication of documents required by IDER modules will be managed by the Documentation Unit. The Unit will be responsible for copying the Incident Action Plan and other key documents for each operational period and distributing hard copies to responders. For requests that exceed the technological capability of the Documentation Unit, request support from the Logistics Section.

Functions of the Documentation Unit

- Collect documentation of incident related information (e.g. paper/electronic situation reports, resource status reports, incident action plans, products created during IDER response) from all IDER sites (e.g. IDER Command Post, Facility Command Post, POD).
- Create and populate a filing/organization system for both hard copy and electronic documents. Consider storing documents by type or modules.
- Respond to large-scale duplication requests. Utilize paper with 3-hole punches to allow responders to insert documents into binders.
- Disseminate duplicated documents as needed to IDER responders.
- Track and log documents.
- Review records for accuracy and completeness, inform appropriate units of errors or omissions.
- Provide documentation as requested.
- Backup electronic files daily.
- As appropriate, shred or recycle unneeded duplicates of documents.

D. STAFF POSITIONS

This module can contain the following roles. The “Number of Employees” column indicated the minimum number of roles required to activate this module.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Documentation Unit Leader	Collects, organizes, and tracks documents produced by the response. Facilitates large-scale duplication needs.		1	DOC
Documentation Unit Member	Assists the Documentation Unit Leader to accomplish objectives.			

E. REPORTING

The Documentation Unit reports to the Plans Section Chief.

F. DELIVERABLES

The Documentation Unit is responsible for producing the following:

- Log of IDER documents
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

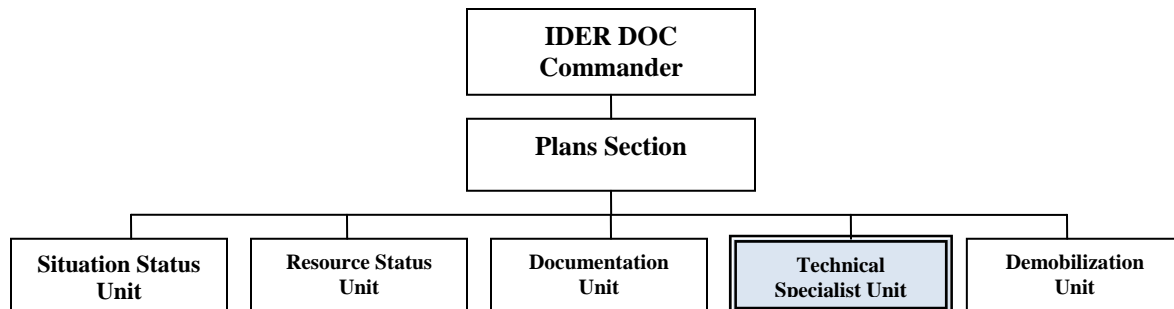
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Plans	Appendix E
IDER Organization Wall Chart	Appendix E1
Maps – World, USA, San Francisco, Bay Area	Appendix E2
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ICS Form Tracking Spreadsheet	Appendix E6
Debrief Agenda	Appendix E7
Situation Status Google Board Information	Appendix E8
Indoor Monitors	Appendix Ea
USPS Facility and Indoor Sampling Detection Details	Appendix Ea1
Map of USPS Processing & Distribution Center	Appendix Ea2
CDC. Responding to detection of aerosolized Bacillus anthracis by autonomous detection systems in the workplace. MMR 2004; 53 (No.RR-7): [1-11]	Appendix Ea3
CDC. Biohazard Detection System Recommendations for Public Health Initiation of Anthrax Post-exposure Antibiotic Prophylaxis. Memo. October 6, 2006.	Appendix Ea4
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F. Tularensis and Brucella Guidelines for Responding to an Outdoor BAR (check BioWatch portal for updates)	Appendix Eb6
SF Bay Area BioWatch Consequence Management Plan (check BioWatch portal for updates)	Appendix Eb7
Federal Biowatch Outdoor Guidance	Appendix Eb8
Indoor Stability of Diverse Pathogens Poster	Appendix Eb9
BioWatch Portal Quicksheet	Appendix Eb10
BioWatch Preparedness & Response Guidance Part I (check BioWatch portal for updates)	Appendix Eb11
BioWatch Preparedness & Response Guidance Part II (check BioWatch portal for updates)	Appendix Eb12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

6. TECHNICAL SPECIALIST UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Technical Specialist Unit is to provide or obtain technical expertise for the infectious disease emergency response. Unit objectives include:

- Receive technical requests (e.g. environmental, toxics) needed to support planning and operation.
- Identify additional technical expertise needed for the response to provide planning and operations guidance and support.
- Determine if the technical expertise resides with assigned response personnel.
- Recruit technical specialists from outside the response.
- Orient Technical Specialists assigned to the Unit or joining other modules of the response.

b. Methods

The Technical Specialist Unit will utilize the following methods to achieve objectives:

Health Alert Notification Database (HAND): The HAND is a database of clinicians in San Francisco (stratified by specialty) and other stakeholders that can be used to identify medical specialists. The database contains approximately 3,000 names, phone numbers, fax numbers, addresses, and other contact information.

Technical Expert Recruitment. When technical experts can not be identified by the Technical Specialists Unit, requests for assistance can be made to the San Francisco Emergency Operations Center (EOC.)

C. IMPLEMENTATION

a. Technical Specialists Unit

Activate the Technical Specialist Unit when a technical position or expertise, not contemplated in the IDER plan, is required for the response.

Certain incidents or events may require the use of Technical specialists who are individuals with specialized knowledge and expertise and whose role in the response has not been previously planned for. There are no pre-determined qualifications for technical specialists, rather they should be experts in their field of work. Examples include:

- Animal welfare
- Economic impact
- Environmental hazard assessment
- Environmental impact
- Environmental remediation
- Disease modeling
- Financial/resource use and cost
- Geographic Information Systems (GIS)
- Industrial hygiene
- Infection control
- Laboratory expertise
- Legal
- Pharmaceutical expertise
- Plume modeling
- Public health outbreak investigation expertise
- Specific infectious disease medical expertise
- Statistics
- Toxic substances
- Translation and translation review
- Vaccination evaluation
- Vector control
- Veterinary
- Wildlife

The Technical Specialist Unit is responsible for receiving requests, identifying, contacting, and fielding technical specialists. (Note: the Logistics Section is responsible for recruiting individuals with a broad array of skills to fill one of many positions required in the response. The Logistics Section does not recruit technical specialists to provide expertise on their field of knowledge.)

Methods to identify technical specialists can include:

1. Request contact information from IDER responders or other individuals who may know of individuals working in the technical specialty.
2. Utilize the HAND (clinicians) to identify specialists .
3. Request technical specialists working for city, state, or federal agencies through the EOC.
4. Ask the EOC to identify and recruit technical specialists from the public.

The Technical Specialist Unit Leader will brief Technical Specialists on the response and ensure that they have adequate work stations and tools.

Technical Specialists may function within the Plans Section or be assigned to other parts of the response. If the technical expertise will be required on a long-term basis and/or require several personnel, it may be appropriate to create a Technical Specialists Sub-Unit to provide the necessary guidance.

Functions of Technical Specialist Unit

- Receive and log requests for technical knowledge.
- Identify and maintain a contact list of technical specialists or organizations/businesses with expertise in required area.
- Coordinate technical specialist input.
- Serve as a resource for technical specialists.
- Produce Technical Specialists status updates.
- Receive and track problems with technical specialists and brief the Plans Section Chief (e.g. a particular specialist turns out not to be qualified to provide the requested advice.)

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Technical Specialist Unit Leader	Identify and recruit technical specialists and coordinate participation.		1	DOC
Technical Specialist Unit Member	Assist in finding technical specialists and coordinating and tracking participation.			DOC

E. REPORTING

The Technical Specialist Unit Leader reports to the Plans Section Chief.

F. DELIVERABLES

The Unit is responsible for producing the following:

- Log of technical specialist requests
- Specific technical protocols or recommendations relevant to the situation.
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Plans	Appendix E
IDER Organization Wall Chart	Appendix E1
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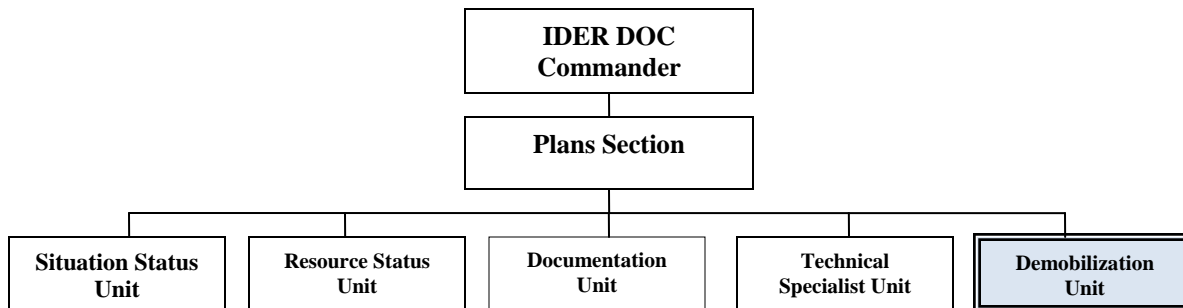
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b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

7. DEMOBILIZATION UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Demobilization Unit is to plan for a smooth transition of the emergency response back to normal operations and to analyze the response. Unit objectives include:

- Develop and share the demobilization plan with Command and General Staff.
- Ensure that all personnel are debriefed following demobilization and supervisor is notified of return to routine job duties.
- Ensure that equipment and materials are released and returned to controlling agencies.
- Develop the After Action Report for the response.

b. Methods

Methods utilized by the Demobilization Unit to achieve objectives include:

Demobilization Plan. A Demobilization Plan will describe how personnel and activities of the infectious disease emergency event are to be reduced and/or closed out as the event abates. Demobilization planning early on ensures a more orderly and appropriately phased conclusion of response activities. It also identifies items requiring follow-up and the parties responsible.

Demobilization Checklist. All responders closing out positions and/or modules will be required to complete specific tasks to ensure that materials are complete, organized, and easily accessible; timesheets are complete; pending tasks are transferred appropriately; etc.

After Action Report and Corrective Action Plan. After each activation an evaluation of the response must be completed. The Corrective Action Plan will provide guidance on modifications that should be made to the plan. Templates and examples of previous After Action Reports are available on the HSEEP and Communicable Disease Control and Prevention website, www.sfdcpc.org.

C. IMPLEMENTATION

a. Demobilization Unit

The Demobilization Unit should be activated for all responses prior to the demobilization of any module. Consider activating the Demobilization Unit at the beginning of the response in order to establish a staff

demobilization process. This will ensure that the proper information and documentation is collected and facilitate evaluation activities.

The Demobilization Unit will develop a Demobilization Plan and checklist that includes specific instructions for all personnel and resources that will require demobilization. On large scale incidents, demobilization can be complex requiring extensive planning activities. This unit should begin its work early in the incident, utilizing rosters of personnel and resources. The Incident Demobilization Plan should clearly state the timeline for demobilization, staff procedures for demobilization, procedures for turning in resources, and who will develop the After Action Report and Corrective Action Plan.

Following demobilization, hold a debrief session to gather feedback from staff activated for the response (see Appendix E for draft agenda). For longer activations consider holding one or more debriefs part-way through the response to have feedback at different stages of the response. Focus on things that went well, areas for improvement, and recommendations for the future. As needed, also gather feedback via interviews, questionnaires, at staff meetings during the response, and other methods. Analyze the effectiveness of the response and write the After Action Report and Corrective Action Plan.

Consider providing recognition to hard working staff members throughout or after the response (e.g., plaque, newsletter announcement, awards).

Functions of the Demobilization Unit:

- Review the Incident Action Plan and Resource Status Unit records to determine the size and extent of the demobilization effort.
- Coordinate demobilization with Command and General Staff and the Continuity of Operations Branch.
- Identify surplus resources and probable release time in coordination with the Logistics Section.
- Identify logistic (including transportation) needs to support demobilization.
- Develop a demobilization plan detailing specific responsibilities, release priorities, procedures, and necessary checklists to guide staff who are being demobilized. Track progress of demobilization and update Demobilization Plan as needed.
- Ensure that all modules understand their demobilization responsibilities and the procedure for demobilizing.
- Serve as a resource for all modules and respond to questions or problems.
- Brief Plans Section Chief on demobilization progress.
- Hold a debrief with all activated staff (see Appendix E for draft agendas)
- Gather feedback from staff via interviews, surveys, email, and/or other methods.
- Write the After Action Report and Corrective Action Plan.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Demobilization Unit Leader	Develop the Demobilization Plan, and serve as a resource for managers on the demobilization and after action reporting process.		1	DOC
Demobilization Unit Member	Assist the Demobilization Unit Leader in developing the Incident			DOC

	Demobilization Plan and After Action Report.			
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E. REPORTING

The Demobilization Unit Leader reports to the Plans Section Chief.

F. DELIVERABLES

The Demobilization Unit is responsible for producing the following:

- Demobilization Plan
- Demobilization Check-out Procedure
- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- After Action Report
- Corrective Action Plan

G. RESOURCES

The following resources will be required to perform minimum response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
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Job Action Sheets	Appendix C
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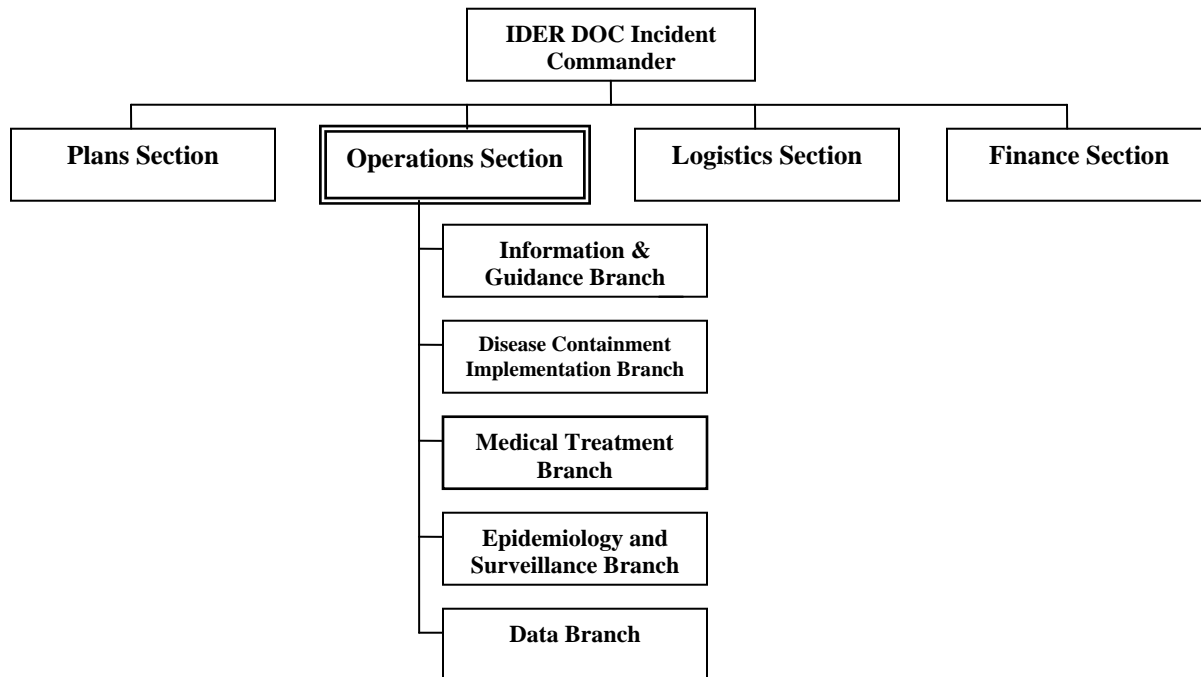
Federal Biowatch Outdoor Guidance	Appendix Eb8
Indoor Stability of Diverse Pathogens Poster	Appendix Eb9
BioWatch Portal Quicksheet	Appendix Eb10
BioWatch Preparedness & Response Guidance Part I (check BioWatch portal for updates)	Appendix Eb11
BioWatch Preparedness & Response Guidance Part II (check BioWatch portal for updates)	Appendix Eb12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

8. OPERATIONS SECTION

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Operations Section is to carry out the response activities described in the Incident Action Plan. Operations Section objectives include:

- Provide communicable disease information to responders, clinicians, the public, and other stakeholders.
- Implement surveillance strategies to identify cases, contacts and the source and magnitude of the infectious disease emergency.
- Determine risk factors for disease and identify susceptible populations.
- Determine and implement effective strategies to contain the infectious disease.
- Coordinate with medical treatment systems.
- Operate alternate care and/or shelter sites as needed.
- Manage and analyze data about the infectious disease emergency and response.
- Ensure that the needs of special populations are addressed in all activities.

b. Methods

Operations strategies and activities utilized to achieve objectives will include:

Infectious disease information and guidance: This includes the development and provision of disease and event-specific guidance to various population groups (e.g., responders, medical community, city/county agencies, public). Requests for information will be screened and triaged so that critical

questions can be answered appropriately. Volume and type of questions will be tracked and used to guide future information updates.

Disease containment: Disease containment encompasses public health strategies actively performed by emergency responders and/or strategies performed by others (e.g., public, medical community, partners, city agencies). Activities may address community mitigation (e.g., social distancing, school dismissal), restriction, exclusion, clearance, mass prophylaxis, isolation, and/or quarantine.

Medical treatment system: Activities will focus on coordinating the infectious disease emergency response with local medical care systems (e.g. hospitals, clinics, etc.) in order to ensure that the needs of healthcare sites and patients are met. This may involve monitoring and coordinating resource requests from healthcare sites; forecasting trends in supply and demand for healthcare services and resource needs; ensuring there is support for casualty management including triage, treatment and transportation; designating and managing alternate care and/or shelter sites; and coordinating with the Medical Examiner to manage mass fatalities.

Epidemiology and surveillance: Epidemiology and surveillance activities will primarily focus on establishing a case definition and identifying cases, contacts of cases, the population at risk, the source(s) of the infectious disease emergency, and the magnitude of the event. The event will be monitored over time. The information obtained by epidemiology and surveillance activities will be used to guide containment activities and situational awareness.

Laboratory analysis: Laboratory testing will help to confirm the presence of an infectious disease agent and determine its identity and antimicrobial susceptibilities.

Data analysis: The collection, organization, and evaluation of data related to cases, contacts, information requests, administration of treatment/prophylaxis to provide information that guides response operations.

Consult the Operations Section Branch modules for details regarding the above strategies.

C. IMPLEMENTATION

a. Operations Section

Activate the Operations Section immediately for all IDER activations.

The Epidemiology and Surveillance Branch and Information and Guidance Branch will most likely need to be activated immediately for all infectious disease emergencies. Guidance on when to activate other Branches is provided in each Branch module and will vary depending on the situation and anticipated response. The Incident Commander must approve the activation of Branches and overall response goals and objectives.

During meetings with Command and General Staff, the Operations Section Chief helps develop the Incident Action Plan. The Operations Section Chief should expand or contract the Section to meet the needs of the situation. Meetings should be held at least once per operational period with Branch Directors and as needed to develop Branch objectives and address implementation issues.

The Operations Section Chief will provide ongoing guidance to Branches and ensure that necessary approvals are obtained and information and requests are forwarded appropriately. Decisions and policies about response goals, objectives, activities, and policies are forwarded to the Incident Commander and Policy Group for approval prior to implementation. Protocols, documents, and recommendations are forwarded to the Information Officer for approval prior to dissemination. Personnel and supply requests

are forwarded to the Logistics Section and Finance Section. Updates on the event and response operations will be forwarded to the Plans Section. Additional guidance may be provided during the event.

A Special Populations Lead will ensure that the needs of special populations are addressed in operations.

Functions of the Operations Section

- Assist in the development of the Incident Action Plan (response goals, operational objectives, and support activities).
- Implement the Incident Action Plan.
- Meet with Branch Directors at least once per operational period and address implementation issues.
- Oversee the development and dissemination of event and disease-related information to clinicians, responders, the public, special populations, and other stakeholders.
- Oversee the implementation of public health strategies to contain the infectious disease.
- Oversee the coordination of medical care and treatment.
- Oversee the implementation of case/contact investigation and surveillance.
- Oversee the analysis of data related (e.g., number of cases/contacts, demographic information).
- Prepare the Operations Section Module Objectives and Update ICS Form 202b for each Operational Period (or coordinate with Plans to do so for the overall response.)
- Request approvals from the Incident Commander, Policy Group, and Information Officer prior to implementation of activities or dissemination of materials.
- Forward updates and personnel and supply requests to Command Staff and other Sections as needed.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Operations Section				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Operations Section Chief	Supervise operations activities, assign responsibilities, and serve as a resource to the Operations Section.	Clinician, disease control coordinator, or health program or emergency coordinator	1	DOC
Operations Section Deputy	Assist the Section Chief with supervision of activities, assigning responsibilities, orienting and training staff, and serving as a resource to staff.	Medical Epidemiologist, clinician, or disease control coordinator		DOC
Special Populations Lead	Ensure that the needs of special populations are addressed through out operational activities			DOC
Administrative Assistant	Perform administrative duties – assist with completion of ICS forms, taking notes at meetings, checking e-mail, answering the phone, and other duties.	1424, 1426, 2585, 1446	1	DOC

E. REPORTING

The Operations Section Chief will report to the Incident Commander.

F. DELIVERABLES

The Operations Section is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period) – this may be coordinated with Plans.
- Response documents and/or products assigned to active modules within the Operations Section.

G. RESOURCES

The following resources will be required to perform minimum response operations. See Operations Section Branch modules for resources required by each Branch.

a. Protocols, forms, and guidelines, and MOUs

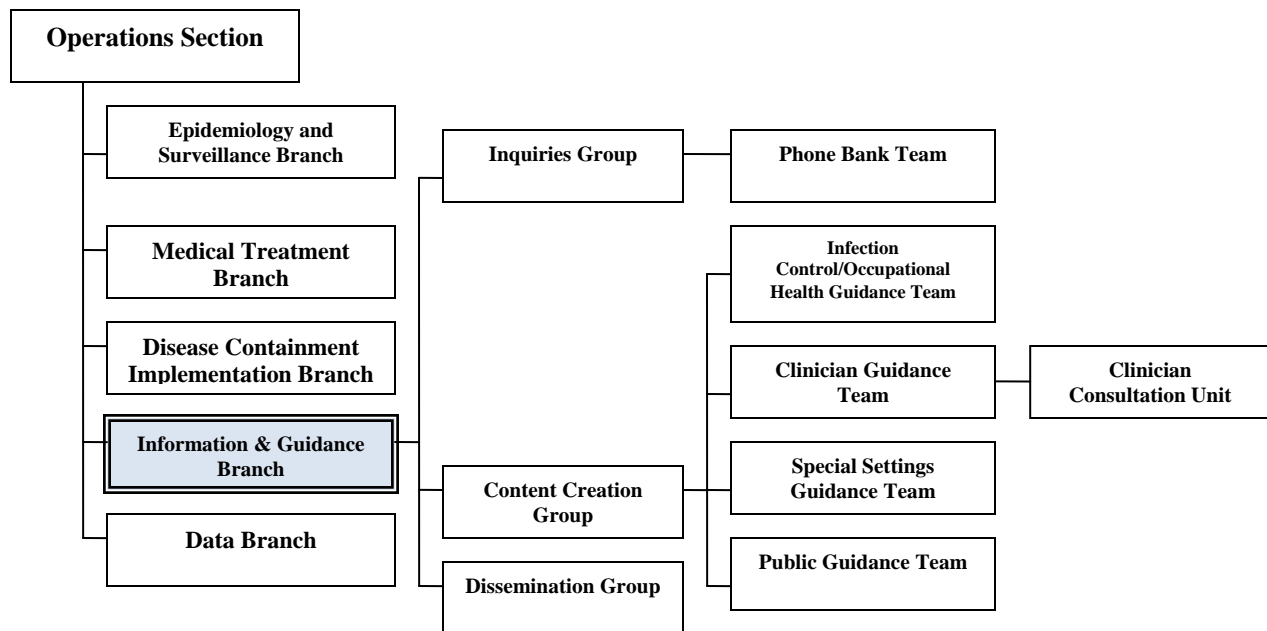
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Disease Containment Implementation	Appendix G
Medical Treatment	Appendix H
Epidemiology and Surveillance	Appendix I
Data	Appendix J

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

9. INFORMATION & GUIDANCE BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Information and Guidance Branch is to provide accurate and timely infectious disease and event information to clinicians, emergency leaders and responders, the public, and other stakeholders. The Branch objectives include:

- Oversee the monitoring, review, and summary of key external information.
- Oversee the receipt and response to inquiries about the event, response, and disease. Set-up methods to receive, prioritize, and determine response to requests for new content.
- Develop accurate and timely documents (e.g., guidance, protocols, fact sheets, health alerts) and for various the public, clinicians, special settings, and other audiences.
- Request approval of materials from the Information Officer and/or Policy Group.
- Oversee the dissemination of information and guidance through electronic, telephone, and alternative methods.
- Oversee the tracking of inquiries, responses, requests for content, development progress, final documents, and dissemination activities.

b. Methods

Methods to achieve objectives include:

Monitor Key External Sources of Information. The Information and Guidance Branch will identify, and monitor key sources of external information and will review and summarize content from those sites. Key sources can include journal websites (e.g., NEJM, JAMA) and partner (e.g., CDPH, CDC, NAACHO, CIDRAP) websites, electronic newsletters, notifications, conference calls, and webinars. A calendar that captures conference calls and presentations with assigned Information and Guidance Branch

participants/leaders will be established and maintained (e.g., on Google site). A regular update containing a summary of important information will be provided to the Plans Section for internal distribution (e.g., emergency and disease-specific news distributed to activated staff along with the Incident Action Plan).

Information/Guidance Requests. Many audiences may request guidance or information either through ICS communication channels, direct phone calls, voicemail, and/or email. A triage categorization system will be used to identify urgent, important, low priority, and already addressed requests for information. Information request triage involves: 1) tracking documents and information already developed and available; 2) receiving new unanswered questions about the infectious disease or situation and questions about appropriate responses; and, 3) logging and prioritizing information needs and referring them to the appropriate module for information development.

Content Creation. Event and infectious disease-specific guidance (e.g., infection control, treatment, testing) and informational materials for clinicians, the public, and special settings (e.g., schools, jails, police) will be developed. Technical experts with knowledge about infectious diseases, the ability to search scientific literature, and/or experience communicating with the public will develop the materials. Policy changes will be first approved by the Policy Group. The Plans Section and other modules can provide situational updates on the overall emergency and response which may be used in informational documents. Information and guidance will be provided in appropriate formats and languages and may include Health Alerts, Fact Sheets, Telephone Information Line scripts, phone-bank scripts, talking points for press releases, disease news updates, website text, position papers, treatment and/or prophylaxis guidelines, and other information. The Information Officer will approve all content prior to dissemination.

Content Storage. The Information and Guidance Branch will establish a user-friendly and consistent way to name and store reference documents (e.g., medical journal articles, guidance documents from partners), documents created by the response in development, and finalized documents. Final document storage will be coordinated with the Plans Section.

Dissemination. Information and guidance may be disseminated to external parties. (The Plans Section will disseminate internally to DOC responders.) The Incident Commander Deputy will share information with emergency leaders and responders external to the response (e.g., other DOCs, EOC). To provide information to external audiences, the following strategies can be utilized:

- **Electronic Dissemination.** Website posting (e.g. DPH website, CDCP website), EMSsystem posting for San Francisco emergency departments, e-mail, and/or internal networks.
- **Telephone Dissemination.** Blast Fax, Telephone Information Line(s) messages, messages sent to DPH Voice Mail Boxes, Teleconferences, 311 (a 24/7 public information line that provides information on city services), Phone Bank with live operators, and 911.
- **Email Dissemination.** Emails sent to individuals or large groups (e.g., Fast Facts from Dr. Katz).
- **Traditional Mail.** Interoffice mail, US Postal Service mail, mail delivered by private companies.
- **Presentations.** If staffing and time permit, in person presentations. Alternatively, presentations can be posted onto the website.
- **Alternative Dissemination.** Mass mailings, paycheck mailings, leafleting, posting billboards, via partner agencies such as community based organizations.

The Information and Media Officers will coordinate closely with the Information and Guidance Branch, other Public Information Officers, the EOC, and/or the Joint Information Center.

C. IMPLEMENTATION

a. Information and Guidance Branch

Activate the Information and Guidance Branch for all activations.

The Information and Guidance Branch will oversee the receipt of inquiries about the response, event, and disease and will assist in the prioritization of content development. They will ensure that key sources of information are monitored, reviewed, and summarized to inform other response module activities and content development. They will review final drafts of all materials (e.g., fact sheets, web texts, Health Alerts) produced by the Content Group and oversee requests for approval from the Information Officer and Policy Group. The Information and Guidance Branch will oversee dissemination of materials to external audiences (e.g., public, clinicians, special settings) and coordination with the Plans Section for internal dissemination. They will ensure that tracking of inquiries, responses, and the development process is tracked and that all final materials are stored in an organized and central location.

Functions of the Information and Guidance Branch

- Anticipate the needs of various audiences for guidance and information.
- Oversee the receipt and tracking of inquiries.
- Oversee the monitoring, review, and summary of existing and emerging external information (e.g., CDC).
- Assist with prioritization of new content development.
- Propose policies to Policy Group and develop San Francisco guidance based on feedback.
- Oversee the development of information and guidance materials (e.g., Health Alerts, fact sheets).
- Request Liaisons from other Branches as needed to develop Branch-specific materials (e.g., Mass Prophylaxis).
- Request approval of final materials from the Information Officer and Policy Group (cc Operations Section Chief and relevant branches).
- Ensure consistency within all guidance and published/disseminated documents.
- Assist in developing dissemination strategies and oversee the dissemination of information, materials, and guidance via the phone bank, website, blast fax, and other means.
- Oversee coordination with 311, ECD/911, IT Unit website updater, Plans Section, and other internal and external parties.
- Oversee the tracking of inquiries, responses, requests for content, development progress, final documents, and dissemination activities (e.g., conference calls, presentations, web postings)
- Oversee the organization of relevant scientific information (e.g., journal publications, communication with experts), external guidance (e.g., CDPH, CDC), and final products produced by the Content Group.
- Direct Branch activities, assign and prioritize responsibilities, orient and meet regularly with Group Supervisors, and serve as a resource for all staff.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Information and Guidance Branch Director	Supervise Branch activities, assign & prioritize responsibilities, orient Group Supervisors and serve as a resource for all staff.	Infectious disease knowledge and experience	1	DOC
Information and Guidance Branch Deputy	Assist in the supervision of the Branch and the production of ICS forms.			DOC
Administrative Assistant	Assist with administrative tasks: take		1	DOC

	notes at meetings, prepare ICS forms, name and store documents, maintain calendars, create and maintain lists of documents and materials and other tasks as needed			
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E. REPORTING

The Information and Guidance Branch Director will report to the Operations Section Chief.

F. DELIVERABLES

The Information and Guidance Branch is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Tracking spreadsheets, lists or calendars of information and guidance requests, materials created, dissemination channels, and audiences.
- Response documents and/or products assigned to active Groups within the Branch. Examples include:
 - Health Alerts
 - Guidelines for specific settings
 - Fact Sheets
 - Telephone line scripts
 - Phone bank scripts
 - Talking points for press conferences
 - Website text
 - Mass email text
 - DPH Memos, official letters

G. RESOURCES

The following resources will be required to perform minimum response operations. See Information and Guidance Group sections for resources required by each group.

a. Protocols, forms, and guidelines, and MOUs

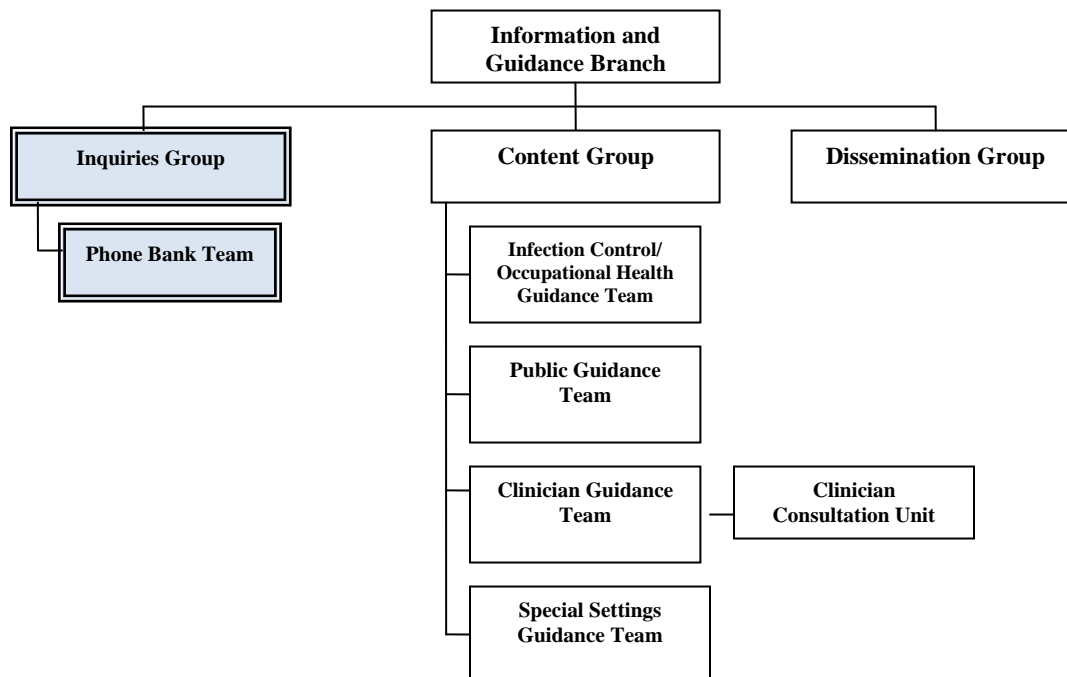
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Inquiries	Appendix Fa
Content Development	Appendix Fb
Public Guidance	Appendix Fb1
Fact Sheets	Appendix Fb1.1
Clinician Reference Documents	Appendix Fb2.2
Decontamination	Appendix Fb4.3
Respiratory Aerosol Transmissible Infection Control	Appendix Fb4.4
Dissemination	Appendix Fc

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Software: MS Office suite (compatible with other responders), pdf writer	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

10. INQUIRIES GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Inquiries Group is to receive inquiries about the event, response, and infectious disease, guide individuals to approved documents and information, and forward unanswered questions to the Content Group for prioritization and development of new content. Group objectives include:

- Develop a procedure to receive inquiries from responders, the public and other stakeholders (note that clinical questions should be forwarded to the Clinician Consultation Unit).
- Ensure that questions are answered with approved information and/or documents.
- Forward new questions or requests for information to the Content Group.
- Stay up-to-date with new content developed by the Content Group.
- Manage the live-operator Phone Bank Team, if activated.
- Track inquiries received.

b. Methods

The Inquiries Group will utilize the following methods:

Pre-written materials. A variety of existing disease-specific information is posted to the health department websites (www.sfdph.org, www.sfcddp.org) and is included in Appendix F.

Screening. The Inquiries Group will receive requests for information, provide information and documents that have been approved, and forward requests for new content to technical experts in the Content Group. The Inquiries Group will establish multiple channels to receive requests for information including phone

calls, input from the 311 liaison in the Dissemination Unit, a recorded telephone information line, a phone bank with live operators, email, and/or a routinely used Communicable Disease Reporting phone number.

Telephone Information Line. One or more recorded messages can be activated to provide information to the public, emergency responders, and other audiences. The phone number(s) will be designated at the time of the incident. Phone line scripts will be created by the Content Group and recorded by the Dissemination Group. See Appendix K for activation instructions.

311 Public Information Telephone Call Center. 311 is an established 24/7 call center staffed by personnel that answer a broad range of questions about San Francisco city and county services. 311 will play a vital role during a response. Responders should anticipate that the public will call 311 for accurate and up-to-date information. When appropriate, responders should publicize 311 as the number to be called for all inquiries from the public. Per a 311 MOU (see Appendix K) coordinate directly with 311 (ensure that the EOC is copied on communication). The Dissemination Group should serve as a liaison to 311 for new content information.

Phone bank. A group of phones staffed by operators trained to answer questions from specific target groups (e.g., cases, exposed populations). A phone bank can be set-up in the 311 training room (preferred method) or at 30 Van Ness (houses 20 live operators). Phone bank operators will use scripts provided by the Content Group and approved by the Information Officer. Coordinate with 311, or for use of 30 Van Ness with the Logistics Section.

911. The Emergency Communications Department maintains the 911 system which provides information to individuals in emergencies. Coordinate through the Dissemination Group and the EOC (or ECD if EOC is not activated.)

Tracking Inquiries. An electronic log or database, stored in a centrally accessible site, will be used to record inquiries and responses. The person responding to an inquiry (perhaps not the initial person hearing the inquiry) will either directly log information into the database or will complete a paper form and submit it to the Data Branch for entry (protocol to be determined at the time of the event). The Data Branch will conduct periodic analyses of the Inquiries Database as requested by the Operations Chief, Plans Chief, or Information and Guidance Branch Director.

C. IMPLEMENTATION

a. Inquiries Group

Always activate the Inquiries Group when communicable disease information requests are anticipated or are occurring and/or when avenues for inquiry need to be established. Situations that will likely require the most staffing and activity include moderate or large incidents impacting multiple populations and/or response partners, a new or unfamiliar disease or situation, a prolonged response, or a situation generating high public interest.

Set-up Methods to Receive Inquiries. This group will identify and coordinate the set-up of methods to receive general questions from the public, responders, special settings, and others (note that clinical questions will be handled by the Clinician Consultation Unit). Methods to receive inquiries may include:

- **Email.** Utilize an existing IDER email address or request creation of an email address from the Logistics Section. Publicize the email address (e.g., posting to website, Fast Facts) to the public and/or responders through the Dissemination Group.

- **311 (general public call center).** Utilize the MOU to establish communication methods (see Appendix K). The Dissemination Group will serve as the primary liaison with 311 and will forward questions to the Inquiries Group.
- **Recorded Telephone Information Line with voicemail capabilities.** See Appendix K for telephone number and activation codes. Phone line scripts will be created by the Content Group and recorded by the Dissemination Group. Voicemail may be collected by the Inquiries Group.
- **Telephone operator(s) located at 101 Grove.** Utilize the Strategic Telephone Automatic Response System (STARS) for call routing to Inquiries Group operators).
- **Live Operator Phone Bank (set-up at 311 call center or 30 Van Ness).** Utilize the Phone Bank when many operators are required to respond to calls. See the Phone Bank Team and Appendix F for set-up details at 30 Van Ness or the 311 call center.
- **ICS Channels.** Questions from IDER DOC responders, other DOCs, and the EOC may be forwarded to the Group via supervisors and leaders through email, word of mouth, telephone, etc.

Note that coordination with 911 (emergency call center) should occur via the EOC; teleconferences will be coordinated by the Dissemination Group; clinical questions will be coordinated by the Clinician Consultation Unit; questions from cases/contacts will be coordinated by the Investigation Group or Disease Containment Implementation Groups.

Receive and Respond to Questions. The group will monitor inquiry systems and respond to information requests with approved content (to be provided by the Content Group).

Forward Questions without Approved Responses. Questions for which no approved answer exists will be forwarded to the Content Group for development.

Track Inquiries. An inquiries form (see Appendix Fa) will be used to log and track inquiries and responses.

Functions of the Inquiries Group

- Establish, update, and monitor points of contact for inquiries (e.g. telephone lines, voice mail, e-mail, phone bank).
- Stay up-to-date with new content developed by the Content Group
- Forward calls from clinicians to the Clinician Consultation Unit and from cases/contacts to the Investigation Group, Disease Containment Implementation Branch, or other modules.
- Guide stakeholders to documents and information already developed and approved.
- Obtain enough information from people requesting new information to inform content developers.
- Forward requests for new information or documents to the Content Group.
- Ensure inquiries are logged into the Inquiries Database or provide the information to a data input person within the Data Branch.
- Monitor analyses of the Inquiries Database by the Data Branch for important trends.

a. 1. Phone Bank Team

The Phone Bank Team will be activated when it is necessary to use live operators to provide detailed guidance to a restricted set of callers. 311 operators should be used to respond to non-clinical questions from the general public or large numbers of callers. A phone bank can be set-up at the 311 facility (preferred method) or at 30 Van Ness (houses 20 live operators). Phone bank operators will use scripts developed and provided by the Content Group. See Appendix Fa for the Phone Bank Instructions.

Functions of the Phone Bank

- Request support from the Logistics Section for set-up of the phone bank.
- Train phone bank operators.

- Respond to questions from the public using scripts provided by the Content Group.
- Provide the Content Group with questions not answered in the phone bank script.
- Forward clinician calls to the Clinician Consultation Unit and calls from cases/contacts to the Investigation Group or the Disease Containment Implementation Branch.
- Track calls and provide Situation Status Updates.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Inquiries Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Inquiries Group Supervisor	Oversee Group. Establish methods to receive, respond to, and forward info requests. Ensure that approved messages are being relayed correctly. Coordinate with the Information Officer, EOC/911, and oversee Phone Bank. Monitor trends in inquiries data analyses.	Health Program Coordinator (2589, 2591, 2592) or Health Educator	1	DOC
Inquiries Group Member	Receive, respond to, and log inquiries. Stay up-to-date on content. Pass requests for new information to the Content Group.	Health Program Coordinator or Health Educator		DOC

Staff Position Roster: Phone Bank Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Phone Bank Team Leader	Oversee the Phone Bank: receive scripts from Content Group, provide callers with guidance, assign responsibilities, orient staff, and track calls. Forward unanswered questions to the Inquiries Group. Provide status updates.	Health Educator; management experience	1	311 facility or 30 Van Ness
Phone Bank Team Member	Provide guidance to callers over the phone. Maintain a log of calls and list of questions unanswered.	Phone skills	2+	311 facility or 30 Van Ness
Phone Bank Assistant	Maintain a summary of calls (compiled from operator logs), compile list of questions unanswered in script. Assist with status updates.	Computer skills	1	311 facility or 30 Van Ness

E. REPORTING

The Inquiries Group Supervisor reports directly to the Information and Guidance Branch Director. The Phone Bank Team Leader reports to the Inquiries Group Supervisor.

F. DELIVERABLES

The Inquiries Group is responsible for producing the following:

- Inquiries Form (this will inform the development of the Inquiries Data Base by Data Branch)
- Inquiries Tracking Log (may be recorded through a database developed by the Data Branch)
- Phone Bank Tracking Call Log and questions unanswered by scripts.
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

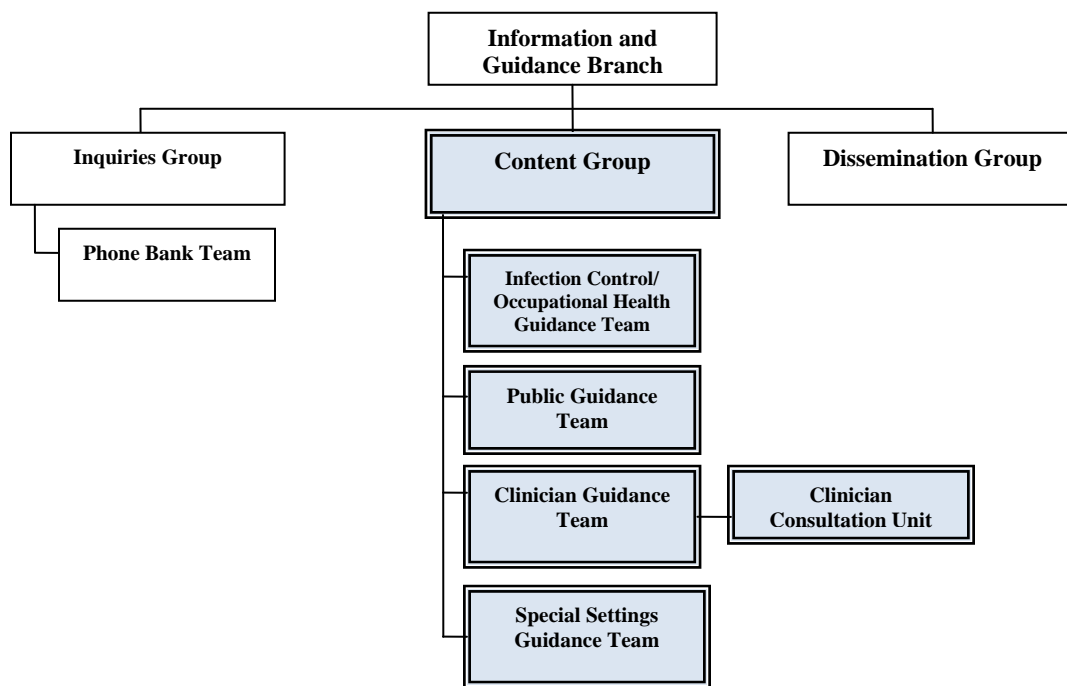
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Inquiries	Appendix Fa
Information Request and Assignment Form	Appendix Fa.1
Log of Requests, Assignments and Disseminations	Appendix Fa.2
Phone Bank Manual	Appendix Fa.3
Phone Bank Site Layout	Appendix Fa.4

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

11. CONTENT GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Content Group is to develop and maintain communicable disease and event expertise, create guidance and information for responders, the medical community, special settings, and the public. The Group objectives include:

- Be the communicable disease information resource for the response.
 - Identify and monitor key sources of external information.
 - Review and summarize content from key sources of external information.
 - Ensure key responders receive critical scientific and external guidance.
- Receive requests for new information from the Inquiries Group and prioritize content development.
- Develop San Francisco-specific guidance and recommendations.
- Develop informational materials (e.g., fact sheets, Health Alerts, website content) for various audiences.
- Provide consultation to clinicians.
- Track of requests for new content and completion status
- Maintain a list and folder of completed guidance and materials.
- Request and provide recommendations for dissemination of materials

b. Methods

Methods include but are not limited to the following:

Research. Key sources of external information will be identified and a system for monitoring established. A schedule for review and summarizing content from key sources of external information will be established. Content will include: protocols, government guidance and recommendations, website text, medical and scientific literature, surveillance data. Critical scientific documents and external government guidance and recommendations will be shared with key response staff. Internal dissemination will be coordinated with the Plans Section.

Triage. A triage categorization system for new information requests will be used: 1) Urgent – Highest Priority: information on urgently needed public health interventions, some EOC requests, some Information Officer requests; 2) Important: information on non-urgent public health interventions, some EOC requests, some Information Officer requests; 3) Low Priority: interesting information that does not impact incident; 4) Already Addressed: information that has already been approved and disseminated.

Infection Control and Occupational Health. Infection control and occupational health guidance will be developed for health care, public, and other settings. Strategies may include standard, contact, droplet, or airborne precautions and/or hand hygiene, respiratory hygiene, personal protective equipment (PPE), decontamination, cleaning, and/or disinfection and sterilization. See Appendix F for detailed descriptions.

Pre-event Materials. Guidance documents, fact sheets, and other materials that have been developed prior to the emergency event will be used or modified to the situation. Examples of pre-event materials include the Infectious Disease Emergency Guide (Appendix Dd3 – Dd10), pre-written Health Alerts (Appendix Db), and fact sheets for the public (Appendix Dc).

Technical Specialists. Technical specialists in communicable disease or other areas will be consulted.

Clinician Phone Line. San Francisco clinicians can call (415) 554-2830, the Communicable Disease Control Unit reporting line, or other designated number to consult with a clinician.

C. IMPLEMENTATION

a. Content Group

Always activate the Content Group.

The Content Group is responsible for developing guidance and materials for clinicians, specific settings (e.g., congregate living facilities, schools, law enforcement, businesses), and the public. This Group will identify priority content areas and receive requests for new content from the Inquiries Group. Key information sources will include pre-written materials (see Appendix F), relevant scientific documents (e.g., journal publications), external guidance (from CDPH, CDC, Institute of Medicine, professional societies), and other DOC modules. The Content Group Supervisor will work with the Plans Section and other Operations Section modules to gather information to be included in content materials (e.g., surveillance data, mass prophylaxis operational information).

When communicating guidance that overlaps, differs or replicates federal (CDC) or state (CDPH) guidance, reference state and federal guidance and indicate if, how, and why San Francisco guidance differs. Additionally, consider including the following text in written communications: “Guidance contained in this document may differ from information disseminated by other local, state, and federal sources. These recommendations have been developed specifically for San Francisco. Please consult your local health department for guidance that is specific to your jurisdiction.

This Group will provide guidance to the content Teams to prioritize development needs, review final materials, obtain approval from the Policy Group and/or Information Officer, coordinate translations, maintain a comprehensive list of all developed materials, and ensure coordination with the Inquiries Group and Dissemination Group.

Functions of the Content Group

- Identify, monitor, organize, save, review, and summarize content from key sources of external information.
- Coordinate with Plans to ensure responders receive scientific and external guidance documents/summaries.
- Receive requests for new information from the Inquiries Group, prioritize requests, and assign content creation tasks to Teams.
- Coordinate with the Plans Section and other Operations Section modules to collect content for inclusion in materials.
- Ensure the development of necessary infection control/occupational health, clinician, special settings, and public information and guidance.
- Review draft/final guidance and informational materials.
- Provide oversight and guidance to Team leaders.
- Request approval from the Policy Group and/or Information Officer on recommendations and documents.
- Coordinate with the Inquiries Group and Dissemination Group.
- Provide the Plans Section Documentation Unit with final documents and request internal dissemination as needed.
- Ensure that a list of all final documents is maintained and documents are located in a central drive.
- Establish and maintain a tracking spreadsheet for Requests for Content, Assignments and Completion Status

a.1. Infection Control/Occupational Health Guidance Team

Always activate the Infection Control/Occupational Health Guidance Team.

If an infection control professional is not assigned to this Group, one should be requested from the Technical Specialist Unit in the following situations:

- When the disease is unknown, or
- When the disease is transmitted via the respiratory route and is not responsive to available antimicrobials or vaccines, or
- When there are multiple or unusual modes of transmission, or
- When there are shortages of single bedded rooms or infection control supplies/equipment.

The Infection Control/Occupational Health Guidance Team will provide infection control recommendations for health care settings, the public, and other specific settings and high-risk groups. Consult the Annexes and Appendix F for disease-specific recommendations and protocols. When the disease is unknown the most precautionary measures should be used until the mode of transmission and other important characteristics of the disease are confirmed. Decisions about infection control recommendations will be based on available data including the case definition, incubation period, mode of transmission, infectious period, and availability of effective prophylaxis or treatment (to be provided by the Epidemiology and Surveillance Branch, Disease Containment Implementation Branch, and Logistics Branch). The Infection Control/Occupational Health Group will assess the advantages, disadvantages, costs, and practical limitations of the various strategies as part of the process of generating infection control recommendations.

This Group can also assist with cohort planning, evaluating the need for group isolation or quarantine, re-use of personal protective equipment (PPE) during shortages, planning alternate PPE, and altered infection control standards during shortages or in unusual situations.

These recommendations will be forwarded to the Policy Group and Safety Officer for approval and following approval to other content Teams for incorporation into guidance documents and informational materials (e.g., Health Alerts, fact sheets, protocols) and as needed to the Disease Containment Implementation Branch for implementation.

Functions of the Infection Control/Occupational Health Team

- Assist with the collection, organization and storage of relevant scientific documents (e.g., journal publications and communications with experts) and external guidance (from CDPH, CDC, IOM, professional societies)
- Make infection control and occupational health recommendations for healthcare, public, and special settings.
- Provide guidance to Content Group Teams and other modules as needed.
- Provide consultation to the Safety Officer on personal protective equipment (PPE) recommendations and recommendations related to responder protection from infectious diseases.
- Provide guidance regarding decontamination, if appropriate, in coordination with environmental health specialists.
- Request dissemination of guidance to impacted audiences (e.g., healthcare sites, city agencies)

a.2. Clinician Guidance Team

Activate the Clinician Guidance Team when it is necessary to provide healthcare guidance and/or answer medical questions from clinicians.

This Team is responsible for developing guidance for healthcare settings and personnel and providing consultation to clinicians. This may include diagnosis, treatment, and prophylaxis guidance. Infection control guidance will be provided by the Infection Control/Occupational Health Guidance Team. Reporting, case definition, and testing guidance will be coordinated with the Epidemiology and Surveillance Branch.

When the disease is known, utilize pre-written Health Alerts and other materials (see Appendix F) and consult other authoritative sources for clinical recommendations. When the disease is unknown, monitor CDC, California Department of Public Health, and other sources for evolving recommendations. Consider consultation or recruitment of a technical specialist.

Guidance for healthcare providers will primarily be provided through:

- Health Alerts (coordinate dissemination with the Dissemination Group)
- Website text (coordinate posting with the Dissemination Group)
- Healthcare Teleconferences (coordinate with the Dissemination Group)
- Telephone consultation - calls and emails received from clinicians (handled by the Clinician Consultation Unit)

Communication methods (telephone, fax, email) for disease reporting and consultation should be prominently displayed on all clinician materials.

Functions of the Clinician Guidance Team

- Identify and monitor key sources of external medical information.

- Review and summarize content from key sources of external information (e.g., treatment and prophylaxis, case definition, testing recommendations/guidance from CDC and other sources).
- Assist with the collection, organization and storage of relevant scientific documents (e.g., journal publications and communications with experts) and external guidance (from CDPH, CDC, Institute of Medicine, professional journals)
- Develop clinical guidance and gather guidance developed by other modules (e.g., infection control, case definition, testing recommendations/guidance).
- Oversee the Clinician Consultation Unit.

a.2.1 Clinician Consultation Unit

This Unit is responsible for responding to clinicians requesting consultation. Consultation requests may come from the following sources:

- **Clinician Telephone Line.** Clinician calls to (415) 554-2830, or another designated number, are transferred to the Clinician Consultation Unit. Phone consultation to clinicians may require significant staffing with highly trained personnel. However, given the important response role of clinicians in the community, every effort should be made to provide clinicians with the information they need.
- **Clinician E-mail account.** Email questions sent to the CDControl@sfdph.org email or other account.
- **Teleconferences:** A conference phone call can be set up to provide stakeholders (e.g. hospitals, infection control practitioners, infectious disease doctors, other individual clinicians) with an opportunity to hear and ask questions from response leaders and/or communicable disease experts. This can be an efficient method to identify issues and share late-breaking information.

The Clinician Consultation Unit will provide approved information and advice to practicing clinicians on diagnosis, treatment, prophylaxis, surveillance criteria, and other issues.

Functions of the Clinician Consultation Unit

- Provide approved answers to clinician queries that arrive via direct phone call, voicemail, email, or other source.
- Refer clinicians to existing documents (e.g., Health Alert).
- Forward questions that do not have approved answers to the Clinician Guidance Team.

a.3. Public Guidance Team

Activate the Public Guidance Team when it is necessary to create San Francisco-specific public guidance and informational documents relating to the event and/or disease.

Documents required for the emergency event may include:

- | | |
|---|--|
| • Frequently Asked Questions (FAQs) | • Recommendations or position papers for public health decision makers |
| • Fact sheets | • Talking points for press releases |
| • Website text | • Emergency event news updates |
| • Telephone Information Line scripts | • Presentations to key partner organizations |
| • 311, phone-bank, or 911 scripts | • Other documents as needed |
| • Social media (e.g., Twitter, Face Book) | |

The Public Guidance Team will identify needed content, review materials developed by other entities (e.g., CDC, local health departments) for the public, develop content and/or receive technical content from other content Teams, and prepare informational materials. Materials will adhere to San Francisco

public communications standards – accurate, professional tone, 6th grade language level, and translated into Chinese, Spanish, and other languages as feasible, and appropriate for at-risk populations. All documents will be approved by the Content Group supervisor and Information Officer prior to dissemination. Policy Group approval may also be required.

In emergencies, particularly those caused by a new infectious disease, consider referencing and comparing the disease and recommendations to other more common infectious diseases to increase public understanding.

The Public Guidance Team will recommend avenues for dissemination to the Content Group Supervisor, who will coordinate with the Dissemination Group and Inquiries Group to ensure that informational materials reach key audiences.

Functions of the Public Guidance Team

- Collect, organize, store, and review public materials and guidance from other organizations
- Review materials and guidance developed by other organizations.
- Receive requests for content and work with the Content Group Supervisor to prioritize development of information.
- Receive guidance from other modules (e.g., home care, infection control).
- Develop clear guidance and informational materials (e.g. 6th grade level) regarding the disease, situation, and response.
- Obtain final document approval from the Content Group Supervisor and Information Officer.
- Provide documents to the Content Group Supervisor to share with the Inquiries Group and Dissemination Group.
- Track progress and save final documents in a central drive.

a.4. Special Settings Guidance Team

Activate the Special Settings Guidance Team when it is necessary to create San Francisco-specific guidance and informational documents for specific facilities and/or groups.

Special settings and/or groups may include:

- Congregate living facilities (e.g., jails, shelters)
- Long term care facilities
- Schools
- Public transportation
- Businesses
- Community based organizations
- Individuals who may be required to have close contact with high-risk individuals (e.g., law enforcement)
- Individuals who have ongoing contact with large populations (e.g., public transportation drivers)
- Groups at high risk for disease or severe disease

Documents required for the emergency event may include guidance materials, operational protocols, check-lists, or fact sheets.

The Special Settings Guidance Team will identify needed content, review materials developed by other entities (e.g., CDC, local health departments), develop content and/or receive technical content from the other content Teams, prepare materials, and request Policy Group approval as appropriate. All documents will be approved by the Content Group Supervisor and Information Officer prior to dissemination.

The Team will recommend avenues for dissemination to the Content Group Supervisor, who will coordinate with the Inquiries Group and Dissemination Group to ensure that informational materials reach key audiences.

Functions of the Special Settings Guidance Team

- Collect, organize, store, and review relevant scientific documents (e.g., journal publications and communications with experts) and external guidance (from CDPH, CDC, IOM, professional societies). Receive requests for content and work with the Content Group Supervisor to prioritize development of information.
- Receive content from other modules (e.g., infection control, prophylaxis).
- Develop clear guidance and informational materials.
- Obtain approval from the Content Group Supervisor and Information Officer. (Policy Group approval may also be required.)
- Provide documents to the Inquiries Group and Dissemination Group for dissemination.
- Track progress and save final documents in a central drive.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Content Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Content Group Supervisor	Assign responsibilities, orient staff, and serve as a resource. Receive information requests from the Inquiries Group and via IDER DOC channels. Identify requests that may require policy level decisions. Prioritize requests in coordination with Branch Director and Team Leaders. Coordinate with Information Officer. Coordinate with the Inquiries and Dissemination Groups.	Clinician	1	DOC
Content Group Member	Assist Group Supervisor. Receive requests for guidance/materials. Assist with naming and storage of documents, maintenance of tracking spreadsheet of Requests, Assignments and Completion Status and list of finalized documents.			DOC
Translation Coordinator	Receive final documents from Content Group teams and coordinate translations with internal and external translators			DOC

Staff Position Roster: Infection Control/Occupational Health Guidance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Infection Control/Occupational Health Guidance Team Leader	Assign responsibilities, orient staff, and serve as a resource for all the staff in and outside of the group. Review and develop infection control recommendations. Coordinate	Clinician with infection control or infectious disease experience or	1	DOC

	recommendations with Safety Officer for IDE responders.	industrial hygienist or ICP experience		
Infection Control/Occupational Health Guidance Team Member	Assist with research, recommendations, preparation of guidance, and educational information	Clinician		DOC

Staff Position Roster: Clinician Guidance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Clinician Guidance Team Leader	Be content expert. Monitor, review and summarize key external content. Assist with prioritization. Develop guidance for healthcare settings. Assign responsibilities, orient staff, and serve as a resource.	MD or NP	1	DOC
Clinician Guidance Team Member	Research and provide treatment, prophylaxis, and other clinical guidance. Coordinate with other modules to receive content.	MD, PharmD, ICP, PH nurse, NP, epidemiologist		DOC

Staff Position Roster: Clinician Consultation Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Clinician Consultation Unit Leader	Assign responsibilities, orient staff, and serve as a resource. Respond to questions from clinicians.	MD, PharmD, ICP, PH nurse, NP	1	101 Grove
Clinician Consultation Unit Member	Respond to questions from clinicians.	MD, PharmD, ICP, PH nurse, NP, epidemiologist		101 Grove

Staff Position Roster: Public Guidance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Public Guidance Team Leader	Assign responsibilities, orient staff, and serve as a resource. Identify needed content, develop and oversee development of content. Obtain approvals.	Health educator; excellent writing and communication skills	1	DOC
Public Guidance Team Member	Develop content and materials.	Health educator		DOC

Staff Position Roster: Special Settings Guidance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Special Settings Guidance Team Leader	Assign responsibilities, orient staff, and serve as a resource. Identify needed content, develop and oversee development of content. Obtain	Excellent writing and communication skills, clinician,	1	DOC

	approvals.	health care worker		
Special Settings Guidance Team Member	Develop content and materials.		1	DOC

E. REPORTING

The Content Group Supervisor reports to the Information and Guidance Branch Director. The content Team Leaders report to the Content Group Supervisor.

F. DELIVERABLES

The Information and Guidance Content Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- List of guidance, documents, and materials developed
- List of information and guidance requests
- Informational documents (e.g. Health Alerts, FAQs, fact sheets, website text, telephone information line scripts, protocols, recommendations, position papers for Public Health decision makers, press release/talking points.)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Content Development	Appendix Fb
Public Guidance	Appendix Fb1
Public Health Information Line Script for BDS Alert	Appendix Fb1.1
BioWatch Tularensis Santa Clara Press Release, Oct. 31, 2005	Appendix Fb1.2
Fact Sheets	Appendix Fb1.1
Anthrax FAQs	Appendix Fb1.1.1
Botulism FAQs	Appendix Fb1.1.2
Brucellosis FAQ's	Appendix Fb1.1.3
Burkholderia FAQ's	Appendix Fb1.1.4
Plague FAQ's	Appendix Fb1.1.5
Smallpox FAQ's	Appendix Fb1.1.6
Tularemia FAQ's	Appendix Fb1.1.7
VHF FAQ's	Appendix Fb1.1.8
Avian Influezna One Page FAQ.	Appendix Fb1.1.9
Avian Influezna One Page FAQ. Spanish	Appendix Fb1.1.10
Avian Influezna One Page FAQ. Chinese	Appendix Fb1.1.11
Avain Influenza in Chickens/Animal Care and Control FAQ	Appendix Fb1.1.12
Pre-incident General Information about BDS Response (Distributed to USPS Employees before Alert)	Appendix Fb1.1.13
Pandemic Flu - San Francisco City & County Preparedness FAQ	Appendix Fb1.1.14

Anthrax FAQ Chinese-2007	Appendix Fb1.1.15
Anthrax FAQ Spanish-2007	Appendix Fb1.1.16
Botulism FAQ Chinese-2007	Appendix Fb1.1.17
Botulism FAQ Spanish-2007	Appendix Fb1.1.18
Burkholderia FAQ Chinese-2007	Appendix Fb1.1.19
Burkholderia FAQ Spanish-2007	Appendix Fb1.1.20
Brucellosis FAQ Chinese-2007	Appendix Fb1.1.21
Brucellosis FAQ Spanish-2007	Appendix Fb1.1.22
Plague FAQ Chinese-2007	Appendix Fb1.1.23
Plague FAQ Spanish-2007	Appendix Fb1.1.24
Smallpox FAQ Chinese-2007	Appendix Fb1.1.25
Smallpox FAQ Spanish-2007	Appendix Fb1.1.26
Tularemia FAQ Chinese-2007	Appendix Fb1.1.27
Tularemia FAQ Spanish-2007	Appendix Fb1.1.28
VHF FAQ Chinese-2007	Appendix Fb1.1.29
VHF FAQ Spanish-2007	Appendix Fb1.1.30
Measles FAQ-2009	Appendix Fb1.1.31
Measles FAQ Chinese-2009	Appendix Fb1.1.32
Measles FAQ Spanish-2009	Appendix Fb1.1.33
Measles FAQ Vietnamese-2009	Appendix Fb1.1.34
Measles FAQ Russian-2009	Appendix Fb1.1.35
Measles FAQ Tagalog-2009	Appendix Fb1.1.36
Clinician Guidance	Appendix Fb2
Health Alerts	Appendix Fb2.1
Health Alert Development and Dissemination Protocol	Appendix Fb2.1.1
Health Alert Template	Appendix Fb2.1.2
Health Alert Request Form	Appendix Fb2.1.3
Health Alert Cover Sheet Template	Appendix Fb2.1.4
Memo to Clinicians Template	Appendix Fb2.1.5
Anthrax Pre-written BT Health Alert	Appendix Fb2.1.6
Botulism Pre-written BT Health Alert	Appendix Fb2.1.7
Brucellosis Pre-written BT Health Alert	Appendix Fb2.1.8
Burkholderia Pre-written BT Health Alert	Appendix Fb2.1.9
Plague Pre-written BT Health Alert	Appendix Fb2.1.10
Smallpox Pre-written BT Health Alert	Appendix Fb2.1.11
Tularemia Pre-written BT Health Alert	Appendix Fb2.1.12
VHF Pre-written BT Health Alert	Appendix Fb2.1.13
Health Alert Content for BDS	Appendix Fb2.1.14
Health Alert Biowatch Template	Appendix Fb2.1.15
San Francisco Health Advisory: Environmental Detection of F. Tularensis in San Jose 10/31/05	Appendix Fb2.1.16
Clinician Reference Documents	Appendix Fb2.2
Anthrax, Infectious Disease Emergency Guide	Appendix Fb2.2.1
Avian Influenza, Infectious Disease Emergency Guide	Appendix Fb2.2.2
Botulism, Infectious Disease Emergency Guide	Appendix Fb2.2.3
Brucellosis, Infectious Disease Emergency Guide	Appendix Fb2.2.4
Plague, Infectious Disease Emergency Guide	Appendix Fb2.2.5
Smallpox, Infectious Disease Emergency Guide	Appendix Fb2.2.6
Tularemia, Infectious Disease Emergency Guide	Appendix Fb2.2.7
Viral Hemorrhagic Fevers, Infectious Disease Emergency Guide	Appendix Fb2.2.8
Infection Control / Occupational Health Guidance	Appendix Fb4
Infection Control	Appendix Fb4.2
Biological Respiratory Protection Program Grid	Appendix Fb4.2.1
High Hazard Procedure Respiratory Protection Recommendations	Appendix Fb4.2.1
SFDPH Interim Infection Control Recommendations for Healthcare Settings during an Infectious Disease Emergency or Bioterrorism Event	Appendix Fb4.2.3

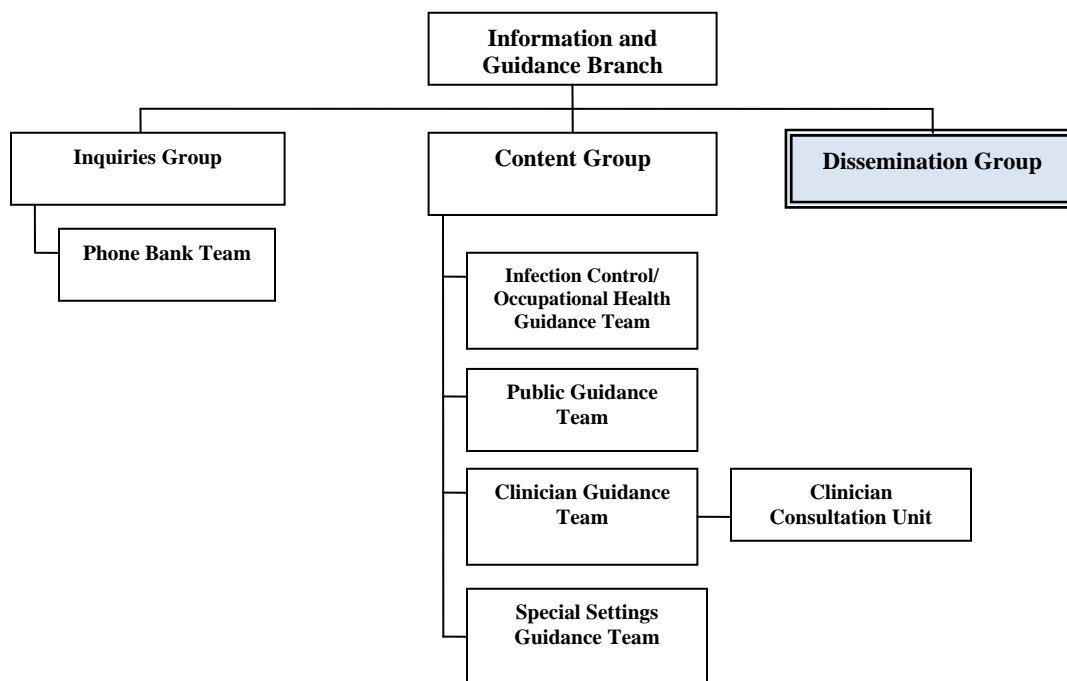
Environmental cleaning checklist	Appendix Fb4.2.4
Infection Control and Social Distancing Strategies Overview	Appendix Fb4.2.5
CDC Educational instructions on how to don and remove PPE	Appendix Fb4.2.6
Instructions on Hand Hygiene	Appendix Fb4.2.7
Guide for Developing Infection Control Recommendations	Appendix Fb4.2.8
Instructions on Home Cleaning & Disinfecting	Appendix Fb4.2.9
Evaluation for Home Suitability for Isolation	Appendix Fb4.2.10
Infection Control for BDS	Appendix Fb4.2.11
Decontamination	Appendix Fb4.3
BDS Decontamination Procedure	Appendix Fb4.3.1
Information about BDS Alert, Anthrax, & Decontamination (post and read to USPS Employees at ECP)	Appendix Fb4.3.2
USPS Status Form (USPS Employees complete after Decontamination)	Appendix Fb4.3.3
Guidelines on Decontamination for Biological Agents	Appendix Fb4.3.4
Respiratory Aerosol Transmissible Infection Control	Appendix Fb4.4
Pandemic Influenza- Phase 6 Infection Control Recommendations	Appendix Fb4.4.1
Pandemic Influenza- Phase 4 & 5 Infection Control Recommendations	Appendix Fb4.4.2
Self-Monitoring Log for Exposed Workers to Known Respiratory Disease	Appendix Fb4.4.3
Worksheet on Health Officer's Considerations for Pandemic Flu Non-pharmaceutical interventions - Extended Dismissal of Students for School	Appendix Fb4.4.4
Severe Pandemic Influenza Public Health Response Matrix - need updated version from Erica	Appendix Fb4.4.5
Algorithm for Extended Dismissal of Students from Schools as part of response to an Influenza Pandemic	Appendix Fb4.4.6
Infection Control Strategies for an Unknown RAT Disease	Appendix Fb4.4.7

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Hardware: Computer with local network, internet access (Software: MS Office suite, pdf writer)	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics
White board	1	Logistics

12. DISSEMINATION GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Dissemination Group is to develop a distribution strategy and to coordinate the dissemination of information and guidance to a variety of audiences in a timely fashion. The Group objectives include:

- Implement and/or coordinate the dissemination of approved electronic and/or hard-copy event-specific communicable disease information to the public and other specific target audiences.
- Maintain records of information dissemination.

b. Methods

Methods used by the Dissemination Group include, but are not limited to, the following:

Websites: Instructions, informational documents, Health Alerts and other guidance can be posted on the San Francisco Department of Public Health main website (www.sfdph.org) and/or the Communicable Disease Control and Prevention website (www.sfdcpc.org). See Appendix K for posting instructions.

Health Alert Notification Database (HAND): The HAND is a database of clinicians (stratified by specialty) and other stakeholders. The database contains over 7,000 names, phone numbers, fax numbers, addresses, and other contact information including information on approximately 4,000 physicians. The HAND can be used to find contact information for individuals and/or send out mass faxes and mailings. One may also select up to 3 priority groups to receive faxes first. See Appendix K to access the HAND database. .

Blast Fax. Mass communications can be sent out to clinicians and/or other groups in the HAND by fax using the Communicable Disease Control and Prevention Section fax transmission program which includes 4 fax lines or a commercial blast fax system. The commercial blast fax system is faster (can fax a document to 3000 clinicians in under 24 hours) but is more expensive. See Appendix K for instructions.

EMSystem. EMSystem is a web-based management tool to assist with ambulance diversion, mass casualty management, and information sharing among system users which include hospitals, Emergency Medical Services, and other public safety agencies. All San Francisco hospital emergency departments are required to have the EMSystem open at all times. Messages, documents, and links can be posted on the main page.

Media. Information can be released to the media for city and region-wide dissemination. Coordinate media press releases with the Media Officer, Policy Group, and Information Officer.

Email. Email lists of certain groups are maintained by a variety of people. These lists can be used to send out email communications with attachments.

Traditional Mail. Interoffice mail, US Postal Service mail, and private companies can deliver materials to designated recipients.

311 Public Information Telephone Call Center. 311 is an established 24/7 call center staffed by personnel that answer a broad range of questions about San Francisco city and county services. 311 will play a vital role during a response. Responders should anticipate that the public will call 311 for accurate and up-to-date information. When appropriate, responders should publicize 311 as the number to be called for all inquiries from the public. Per a CDCP/311 MOU coordinate directly with 311 (ensure that the EOC is copied on communication). The Dissemination Group should serve as a liaison to 311 for content information.

C. IMPLEMENTATION

a. Dissemination Group

Activate the Dissemination Group when electronic or hard-copy dissemination to external parties outside of the response are needed or anticipated.

Final materials, approved by the Information Officer, will be provided by the Content Group. The Dissemination Group will develop a recommended dissemination strategy (approved by the Information and Guidance Branch Director). Some dissemination strategies may include:

- **Medical Community.** Blast fax to individual and groups of clinicians in the HAND, information posting for Emergency Departments via EMSystem, DPH or CDCP website postings, static content provided on the Telephone Information Line, and other methods.
- **Public.** Website postings, hard copy information fliers, telephone messaging, and other methods.
- **Businesses.** Website postings, teleconferences, and emails via the Department of Emergency Management business liaison.
- **Schools/Colleges.** Website postings, teleconferences, and emails via the Department of Emergency Management business liaison.
- **Special Settings.** Website postings, blast fax to individual or groups in the HAND, group emails, traditional mailings, teleconferences, via community partners, and other methods.

Also consider alternative distribution strategies such as commercial newspaper facilities to print guidance, partner websites to post guidance, information included in paychecks and/or bills, mass mailings, community based organizations, and other strategies for reaching specific populations.

The Dissemination Group will implement dissemination or coordinate with other response modules to ensure timely distribution:

Distribution Method	Dissemination Lead*
Blast fax	Logistics Section Communication Equipment Unit
Group Email or Fast Facts	Dissemination Group (see Appendix for instructions), EOC, other DOCs
EMSystem	Dissemination Group (see Appendix for instructions)
311 (general public call center)	311 Liaison in Dissemination Group
911	Dissemination Group
Telephone information line(s)	Content Group develops scripts, Dissemination Group records outgoing messages, Inquiries Group can use scripts to respond to live inquires
Teleconferences	Dissemination Group (see Appendix for instructions), EOC
Phone bank (311 Training Room or 30 Van Ness)	Inquiries Group (see Appendix for details)
Website postings	Logistics Section Information Technology Unit
Press releases	Information Officer

* Other partners may be able to lead/support dissemination or should be included on coordination communication.

The Dissemination Group will maintain a record of information disseminated (e.g., date, audience, method(s) used) and provide updates. The Plans Section as well as 311 should be notified of all major updates/changes to the website and be asked to disseminate this information.

Functions of the Dissemination Group

- Receive approved content and/or documents for distribution external to IDER DOC responders.
- Work with the Content Group to develop a dissemination strategy and request approval from the Information and Guidance Branch Director.
- Identify instructions and/or contacts to accomplish dissemination tasks.
- Record approved outgoing information line messages (messages are developed by the Content Group).
- Re-configure documents and materials (e.g., PDF) to correspond with the selected dissemination method.
- Request website postings to the Logistics Section. Review postings. As needed, request that links be prominently placed on home pages of www.sfcdep.org, www.sfdph.org, www.ci.sf.ca.us, and other sites.
- Monitor dissemination and report on progress/completion.
- Create and update the dissemination tracking spreadsheet.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Information Dissemination Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Dissemination Group Supervisor	Receive requests and materials for distribution, develop a dissemination strategy, implement/coordinate dissemination, and tracking.	Health educator, outreach worker, HPC, HCW	1	
Dissemination Group Member	Receive requests and materials for distribution, develop a dissemination strategy, reformat/configure documents for dissemination, implement/coordinate dissemination, and update tracking form.	Computer skills (spreadsheets, databases, MS Word, Adobe Acrobat)		

E. REPORTING

The Dissemination Group Supervisor reports to the Information and Guidance Branch Director.

F. DELIVERABLES

The Dissemination Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Dissemination strategy for information and/or documents.
- Tracking spreadsheet of dissemination channels and audiences.

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Dissemination	Appendix Fc
Phone Bank Instructions	Appendix Fc.1
Document Dissemination Request Form	Appendix Fc.2
Protocol for Document Dissemination	Appendix Fc.3

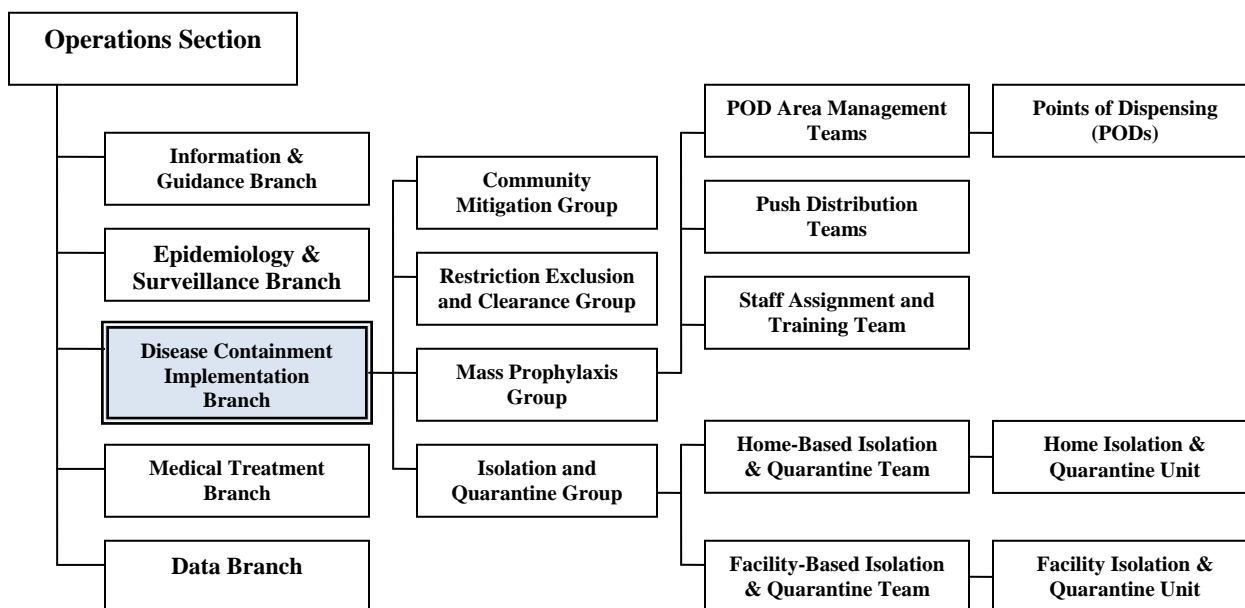
b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics

Copy machine access	1	Logistics
Adobe Acrobat Professional Software	1	Logistics
Blast Fax Software	1	Logistics

13. DISEASE CONTAINMENT IMPLEMENTATION BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Disease Containment Implementation Branch is to implement measures to minimize the spread of infectious disease. The Branch objectives include:

- Utilize available information to determine which containment strategies will be most effective for the disease and scope of the incident.
- Recommend and/or implement disease containment strategies.
- Provide guidance on disease containment measures that can be implemented by the larger medical community and the public.

b. Methods

Disease containment methods include but are not limited to:

Community Mitigation. Community mitigation strategies are used when it is determined that group-level activities should be altered to reduce the spread of disease. Community mitigation strategies may target specific populations like students/teachers, workplace employees and clients, public transportation riders, attendees at large public gatherings (e.g., concert, sporting events, religious services), and other groups. Strategies to reduce the transmission of disease during group activities include non-pharmaceutical interventions like social distancing, healthy habits, workplace modifications, school dismissal or modification, cancellation of events/locals, and other approaches that protect the public while preserving, as much as possible, daily activities.

Isolation and Quarantine. Isolation is the separation of infected persons from others for the period of communicability in order to prevent the transmission of the agent. Quarantine is the limitation of freedom of movement of persons who may have been exposed to a communicable disease, in order to prevent contact with unexposed persons. The quarantine period is equal to the longest usual incubation period (time from exposure to development of symptoms). These strategies apply to person-to-person transmitted diseases in which it is possible to distinguish whether an individual is infected, exposed, uninfected, and/or unexposed and it is possible to implement the separation of these groups before transmission occurs.

Mass Prophylaxis. Mass prophylaxis is a public health strategy to dispense pharmaceuticals and/or administer vaccine to potentially exposed populations and/or those at risk of exposure in order to prevent infection.

Restriction, Exclusion, and Clearance. Restriction, exclusion, and clearance are intended to decrease transmission of an infectious disease from exposed persons in sensitive occupations or situations to vulnerable susceptible populations. This strategy applies when there are actions that promote transmission and/or when there are environments in which identified vulnerable susceptible populations may become infected.

Post Exposure Prophylaxis (PEP). PEP is a medication or vaccine given to prevent exposed persons from developing disease and thereby reducing transmission.

Consult the Disease Containment Implementation Branch modules for details regarding these strategies.

C. IMPLEMENTATION

a. Disease Containment Implementation Branch

Activate the Disease Containment Implementation Branch for all activations.

Upon activation, the Disease Containment Implementation Branch will be briefed on the outbreak and the operational objectives. The Information and Guidance Branch will make recommendations on necessary disease containment strategies. The Incident Commander and/or Policy Group will order specific recommendations for necessary disease containment strategies. Primary disease containment activities include community mitigation, mass prophylaxis, isolation, quarantine, restriction, exclusion, and clearance. Disease containment activities may involve coordinated operations with other public health and public safety agencies.

Functions of the Disease Containment Implementation Branch

- Identify methods to implement recommended public health interventions.
- In coordination with the Operations Section Chief ensure that the Policy Group and Incident Commander have approved all disease containment activities and decisions.
- Forward protocols, fact sheets, and documents developed to the Information and Guidance Branch and Information Officer for approval.
- Review any requested data from the Data Branch and provide interpretation and summary data for the response and external partners (in collaboration with Data Branch.)

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Disease Containment Implementation Branch Director	Supervise activities, assign responsibilities, orient staff and serve as a resource for all staff.	Clinician or Disease Control Coordinator or Immunization Coordinator	1	DOC
Disease Containment Implementation Branch Deputy	Assist Branch Director with supervision of activities, assigning responsibilities, orienting staff, and serving as a resource for staff.	Clinician or Disease Control Coordinator or Health Program Coordinator		DOC
Administrative Assistant	Perform administrative duties to assist in the production of reports, documenting actions, taking notes at meetings, and other duties as assigned.		1	DOC

E. REPORTING

The Disease Containment Implementation Branch Director reports to the Operations Section Chief.

F. DELIVERABLES

The Disease Containment Implementation Branch is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Branch.

G. RESOURCES

The following resources will be required to perform minimum response operations. See Disease Containment Group sections for resources required by each group.

a. Protocols, forms, and guidelines, and Memoranda Of Understanding

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Disease Containment Implementation	Appendix G
Mass Prophylaxis	Appendix Gb
POD Operations	Appendix Gb1
Push Operations	Appendix Gb2
Staff Assignment and Training	Appendix Gb3
Drug Information Sheets	Appendix Gb4
Restriction Exclusion & Clearance	Appendix Gc

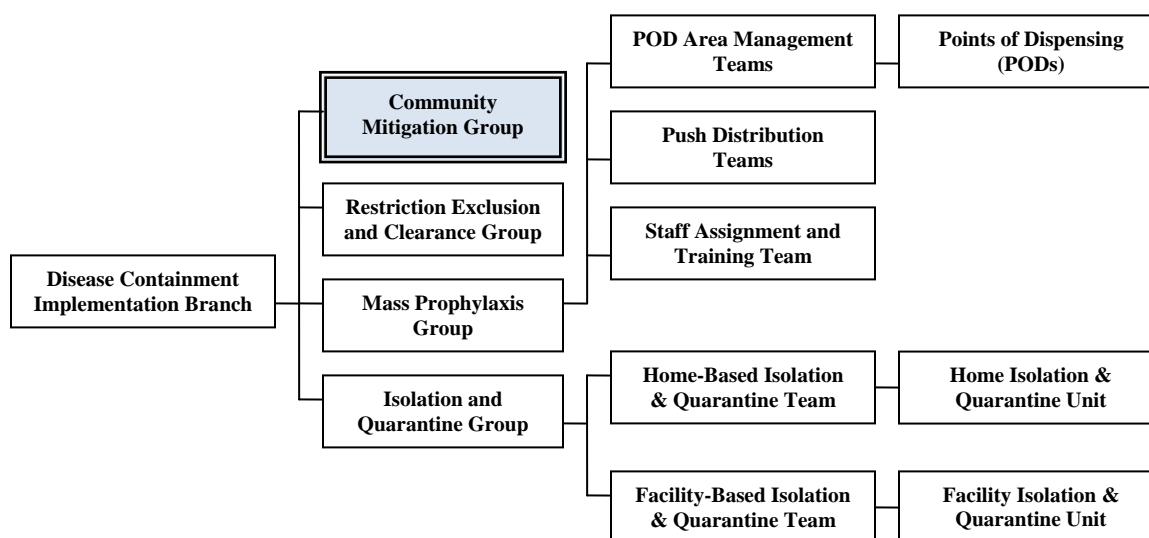
Isolation & Quarantine	Appendix Gd
Home and Facility Isolation and Quarantine	Appendix Gd1
Home Based Isolation and Quarantine	Appendix Gd2
Facility Isolation and Quarantine	Appendix Gd3

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

14. COMMUNITY MITIGATION GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Community Mitigation Group is to implement strategies to reduce the spread of disease in community settings. The Group's objectives are to:

- Receive Health Officer community mitigation orders or directives from the Incident Commander and/or Policy Group.
- Identify community activities (e.g., public gatherings, close contact) that need to be modified or cancelled to adhere to public health orders or interventions.
- Determine which entities need to be notified, and how they will be notified.
- Coordinate with and advise businesses, organizations, schools, and/or other partner on implementation of community mitigation strategies impacted by the order.
- Work with the Information and Guidance Branch to ensure that fact sheets and other materials provide community mitigation details.

b. Methods

Strategies for implementation of community mitigation include, but are not limited to:

Social distancing. Measures to decrease the congregation of groups and/or encourage people to keep their physical distance from one another during outbreaks of disease that are easily transmissible, to slow the spread of infection.

School dismissal/modification. The release of students from school primarily to reduce the congregation of many young people and the spread of disease. Reduced class size, class mixing at break times, and/or use of enhanced healthy habits may be utilized before school dismissal. Note that schools may remain open to provide meals to at-need children, distance education, and/or as facilities for other emergency operations.

Postponement/canceling of events. Events such as parades, sporting events, fairs, or concerts that bring many people together in close proximity may be postponed or cancelled to reduce the potential for disease transmission.

Workplace modifications. Work settings and/or practices may be modified to reduce close contact among employees and clients. Examples include elimination of face to face meetings (telephone conversations or teleconferences used instead), reconfiguration of desks to increase the distance between workers, installation of glass barriers between clients and employees at service desks, closure of lunch/break rooms, staggered shifts, telecommuting, etc.

C. IMPLEMENTATION

a. Community Mitigation Group

Activate the Community Mitigation Group when it is determined that social, business, educational, faith-based or other community activities need to be altered to reduce the spread of disease.

The Information and Guidance Branch will develop recommendations and guidance and the Community Mitigation Group will work with the EOC and community partners to implement that guidance. This may include preparing letters/notices, explaining or clarifying recommendations, and troubleshooting barriers to implementation and/or unintended consequences.

Community mitigation strategies may target specific populations like students/teachers, workplace employees and clients, public transportation riders, attendees at large public gatherings (e.g., concert, sporting events, religious services), and other groups. Strategies to reduce the transmission of disease during group activities include non-pharmaceutical interventions like social distancing, healthy habits, and other approaches that protect the public while preserving, as much as possible, daily activities. Some examples include:

- Dismissal of students from schools including childcare, colleges, and universities
- Reduction of out-of-school social mixing
- Postponement/cancellation of mass gatherings
- Alternatives to face-to-face contact at work (e.g., telephone, glass barriers)
- Increasing distance between people
- Decreasing number of contacts
- Use of personal protective equipment (e.g., face masks) in low to high risk settings
- Provision of hand sanitizer, tissues, or other items that promote healthy habits
- Modification of workplace policies that support disease reduction

Functions of the Community Mitigation Group

- Implement community mitigation strategies ordered by the Health Officer/Incident Commander/Policy Group.
- Coordinate with the EOC and other city and county staff responsible for communicating with businesses, community groups, schools, etc.
- Provide clarification on recommendations and communicable disease guidance to the EOC and/or community partners as needed.
- Prepare letters, notices, and other documentation required for the implementation of strategies (note: the Information and Guidance Branch is responsible writing guidance, fact sheets, and other materials)

for groups. Information and dissemination should be coordinated with the Information & Guidance Branch.)

- Provide feedback to the Information and Guidance Branch on impact of guidance and when additional information/modifications are required.
- Track activities and community contacts.
- In coordination with the Branch Director troubleshoot impediments to implementation.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Community Mitigation Group Supervisor	Receive guidance and identify settings and partners to implement measures. Oversee implementation.	Health educator, health program coordinator, or health worker	1	
Community Mitigation Member	Communicate with partners to implement community mitigation strategies.			

E. REPORTING

The Community Mitigation Group Supervisor reports directly to the Disease Containment Implementation Branch Director.

F. DELIVERABLES

The Infection Control Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Tracking spreadsheet of community mitigation activities and contacts

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

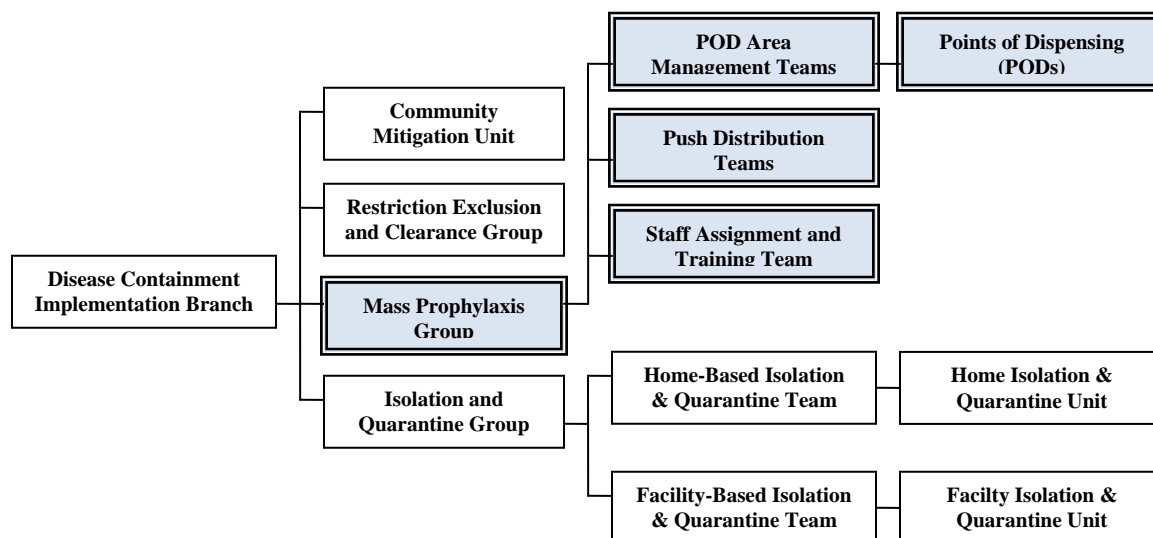
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Disease Containment Implementation	Appendix G

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

15. MASS PROPHYLAXIS GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Mass Prophylaxis Group is to provide mass dispensing of preventive vaccines and/or antimicrobials. This is highly scalable, meaning it could be activated for as little as 200 people or up to 1.2 million people. The objectives of the Group are to:

- Set up and operate the Point of Dispensing (POD) and Staff Assignment and Training (SAT) site.
- Operate POD sites in a scalable fashion to serve the appropriate number of clients (200 to 1.2 million) in a timely manner.
- Dispense antibiotics to pre-partners (Push Partners) who serve groups unable or unwilling to use PODs and to those whose self-dispensing capacity can reduce the demand on PODs (community-based organizations, such as those serving homebound people, large employers, or building managers, emergency responders, and hospitals).

b. Methods

The Mass Prophylaxis Group will use the following strategies to dispense mass prophylaxis:

Point-of-Dispensing (POD). The POD - the concept of pulling people into one central location - is the foundation of mass prophylaxis operations and is an efficient way to reach large numbers of people (200 to 1.2 million) quickly. San Francisco has the ability to establish 1 to 20 PODs with the number activated dependent on the needs of the response. PODs can provide antibiotics or vaccines. PODs where antibiotics will be dispensed will also have the capability of giving extra medication for family and neighborhood members. Individuals coming to a POD have the ability to pick up antibiotics for up to ten others. PODs where vaccinations are dispensed will only be able to give vaccinations to the individual patients who come to the POD. All PODs will be able to serve unaccompanied minors who are age 13 or older. Any child age 12 or younger needs to be accompanied by their adult guardian to receive services.

POD Playbooks have been developed for each of the identified sites that entail setup, operations and takedown instructions. PODs will remain open until the overall prophylaxis needs have been met. It is built into POD plans to have epidemiology and surveillance teams available on site if contact tracing or client interviews are necessary to gain more information about the disease exposure patterns. For diseases that are especially communicable from person to person, triage recommendations will be provided by the Information and Guidance Branch, to keep particularly infectious people out of the POD and referred and/or transported for medical care. Each POD will have an ambulance with basic life support capabilities parked outside. Public messages will also be heavily broadcast, giving directions on who should come to a POD and what the internal POD process will be like. Depending on the scale of the event, prophylactic antibiotics or vaccines will come from either a local cache or the Strategic National Stockpile (SNS). In any emergency requiring that PODs be setup, the goal is to do so while we wait for materiel to arrive from the SNS or in the time that it takes to break down bulk pharmaceuticals from the local cache (see Logistics Supplies Unit for details).

Push Dispensing. The basic concept of Push is to provide pre-identified organizations and/or businesses with instructions and antibiotics so that they can dispense to groups unable or unwilling to use PODs, and to those whose dispensing capacity can reduce the demand on PODs. Pre-identified organizations include those who serve people in their homes, or people who are isolated, large employers (with over 500 employees), emergency responders, and hospitals. The Push dispensing strategy can only be used for antibiotics and will not be available for vaccinations. Push strategies will only be activated when the response demands exceed what can be easily provided by City and County personnel (e.g. a citywide response wherein over 100,000 clients need antibiotics) and after PODs have been set up and are running. PushKits with background information and relevant attachments for businesses and organizations to complete self-dispensing plans have been disseminated to participants. Related self-dispensing templates have been created for Emergency Responder organizations. Organizations will either have antibiotics delivered to them (through agreements with the Department of Public Works) or they may pick them up from a site determined at the time of the disaster. Antibiotics will not be deployed in advance, since antibiotics may come from the Strategic National Stockpile. A Push Spreadsheet has been created for all organizations that have completed self-dispensing templates. The templates ask how many antibiotics are necessary to prophylax all employees, their family members and their clients (if applicable) such that the approximate overall needed number of antibiotics for push will be known in advance. That allotment will be set aside at the RSS site for Push purposes. If Push is being activated, the Push Distribution Team will send electronic messages to all Push registrants to confirm their participation.

Emergency Responder and critical infrastructure agencies will receive a three-day supply of antibiotics from a local cache. There are three different ways that Emergency Responder/Critical Infrastructure agencies can receive antibiotics: 1) Through self-dispensing (agencies are responsible for dispensing to their own employees and providing enough for family members), 2) Dispensing in buildings (creation of a POD within a building) to dispense to the agencies employed-in or surrounding that building (e.g. City Hall and Hall of Justice), and 3) By working in a POD and receiving prophylaxis as part of the POD operations training at the Staff Assignment and Training Area (see below). A self-dispensing/screening form with dispensing instructions has been created and technical assistance is being provided by SFDPH for buildings that will dispense as well as agencies that will self dispense.

Dispensing via providers (doctor's offices, clinics, and hospitals) is also considered a Push strategy.

POD Staff Assignment and Training (SAT). The POD SAT Area is a site for City and County Disaster Service Workers and/or registered volunteers to report, check-in, be assigned, be trained for mass prophylaxis jobs, receive prophylaxis for themselves (as well as for their family members), and then be deployed to their assigned POD work sites.

Provider Dispensing. In some situations where there is less urgency or a larger window of time to provide prophylaxis to the public, antibiotics and/or vaccine may be provided to providers (doctor's

offices, clinics, hospitals) so that they can dispense to their staff and clients. Provider dispensing is considers a Push strategy.

Screening. Screening is utilized to identify what type of prophylaxis an individual should be given. Three screening models can be utilized at PODs and Push Dispensing Sites: Paperless, Form, and Maximum (a Form/Verbal combination). The Paperless Model utilizes signs to direct individuals to the appropriate prophylaxis table. The Form Model requires individuals to fill out a questionnaire with their medical history to identify the appropriate prophylaxis. The Maximum Model depends on a trained interviewer confirming written responses to determine what type of prophylaxis the person should receive.

Personnel Management. The staff requirements for full-scale POD/Push activation (for citywide emergencies) are intense (e.g. over 6,000 are needed to staff 20 PODs during three shifts occurring over 24-hours). Staff recruitment and assignment support should be requested via the EOC. Both Disaster Service Workers and volunteers may be recruited. The first wave of requested staff will be those needed to setup and staff the Staff Assignment and Training (SAT) area. POD staff will be requested next and told to report to the SAT. All return shifts will be advised to go to the respective work site where staff worked their previous shift. For ongoing POD operations, there will be three nine-hour shifts. The ninth-hour provides overlap for shift changes at all of the POD sites.

C. IMPLEMENTATION

a. Mass Prophylaxis Group

Activate the Mass Prophylaxis Group when:

1. At least 200 people need prophylaxis in a timely manner, AND
2. When it is known what types of prophylaxis should be provided, AND
3. When prophylaxis is available to be distributed. (See the Pharmaceuticals and Medical Supplies Sub-Unit module for details on prophylaxis available through the local cache, hospital cache, and Strategic National Stockpile)

The Mass Prophylaxis Group consists of the Point of Dispensing (POD) Area Management Team, Push Distribution Team, and POD SAT Area. The operational concept of mass prophylaxis is to provide the right prophylactic measure to each person needing it, in a timely manner. The following steps should be taken when activating mass prophylaxis.

- **Determine the number of prophylaxis recipients.** Depending on the situation it may or may not be necessary to provide prophylaxis to the entire San Francisco day-time population. The Incident Commander (with input from the Epidemiology and Surveillance Branch) should provide a case definition and guidance on who should receive prophylaxis (this guidance must be approved by the Policy Group). It should be remembered that “unexposed” members of the public may desire prophylaxis to ease concerns and fears.
- **Determine prophylaxis type and dosing guidelines.** The type and quantity of treatment/prophylaxis to distribute should be provided by the Incident Commander with input from the Clinician Consultation Team.
- **Request prophylaxis.** Antibiotics/antivirals/vaccines should be requested from the Logistics Branch. Local pharmaceutical caches can be delivered in 2-6 hours. The process for requesting the local cache is located in the Pharmaceuticals and Medicals Supplies Sub-Unit. For most large-scale emergencies, the federal Strategic National Stockpile (SNS) will need to be requested via the EOC. The request will be forward to the State and then to the Federal Government. The SNS can be

delivered 12-18 hours following the request. Pharmaceutical caches should be delivered to the Receipt Stage & Store (RSS) Warehouse for breakdown and delivery.

- **Select screening method.** Decide what type of medical screening to utilize:
 - **Paper-less screening (screening signs):** Utilize when it is necessary to screen over 20,000 people to accomplish prophylaxis distribution in 48 hours. This is the most efficient form of screening because it requires the least amount of face-to-face time with patients. However, even in a paper-less model a form will still be required for approximately 20% of patients (they represent the minority of patients for whom there may be a contraindication to the dominant drug being dispensed at the POD).
 - **Screening-form:** Utilize when time allows, it is necessary to keep a record of individuals and the specific prophylaxis dispensed to them, and/or the group requiring prophylaxis is small.
 - **Maximum screening:** Utilize predominantly for vaccination dispensing sites, when a screener/interviewer verbally goes over written responses to questions to solicit a confirmatory response. Utilize when the prophylactic measure being offered has the potential to cause a significant number of serious adverse events or reactions (e.g., smallpox vaccine).
- **Determine venue(s) for dispensing.** The Mass Prophylaxis Group Supervisor, in consultation with the Disease Containment Implementation Branch Director, will recommend how many PODs and/or Push sites to activate. Consider the number of recipients, screening method, and dispensing time frame to identify the number of sites to operate. At a minimum, at least one licensed MD should always be on staff at a POD, to assess relative or absolute contraindications to prophylaxis and refer/counsel/prescribe accordingly. Activate a POD Area Management Team to manage up to 5 PODs.
- **Set up POD(s) and POD Staff Assignment and Training (SAT) Area.** POD(s) and the POD SAT Area should be operational during the time frame when prophylaxis/treatment should be taken. The soonest mass prophylaxis POD(s) can be operational is 2 to 24 hours following the decision to activate. Assistance for POD set up should be requested via the EOC to the Fire Department.
- **Staff Training.** Almost all training of personnel who will be deployed to individual PODs will be done in a “just-in-time” format at the SAT area. The overall training methodology after staff are registered and receive their assignments is to attend a general orientation followed by a more specific training that is catered to the function of that assigned position. Every staff person will receive a job action sheet. After functional training, all staff go through a training POD that is set up at the SAT. It is in this training POD that staff receive prophylaxis for themselves and, if appropriate, their family members. Staff will experience the training POD from both the perspectives of a patient and as staff. After the training POD, staff attend a final debriefing to clarify questions/concerns in a group format. Staff are then deployed. This method of training has been tested and has proven to be effective and efficient. The only individuals who should receive pre-training for mass prophylaxis include trainers of trainers, those responsible for setting up and running the SAT area, and those responsible for tracking personnel at each POD. Everyone else follows a just-in-time training format. Training materials can be posted on the SFDPH website and linked with other regional websites to help explain POD operations and job descriptions.
- **Mental Health.** Mental health services at the POD will depend on the disease, scenario, and what level of throughput is required to prophylax the intended audience in a timely manner. If it is a scenario where extremely rapid throughput of patients is necessary, opportunities for any conversations within a POD will be minimized and, therefore, no mental health staff will be present. Patients will, instead, hear through public messaging and notices posted at PODs the locations of the nearest mental health clinics where individual and group assistance is available. In situations where throughput requirements are much slower, mental health counselors will be available on site. Trained mental health professionals will also be available at the POD SAT area and if it necessary to deploy more professionals for staff at individual POD sites, that will be arranged.
- **Infection Control.** Infection control guidelines for POD staff (e.g. PPE) should be requested from Information and Guidance Branch.

- **Prophylaxis delivery and distribution.** Prophylaxis will require sorting, labeling and packaging by the Logistics Section at the Receipt, Store, and Stage (RSS) Warehouse. The Department of Public Works (DPW) has agreed to transport the cache of antibiotics to the POD/Push site(s). DPW trucks from the RSS will require SFPD or SFPD escorts. SFPD has already agreed to provide such escorts and requests should be made via the EOC. All distributed materiel will have to be entered into an inventory tracking management system that is yet undetermined.
- **Notify the public.** Public messages must be specific and clear about who is eligible to visit a POD, what specifically takes place at a POD and where they are located. Public messages should be created and disseminated by the Information and Guidance Branch and Information Officer in coordination with the EOC and/or JIC if activated.
- **Triage.** Special triaging activities may be necessary (e.g. respiratory aerosol transmissible diseases) to keep infectious people out of the POD. Resources and attention should be directed to the front door of a POD to ensure that disease does not enter and spread within. Triage activities may include taking temperatures of anyone who feels they may have a fever. Triage guidelines, questions and instructions should be sought from the Information and Guidance Branch.
- **Dispense antibiotics to persons potentially exposed.** A general course is a 10-day supply. Depending on the scenario, an additional 50-days worth of antibiotics may have to be dispensed. In terms of vaccines, it is usually one or two doses (separated by one month) depending on the disease scenario. In some instances, it may be necessary to dispense both antibiotics and vaccines.
- **Provide antibiotic medicine fact sheets.** Pre-written antibiotic prophylaxis fact sheets in multiple languages are located in Appendix G and should be printed and distributed to individuals attending the POD and/or distributed to the media via the Information Officer, EOC, or JIC.
- **Contact Tracing.** Emphasis may be placed on activation of certain surveillance stations at a POD such as the Contact Tracing Station.
- **Data Collection.** The Data Branch will be responsible for collecting and analyzing POD data .
- **Vaccine Actions and Adverse Reactions.** For vaccines instructions for what to do in the rare instance of an adverse reaction or event will be posted at each POD and may also be distributed to each vaccine recipient. The Vaccine Adverse Event Reporting System (VAERS) will be utilized and recipients will be instructed go to their personal medical provider with the vaccination card they received at a POD to seek treatment/care. Individual physicians will then be able to complete the VAERS form and submit it to the VAERS office. For patients who visit their personal clinician without a vaccination record, the Information and Guidance Branch will set up a live phone bank or telephone information line to help provide more specific information (e.g., lot number) to health care providers whose patients are experiencing adverse reactions.
- **Disseminate public information.** Fact sheets (see Appendix G), guidance on what to do if feeling ill, how to provide self-care and/or other messages should be created and disseminated via the website, newspapers, and other media by the Information and Guidance Branch.
- **Transport Staff.** All first shifts will report to the SAT for registration, assignment to jobs and just in time training, then be deployed to POD sites. Muni and/or school busses for transporting POD staff should be requested via the EOC Logistics Section. Any return shifts should report directly to the POD site to which an employee is assigned and transportation may not necessarily be provided.
- **Care and Feeding of POD Staff:** At each designated POD and the POD SAT, rooms have been set aside in which POD staff will take mandatory breaks. Unit leads at individual PODs and Personnel coordinators have it written into their job action sheets that they are responsible that staff take breaks on a rotating schedule. For the very first shift, because it involves registration, assignment, training and deployment, staff will be notified that they should anticipate a 12 hour shift. All return shifts, however, will be 9 hours. There is a POD staff safety section of the overall general orientation/training curriculum at the POD SAT as well so all staff hear of the importance of staying well-rested. Food for staff will be arranged through the EOC. In general, the City and County has an arrangement with the Salvation Army for food but it is anticipated that many private businesses will also contribute if a call for assistance is put out through the EOC.

Depending on the evolving circumstances, lab confirmation results, evidence, and guidance from the CDC, further prophylaxis actions in the following days may include: discontinuing the antibiotics; dispensing another 50 days of antibiotics to complete a 60 day course, subsequent vaccinations; or a vaccination series.

Functions of the Mass Prophylaxis Group

- Oversee overall mass prophylaxis (i.e. POD operations, Push distribution operations) and POD Staff Assignment and Training (SAT) Area operations. (See Appendix G for POD playbooks, push playbook and staff staging are playbook)
- Make logistical requests to Disease Containment Implementation Branch Director.
- Determine prophylaxis strategies to be utilized (i.e. POD, Push).
- Determine screening strategy to be utilized (i.e. paper-less, form, or maximum)
- Identify number of PODS to be activated and locations.
- Oversee dispensing to Emergency Responder and Critical Infrastructure agencies
- Identify which Push Partners to activate.
- Oversee take down of POD SAT Area and POD sites as their use for emergency mass prophylaxis is finished and return the sites to their regular managers in pre-emergency condition.
- Report any suspected cases or contacts to the Epidemiology and Surveillance Branch.

a.1. POD Area Management Team

The POD Area Management Team is required when the number of active PODs is too great for the Mass Prophylaxis Group Supervisor to oversee. (When four or five POD locations have been activated a POD Area Manager should be assigned to oversee operations of a set of PODs located geographically near one another.)

The POD Area Manager will coordinate closely with other POD Area Managers, the Mass Prophylaxis SAT Area, and the Pharmaceutical and Medical Supplies Sub-Unit within the Logistics Section Supplies Group.

Function of the POD Area

- Provide guidance, and serve as a resource to POD Units and to Mass Prophylaxis Group Supervisor.
- Coordinate logistics requests.
- Coordinate situation status reports with Mass Prophylaxis Group Supervisor

a.1.1. Point of Dispensing (POD) Unit(s)

Activate a POD when it is necessary to provide prophylaxis or vaccinations to at least 200 people quickly (minimum of 36-48 hours).

To serve San Francisco's daytime population estimated at 1.2 million people, close to 40 facilities in strategic locations in San Francisco have been identified to serve as possible POD sites. 20 of those identified sites are large enough to accommodate a throughput of 2,000 people per hour. All identified sites have the ability to accommodate a throughput of at least 500 people per hour (in disease scenarios where more time is available to dispense prophylaxis, in one week for example, a smaller throughput is acceptable). For a small event, only one POD may need to be opened.

General tenets of POD operations include:

- Keep clients moving through the POD at all times (avoid bottlenecks).
- Minimize paperwork for clients so as to maintain adequate throughput at a POD site.
- Have enough trained staff available to effectively manage the POD and respond to client needs.

Providing mass prophylaxis is staff-intensive and logistically complex. Setup, operations and takedown instructions for all identified POD facilities are contained in site-specific POD Playbooks. For a timeline of how to coordinate POD Playbook.

The POD Manager is co-located with representatives from other agencies who are present at the POD site, including security personnel, parking and traffic personnel, and administrative staff for improved communications. The POD Manager will have a walkie talkie to communicate with on-site staff and the Communications Center). All communication in and out of a POD will be through one central communication station, which will have an 800 Mhz radio. All PODs will also have active telephone lines located at the communication station.

Situation Status Updates. The POD Unit provides updates to the POD Area Manager (or Mass Prophylaxis Group Supervisor if no Area Manager has been activated). Updates should include estimated throughput and waiting times, doses dispensed, numbers of patients served, breakdown of prophylaxis by type (if applicable), pharmaceutical supply status, personnel needs, public safety issues, supply needs, information about changes to protocols or procedures, information about special situations (such as mental health distress among POD workers), and how the staffing distribution is working (particularly early in POD operations). It is written into the job action sheet of the POD Manager to conduct regular briefings with specified POD unit staff, including Security Liaison, the Operations Chief, the Assistant Clinic Manager, the Logistics Chief, the Medical Director and the Personnel Coordinator.

Functions: POD Operations

- Ensure that POD support personnel have received prophylaxis and Personal Protective Equipment (if required).
- Ensure that POD throughput is safe and adequate.
- Coordinate assistance to special needs patients.
- Carry out triage, prophylaxis screening, and medical consultation for individuals with complex medical histories that may impact the type of prophylaxis provided.
- Carry out contact tracing and surveillance activities where applicable.
- Provide information sheets and guidance on where to obtain additional information.
- Coordinate forms distribution, data collection, and record keeping where applicable
- Request and receive prophylaxis supplies from the Logistics Section.
- Re-package, label, reconstitute, and inventory pharmaceuticals according to pre-determined protocols as needed.

Functions: POD Logistics

- Receive and fill POD Unit logistics requests
- Maintain up-to-date inventory of supplies
- Maintain financial records of supplies.
- Ensure the collection and re-packaging of POD supplies for demobilization.
- Track staff hours and assignments.
- Identify staffing gaps and communicate as appropriate to SAT.
- Provide just-in time training for on-site position changes
- Monitor and maintain record of all communication requests
- Provide healthy working environment for POD Unit staff (e.g. rest breaks, food, drink)

a.2. Push Dispensing Team

Activate the Push Distribution Teams when prophylaxis must be dispensed and:

1. It is necessary to decrease the burden of visitors to the PODs, OR

2. It is necessary to reach those who are unable (because they are homebound) or unlikely (those who are culturally or linguistically isolated) to come to a POD, OR
3. There is a large time-frame in which the public can get prophylaxis and providers (doctor's offices, clinics, hospitals) can assist in serving their clients and staff.

It is more complicated to administer vaccines via Push strategies than antibiotics. In some limited capacity, however, vaccines may be available for those organizations who have the medical staff and knowledge to administer vaccines (e.g. nursing homes, home health services).

See the pre-identified Push Partners list for a rough estimate of the number of people that will require prophylaxis through Push dispensing. These numbers can be used for requesting prophylaxis. PushKits or dispensing instructions have been distributed to organizations that are in the registry.

Provider dispensing may also be used in situations where prophylaxis does not need to be administered immediately. Because many providers (doctor's offices, clinics, hospitals) will not have participated in mass prophylaxis planning, clear guidance regarding ordering, distribution, administration, and reporting must be provided.

The Push Distribution Team will be responsible for contacting organizations that have registered in the Push registry or providers interested in dispensing, coordinating antibiotic delivery or pick-up, and providing instructions for participating organizations. Emergency responder and critical infrastructure agencies will also be in the registry, to properly divide and deploy the local cache.

Functions of the Push Dispensing Team

- Alert Push Partner organizations to activate dispensing plans (see Push Playbook alerting procedure)
- Process requests for pharmaceuticals from Push Partner organizations and providers.
- Provide ongoing guidance via telephone and e-mail to support Push partners.
- Coordinate deliveries.
- Audit Push dispensing procedures to ensure adherence to dispensing protocols.
- Track Push Partner shipments and compile data regarding number of people being served (individually and overall), and the type (if more than one type) of prophylaxis being dispensed.

a.3. POD Staging Area Team

Activate the POD Staff Assignment and Training Area when one or more POD sites have been activated.

Because mass prophylaxis operations are logistically intricate and staff-intensive, a separate or designated POD Staff Assignment and Training (SAT) Area is necessary. Approximately 100 people will be needed per shift to staff each POD. Disaster Service Workers and spontaneous volunteers will be solicited. The instructions for POD staff will be to check in at the POD SAT area for registration, assignment, and job training. Prophylaxis will also be available at the POD SAT for all staff and any family members they want to pick-up for.

A POD Staging Area takes approximately 1-3 hours to set up and is essential for:

- check-in and registration,
- credentialing,
- assignment of specific job functions,
- providing prophylaxis to staff,
- training in overall POD operations as well as individual job functions, and
- deployment of staff to their respective work locations throughout the City.

For a small-scale event, staff can be checked-in, assigned and trained in as little as two hours. For larger-scale event involving thousands of staff, staging will take longer.

The POD SAT Team is led by a POD SAT Manager, who coordinates and oversees all operations and communicates objectives and work strategies to the POD Staging Management Team (Safety Officer, Operations Chief, Logistics Chief) at the beginning of each shift. The POD Staging Management Team will need to request transportation to transport POD staff to activated PODS and security assistance for each POD (agreements are already in place with Muni and SFPD) through the EOC. Depending on whether there is an identified threat to staff, or if streets are not safe for unaccompanied travel, security escorts of busses to POD sites may be necessary. This will also be arranged through the EOC and requested by the POD Staging Management Team. POD setup/takedown, layout, operations, job functions, and other guidance is located in the POD SAT Playbook.

Functions of the POD SAT Area Team

- Check-in individuals reporting for work.
- Assign positions to individuals.
- Train new staff for POD roles.
- Deploy staff to POD locations.
- Receive, manage, dispense, and track POD SAT Area supplies.
- Ensure working communication mechanisms for SAT Area.
- Ensure working communication mechanisms between SAT Area, Staging Management Team and individual PODs.
- Coordinate facility management at POD SAT Area.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Mass Prophylaxis Group				
Job Title	Task Overview	Critical Skills	No. of Employees	Location¹
Mass Prophylaxis Group Supervisor	Oversee mass prophylaxis response	Project management, supervisory	1	DOC

Staff Position Roster: POD Area Team				
Job Title	Task Overview	Critical Skills	No. of Employees	Location¹
POD Area Manager	Oversee operation of up to 5 PODs in an area	High level Project management,, communication	1-5	DOC

Staff Position Roster: POD Unit(s)				
Job Title	Task Overview	Job Classification	No. of Employees	Location
POD Manager	Oversee all activities of one POD	High level project management, supervisory, communication	1	POD

POD Assistant POD Manager	Assist with management of one POD	communication	1	POD
POD Assistant Safety Officer	Ensure the safety of all persons in the POD at any given time, including staff and the public		1	POD
POD Assistant Operations Chief	Oversee site dispensing operations: the running of the patient and pharmacy areas of the POD clinic	Project management, supervisory, communication	1	POD
POD In/Out/Flow Lead	Ensure patients move smoothly through the POD, without excessive bottlenecks	Communication, project management	1	POD
POD Entry Staff Person	Direct patients to initial line; screen out those with special needs for additional assistance	-	1-10	POD
POD Exit Staff Person	Ensure patients leave with the necessary medication and information	-	1	POD
POD Line Monitor	Answer questions; direct patients to correct line or next available station	-	6-20	POD
POD Medical Lead	Oversee and make decisions on clinical operations; answer clinical questions	MD or Pharm D	1	POD
POD Screening Lead	Oversee all aspects of triage and prophylaxis screening, including medical consultation	MD or PharmD	1	POD
POD Triage Staff Person	Triage persons to allow into the POD only those meeting the approved criteria	Possibly RN, LVN,	1-10	POD
POD Prophylaxis Screener	Screen patients to determine the appropriate prophylaxis for them	Possibly RN, or MD (depends on scenario)	2-12	POD
POD Medical Consultant	Choose correct medication for patient by protocol; consult further if needed (for more complex cases)	MD or PharmD	1-2	POD
POD Dispensing Lead	Oversee dispensing; ensure patients receive the correct medication and any information/interaction sheets that may be available	Possibly PharmD or MD	1	POD
POD Dispenser	Dispense medication according to screening form, or other protocol	Possibly RN (depends on scenario)	8-30	POD
POD Re-stocker	Re-supply dispensing stations when they become low on stock of prophylaxis medication or drug information/interaction sheets	-	1	POD
POD Pharmacy/Drug Preparation Lead	Oversee pharmaceutical operations, including ordering, receipt, storage, handling, labeling and repackaging (if necessary)	-	1	POD
POD Drug Preparation Staff Person	Handle drugs; repackage if needed; keep inventory; label as needed	Possibly MA, depends on scenario	2	POD
POD Mental Health Lead	Oversee all mental health services in the POD	Possibly LCSW, MFT, or MD, Psychologist, supervisory, project management	1	POD
POD Mental Health Provider	Provide mental health services in the POD to POD staff and/or the public	Possibly LCSW, MFT, or MD, Psychologist (depends on scenario)	1-4	POD

POD Data Collection Lead	Oversee data collection, quality, security, storage and transport of data forms and/or files; summarize data for ongoing clinic and mass prophylaxis operations	Possibly database management, (depends on scenario)	1	POD
POD Forms Distribution Lead	Oversee distribution of any forms	communication	1	POD
POD Forms Distributor	Distribute any forms to patients as they enter the POD	-	2	POD
POD Forms Collection Lead	Oversee collection of any forms	communication	1	POD
POD Forms Collector	Collect any forms as patients leave; check form against medication and drug information/interaction sheet to ensure patient has correct drug and info sheet based on screening form	-	2	POD
POD Data Collector	Collect data on drugs dispensed, patients served, wait times, etc.	Communication, data entry	1	POD
POD Public Information/Education Lead	Oversee dissemination of approved public information/education about disease and/or prophylaxis	Supervisory, communication, project management	1	POD
POD Educator	Provide education about disease and/or prophylaxis	Health Education	1-4	POD
POD Operations Runner	Run errands or convey information as needed; assist restockers and data collectors	-	4	POD
POD Logistics Chief	Oversee all logistics activities in the POD including the management of supplies, personnel, communications and facilities	Communication, supervisory, project management, disasterhelp.net	1	POD
POD Supplies Lead	Maintain inventory of supplies and distribute as needed to stations, via runners; track rate of supply use; order additional supplies	Communication, supervisory, project management	1	POD
POD Receiving/Unloading Staff Person	Unload supplies from deliveries and take to supplies area or drug preparation if pharmaceuticals	-	2	POD
POD Inventory Staff Person	Keep up-to-date inventory of supplies using provided forms; assist with filling supply orders	-	1	POD
POD Personnel Lead	Oversee any on-site training and deployment of staff, including appropriate staffing over breaks; track staff hours and breaks	Communication, supervisory, project management, disasterhelp.net	1	POD
POD Communications Lead	Maintain needed communications within POD and between POD and external entities; send, receive, and convey messages	Communication, supervisory, project management	1	POD
POD Communications Monitor	Monitor 800 MHz radio and other communications devices; transmit messages in and out of the POD; log messages on easels	Communication, high level organizational skills	1	POD
POD Facilities Lead	Oversee all activities related to facilities including maintenance, waste disposal, and provision of food and drink for staff	supervisory	1	POD
POD Maintenance Staff Person	Provide site maintenance	-	1	POD
POD Waste Disposal Liaison	Liaise with outside personnel to ensure waste is picked up for disposal; includes medical and non-medical	Possibly certification in disposal of	1	POD

	waste	biohazardous materials (depends on scenario)		
POD Food and Drink Staff Person	Replenish food and drink supplies; keep area clean; part-time job	-	1	POD
POD Logistics Runners	Run errands and convey messages; act as scribe for staff in area; convey messages between POD staff and communications staff	-	4	POD
POD Float Staff Person	Fill in for other staff, on breaks, in case of bottlenecks, etc.	Communication, possibly RN, MA	3	POD
POD Security (provided by SFPD)	Provide security, per security plan, for clinic site, staff, public and pharmaceuticals	SFPD	10	POD
POD EMT (provided by outside agency)	Care for people needing emergency attention	EMT, Paramedic	2	POD

Staff Position Roster: Push Distribution Team

Job Title	Task Overview	Critical Skills	No. of Employees	Location ¹
Push Distribution Manager	Oversee Push distribution	High level Project management,, communication	1	101 Grove

Staff Position Roster: POD Staff Assignment and Training (SAT) Team

Job Title	Task Overview	Job Classification	No. of Employees	Location
POD SAT Manager	Oversee POD SAT Area operations	High level Project management, supervisory	1	POD SAT
POD SAT Assistant Safety Officer	Ensure safety of persons at SAT Area	High level Project management,, communication	1	POD SAT
POD SAT Assistant Operations Chief	Oversee all Staff SAT Area operations activities including check-in/registration, assignment, training and deployment	High level Project management,, communication	1	POD SAT
POD SAT Check-In/Registration Lead	Oversee check-in/registration activities at Staff Staging Area	Collaborative Fusion, project management, supervisory	1	POD SAT
POD SAT Intake/Registration Staff Person	Check-in/register staff persons and volunteers at Staff Staging Area using Collaborative Fusion	Collaborative Fusion,	2	POD SAT
POD SAT Assignment Lead	Oversee assignment of staff persons and volunteers to POD locations	Collaborative Fusion, , project management, supervisory	1	POD SAT
POD SAT Assignment Staff Person	Assign staff persons and volunteers to	Collaborative	2	POD SAT

	positions and POD locations using Collaborative Fusion,	Fusion,		
POD SAT Training Lead	Oversee all general and position-specific training at Staff Staging Area	Training, supervisory, health education	1	POD SAT
POD SAT Response Trainer	Provide overall POD response training	Training, health education	1-2	POD SAT
POD SAT Station Trainer	Provide station-specific training	Training, health education, possibly clinical knowledge	4-10	POD SAT
POD SAT Deployment Coordinator	Oversee deployment of assigned staff persons and volunteers to appropriate POD locations	Communication, project management	1-2	POD SAT
POD SAT Runner	Assist with all operations activities at the SAT Area	Without physical limitations	4-8	POD SAT
POD SAT Assistant Logistics Chief	Oversee all SAT Area logistics functions including management of supplies, personnel, communications, and facilities	Communication, project management, supervisory	1	POD SAT
POD SAT Supplies Lead	Oversee all activities related to supplies	Inventory control, project management	1	POD SAT
POD SAT Supplies Staff Person	Fill supply orders, keep up-to-date inventory of supplies	-	1	POD SAT
POD SAT Personnel Lead	Oversee all activities related to personnel staffing at POD Staging.	-	1	POD SAT
POD SAT Communications Lead	Oversee all communications activities within the POD and between the POD and external entities	Communication, project management, supervisory	1	POD SAT
POD SAT Communications Staff Person	Assist with monitoring communications, conveying messages, and keeping records of communications	-	1-2	POD SAT
POD SAT Facilities Lead	Oversee all aspects of facilities maintenance	-	1	POD SAT
POD SAT Facilities Staff Person	Provide facility maintenance	-	1-2	POD SAT

E. REPORTING

The Mass Prophylaxis Group Supervisor reports to the Disease Containment Implementation Branch Director. The POD Area Managers or POD Manager (if only one POD is activated), the SAT Area Manager, and the Push Distribution Manager report directly to the Mass Prophylaxis Group Supervisor.

Ongoing mass prophylaxis incident specific information will be provided to the Logistics Section, Information and Guidance Branch, Epidemiology and Surveillance Branch, and Data Branch.

F. DELIVERABLES

The Mass Prophylaxis Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- POD Pharmaceutical Tracking Log
- POD Supply Inventory Tracking Log

- Screening Forms

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Disease Containment Implementation	Appendix G
Mass Prophylaxis	Appendix Gb
BDS Mass Prophylaxis Overview	Appendix Gb.1
Information about Mass Prophylaxis PODs for USPS Employees	Appendix Gb.2
POD Operations	Appendix Gb1
"1-10" Directional signs- 24x36	Appendix Gb1.1
"A-E" Directional signs- 24x36	Appendix Gb1.2
Arrow Directional signs- 24x36	Appendix Gb1.3
All speakers enter here Directional sign	Appendix Gb1.4
Allergies Directional sign	Appendix Gb1.5
Medicine Pickup Directional sign	Appendix Gb1.6
Special Assistance Directional sign	Appendix Gb1.7
"Special Needs" Directional sign	Appendix Gb1.8
Stop, read, and follow directions Directional sign	Appendix Gb1.9
POD Media Handout	Appendix Gb1.10
POD Site list	Appendix Gb1.11
POD Trailer Locations and Contact Information	Appendix Gb1.12
Multi-person Antibiotics Screening Form and Key	Appendix Gb1.13
Algorithm for Screening Diagram	Appendix Gb1.14
Pharmacy Inventory Control Form	Appendix Gb1.15
Push Operations	Appendix Gb2
Closed POD Information Officer- Job Action Sheet	Appendix Gb2.1
Closed POD Check In- Job Action Sheet	Appendix Gb2.2
Closed POD Check In Lead- Job Action Sheet	Appendix Gb2.3
Closed POD Coordinator- Job Action Sheet	Appendix Gb2.4
Closed POD Dispenser- Job Action Sheet	Appendix Gb2.5
Closed POD Dispenser Lead- Job Action Sheet	Appendix Gb2.6
Closed POD Exterior Security Traffic Control- Job Action Sheet	Appendix Gb2.7
Closed POD Exterior Security Traffic Control Lead- Job Action Sheet	Appendix Gb2.8
Closed POD Form Fill Out Assitant- Job Action Sheet	Appendix Gb2.9
Closed POD Form Fill Out Assitant Lead- Job Action Sheet	Appendix Gb2.10
Closed POD Interior Security Line Control- Job Action Sheet	Appendix Gb2.11
Closed POD Interior Security Line Control Lead- Job Action Sheet	Appendix Gb2.12
Closed POD Inventory Tracker- Job Action Sheet	Appendix Gb2.13
Closed POD Inventory Tracker Lead- Job Action Sheet	Appendix Gb2.14
Closed POD Logistics Chief- Job Action Sheet	Appendix Gb2.15
Closed POD Operations Chief- Job Action Sheet	Appendix Gb2.16
Closed POD Personnel Coordinator- Job Action Sheet	Appendix Gb2.17
Closed POD Personnel Coordinator Lead- Job Action Sheet	Appendix Gb2.18
Closed POD Screener- Job Action Sheet	Appendix Gb2.19
Closed POD Screener Lead- Job Action Sheet	Appendix Gb2.20
Director's Closed POD cover letter	Appendix Gb2.21

Closed POD Resource List intent cover letter	Appendix Gb2.22
Closed POD Recruiting Resource cover letter	Appendix Gb2.23
Closed POD Powerpoint Recruiting Resource	Appendix Gb2.24
Closed POD Technical Assistance Resource cover letter	Appendix Gb2.25
Closed POD Planning Workbook	Appendix Gb2.26
Recruiting Tri-fold Brochure	Appendix Gb2.27
Closed POD Staffing and Space Planning Chart	Appendix Gb2.28
Closed POD Supply Checklist	Appendix Gb2.29
Closed POD Partner FAQ	Appendix Gb2.30
General Recruiting Tri-fold Brochure	Appendix Gb2.31
Closed POD Partner Planning with your Local Health Department Worksheet	Appendix Gb2.32
Closed POD Partners Policies and Decisions Checklist	Appendix Gb2.33
Public Readiness & Emergency Preparedness Act Presentation	Appendix Gb2.34
Sample Business Continuity Plan- ready.gov	Appendix Gb2.35
Sample Closed POD Registration Form	Appendix Gb2.36
Sample Oath of Confidentiality	Appendix Gb2.37
Sample Outline for Business Standard Operating Procedures	Appendix Gb2.38
Sample Planning Timeline for Closed POD Partners	Appendix Gb2.39
Sample Statement for Intent to be a Closed POD Partner	Appendix Gb2.40
Sample Voluntary Pre-Screening Survey	Appendix Gb2.41
Registered Push Partner	Appendix Gb2.42
Closed POD Activation Checklist	Appendix Gb2.43
Closed POD Antibiotic Inventory Control Forms	Appendix Gb2.44
Cambridge APC Signs and Pictograms for Mass Dispensing	Appendix Gb2.45
Choosing an Antibiotic- A Sample Algorithm	Appendix Gb2.46
Closed POD Final Event Summary Form	Appendix Gb2.47
Closed POD Organizational Chart Worksheet	Appendix Gb2.48
Daily Supply Inventory Form	Appendix Gb2.49
Deactivation Checklist	Appendix Gb2.50
Formatting for Avery Labels	Appendix Gb2.51
Just In Time Training Checklist	Appendix Gb2.52
Sample California Bay Area Screening Algorithm	Appendix Gb2.53
Sample Closed POD Individual Screening Form	Appendix Gb2.54
Sample Employee Tracking Roster	Appendix Gb2.55
Sample Event Information	Appendix Gb2.56
Sample Maps and Floor Plan Set Up Instructions	Appendix Gb2.57
Sample Multiperson Screening Form	Appendix Gb2.58
Sample Multiperson Screening Form Key	Appendix Gb2.59
Sample Signage from Seattle, WA & San Francisco, CA	Appendix Gb2.60
Tracking Sheet for Community and Field Dispensing	Appendix Gb2.61
Closed POD Training Plan	Appendix Gb2.62
Sample Just In Time Training Presentation	Appendix Gb2.63
Staff Assignment and Training	Appendix Gb3
POD Staffing Flow Model	Appendix Gb3.1
Staffing Charts	Appendix Gb3.2
Drug Information Sheets	Appendix Gb4
English Cipro Prophylaxis Information Sheet	Appendix Gb4.1
English Doxy Prophylaxis Information Sheet	Appendix Gb4.2
English Doxy Crushing Instructions	Appendix Gb4.3
Arabic Cipro Prophylaxis Information Sheet	Appendix Gb4.4
Arabic Doxy Prophylaxis Information Sheet	Appendix Gb4.5
Arabic Amox Prophylaxis Information	Appendix Gb4.6
Chinese Cipro Prophylaxis Information Sheet	Appendix Gb4.7
Chinese Doxy Prophylaxis Information Sheet	Appendix Gb4.8
Chinese Amox Prophylaxis Information	Appendix Gb4.9
Chinese Doxy Crushing Instructions	Appendix Gb4.10

Farsi Cipro Prophylaxis Information Sheet	Appendix Gb4.11
Farsi Doxy Prophylaxis Information Sheet	Appendix Gb4.12
Farsi Amox Prophylaxis Information	Appendix Gb4.13
Hmong Cipro Prophylaxis Information Sheet	Appendix Gb4.14
Hmong Doxy Prophylaxis Information Sheet	Appendix Gb4.15
Hmong Amox Prophylaxis Information	Appendix Gb4.16
Italian Cipro Prophylaxis Information Sheet	Appendix Gb4.17
Italian Doxy Prophylaxis Information Sheet	Appendix Gb4.18
Italian Amox Prophylaxis Information	Appendix Gb4.19
Japanese Cipro Prophylaxis Information Sheet	Appendix Gb4.20
Japanese Doxy Prophylaxis Information Sheet	Appendix Gb4.21
Japanese Amox Prophylaxis Information	Appendix Gb4.22
Korean Cipro Prophylaxis Information Sheet	Appendix Gb4.23
Korean Doxy Prophylaxis Information Sheet	Appendix Gb4.24
Korean Amox Prophylaxis Information	Appendix Gb4.25
Russian Cipro Prophylaxis Information Sheet	Appendix Gb4.26
Russian Doxy Prophylaxis Information Sheet	Appendix Gb4.27
Russian Amox Prophylaxis Information	Appendix Gb4.28
Spanish Cipro Prophylaxis Information Sheet	Appendix Gb4.29
Spanish Doxy Prophylaxis Information Sheet	Appendix Gb4.30
Spanish Amox Prophylaxis Information	Appendix Gb4.31
Spanish Doxy Crushing Instructions	Appendix Gb4.32
Tagalog Cipro Prophylaxis Information Sheet	Appendix Gb4.33
Tagalog Doxy Prophylaxis Information Sheet	Appendix Gb4.34
Tagalog Amox Prophylaxis Information	Appendix Gb4.35
Thai Cipro Prophylaxis Information Sheet	Appendix Gb4.36
Thai Doxy Prophylaxis Information Sheet	Appendix Gb4.37
Thai Amox Prophylaxis Information	Appendix Gb4.38
Vietnamese Cipro Prophylaxis Information Sheet	Appendix Gb4.39
Vietnamese Doxy Prophylaxis Information Sheet	Appendix Gb4.40
Vietnamese Amox Prophylaxis Information	Appendix Gb4.41
Anthrax FAQ	Appendix Gb4.42
Anthrax FAQ- Spanish	Appendix Gb4.43
Burkholderia FAQ	Appendix Gb4.44
Burkholderia FAQ- Spanish	Appendix Gb4.45
Pill Crushing and Dosing Instructions	Appendix Gb4.46
Pill Crushing and Dosing Instructions- Spanish	Appendix Gb4.47
Plague FAQ	Appendix Gb4.48
Plague FAQ- Spanish	Appendix Gb4.49
Tularemia FAQ	Appendix Gb4.50
Tularemia FAQ- Spanish	Appendix Gb4.51

b. Mass Prophylaxis Group Office and Communication Supplies

Items	Units Required	Location or Request From
White board	2	Logistics
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

c. POD Supplies

The following items are required for each POD.

Items	Units Required	Location or Request From
Directional signs		POD Kits, Appendix
Disease information sheets		Playbooks, Appendix
Prophylaxis and follow-up informational sheets		Playbooks, Appendix
Dispensing protocols	5	Playbooks, Appendix
POD playbook	1	Each POD, District Police Station, Nearest Fire Station, Operations
POD Go-Kit	1	DPW, For current location see Appendix
Collaborative Fusion License	1	Logistics
Card Reader (magnetic strip reader)	1	Logistics
Fire extinguisher	1	POD Site, Logistics
Folding/Portable tables	Varies by site	POD Site, Logistics
Folding/Stacking chairs	Varies by site	POD Site, Logistics
POD forms		POD Playbook, Appendix
Triage guidelines		Infection Control Group
Telephone	1	POD SAT, Logistics
Fax machine access	1	POD SAT, Logistics
Computer with local network, internet access	1+	POD SAT, Logistics
Printer access	1	POD SAT, Logistics
800 MHz Radio/cell phone/pager	1	POD SAT, Logistics
Copy machine access	1	POD SAT, Logistics

d. Staff SAT Supplies

Items	No. Required	Location or Request From
SAT Area Go-Kit	1	Logistics (DPW will deliver)
Collaborative Fusion license	2	Logistics
Identification Card reader	2	Logistics
Telephone	1	POD SAT, Logistics
Fax machine access	1	POD SAT, Logistics

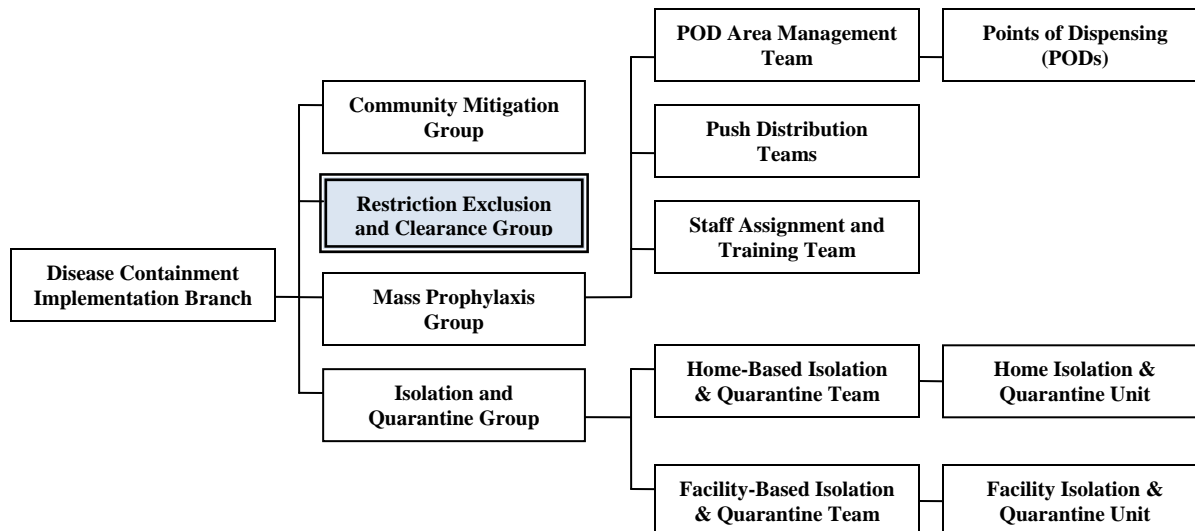
Computer with internet access	1	POD SAT, Logistics
Printer access	1	POD SAT, Logistics
800 MHz Radio/cell phone/pager	1	POD SAT, Logistics
Copy machine access	1	POD SAT, Logistics
Badge software, camera, printer	1	Logistics
LCD Projector	1	Logistics
VCR/DVD player with projection screen	1-2	Logistics
SAT Area playbook	1	POD SAT, District Police Station, Nearest Fire Station, Operations
POD number card set for personnel deployment station	2	Playbook, Appendix
Training materials		

e. PUSH Supplies

Items	No. Required	Location or Request From
Push Kit		Push Playbook
List of push partners and contact info		Push Playbook
Push outreach plan		Push Playbook
Emergency responder plans and contacts	1	Push Playbook
Push playbook	1	Appendix
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

16. RESTRICTION, EXCLUSION, AND CLEARANCE GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

A. Purpose & Objectives

The purpose of the Restriction, Exclusion, and Clearance (REC) Group is to reduce the spread of infectious disease to susceptible populations and comply with California Code of Regulations (CCR) Title 17. The Group objectives include:

- Follow-up on cases and contacts who may be infectious and who work or are in sensitive occupations or situations (SOS). Sensitive situations or occupations are determined based on transmission of identified etiology.
- Compliance with CCR Title 17 which legally mandates exclusion/restriction of persons with certain diseases from sensitive occupations or situations.
- Limit the transmission of the agent to populations who are likely to be infected, or may have more serious outcomes, by limiting contact with cases and contacts in an SOS.
- Provide incident specific infection control information to cases, contacts, and/or employers.

B. Methods

Strategies for the Restriction, Exclusion, and Clearance Group include:

Case/contact follow-up investigation. Make contact with cases and/or contacts who have been identified by the Epidemiology and Surveillance Branch to be working in a sensitive occupation or sensitive situation. This includes individuals who are 1) epidemiologically linked to the initial case during either the infectious period (contacts or secondary cases) or the exposure period (co-primary cases) and, 2) who work in an occupation or are in a situation in which activities of cases or contacts could enhance or continue transmission of the agent. Interview cases and contacts regarding specific work activities/or situations to determine if they should require restriction or exclusion in order to protect the public's health.

Restriction. Prevent an exposed or infected person from performing specific work activities in order to prevent the transmission of an infection to susceptible populations. Maintain this restriction for a time period based on what is known about the infectious period until effective treatment or prophylaxis (if indicated) has been completed, or until the case has been determined to be free of the infection by laboratory testing.

Exclusion. Prevent an exposed or infected person from entering a workplace or group setting in order to prevent the transmission of an infection to susceptible populations. Maintain this exclusion for a time period based on what is known about the infectious period, until effective treatment or prophylaxis (if indicated) has been completed, or until the case has been determined to be free of the infection by laboratory testing.

Clearance. Clearance is the final step in the restriction or exclusion process to allow persons who have been restricted or excluded from an occupation or situation to return to their regular work duties or situation after they are no longer considered to be infectious, or are no longer at risk of becoming infectious, based on current clinical/epidemiological information. Clearance is either based on negative laboratory test result(s), completion of treatment (if indicated), or end of known infectious period. Once a case is determined to no longer be infectious, or a contact is determined not to be infectious, written and verbal notification to the workplace or facility is necessary to complete the process and allow the person to return to their occupation or situation.

Information, education, communication. Provide educational materials developed by the Communicable Disease Information Branch to the case or contact and the supervisor, administrator, or manager in the workplace or group setting to help identify additional cases, or potentially exposed contacts, and to promote incident specific infection control practices and disease containment interventions.

Sensitive occupation or situation (SOS). Sensitive occupations may include but are not limited to: workers who prepare or handle food, healthcare workers, and caretakers for children, the elderly, or the disabled. Sensitive situations may include but are not limited to: residential facilities, daycare centers, schools, jails or other group settings where there may be a high number of susceptible individuals or a highly vulnerable population.

C. IMPLEMENTATION

a. Restriction, Exclusion, and Clearance (REC) Group

Consider activation when it is determined that the infectious disease emergency is caused by an agent that is transmissible from person to person. The CDCP Section will be responsible for restriction, exclusion and clearance activities of diseases that are not related to the IDE response.

The Epidemiology and Surveillance Branch will supply the Restriction, Exclusion, and Clearance Group with the name, address, phone numbers, and/or other locating information for all cases and contacts who are known or suspected to be in a sensitive occupation or situation.

Decisions about when and for what duration restriction or exclusion should be applied, will be based on current knowledge and available surveillance and epidemiologic data, including disease transmission characteristics of the outbreak. The following criteria should be utilized for identifying restriction, exclusion, and clearance requirements:

- **Restriction.** Restriction should be utilized when there are specific occupational or situation-related activities that allow transmission of the disease to susceptible persons. If the only activities that can

- **Exclusion.** Exclusion should be utilized when there may be transmission of the disease in a workplace or group setting regardless of specific duties performed.
- **Clearance.** Clearance should occur when restriction or exclusion should be rescinded. Clearance is based on negative laboratory test result(s), completion of treatment (if indicated), or the end of the known infectious period, depending on the infectious agent. The interaction with the client will be managed by the REC Group responders who will be providing specimen collection kits and instruction to clients. Once clients have returned specimens to the lab, the tracking and testing prioritization will be managed by the Epidemiology and Surveillance Branch.

Information including date restricted/excluded, locating information for case or contact, employer, date kits provided, date counseled, laboratory results will be collected by REC Group and relayed to the Data Branch. The Restriction, Exclusion, and Clearance Group will provide to the Investigation Group of the Epidemiology and Surveillance Branch with the locating information for any new cases or exposed contacts newly identified during investigations.

The Restriction, Exclusion, and Clearance Group may require technical consultation from other operational elements including the 1) Epidemiology and Surveillance Branch to facilitate appropriate handling and tracking of clearance specimens; and 2) the Information and Guidance Branch for development of informational materials and infection control recommendations.

Functions of the Restriction, Exclusion, & Clearance Group

- Identify appropriate strategy to prevent disease transmission in SOS.
- Follow-up investigation of cases and contacts who are identified to be in an SOS.
- Notify cases and contacts in an SOS when they are restricted or excluded.
- Notify employers or administrators that cases or contacts are restricted or excluded.
- Provide information (developed by the Information and Guidance Branch) on the disease, mode of transmission, prophylaxis, treatment, and preventive measures to the workplace or group site for distribution to all potential contacts and a method for those people who subsequently become symptomatic to report themselves.
- Develop an appropriate clearance strategy depending on the disease. Coordinate clearance testing with the case/contact, if indicated.
- Coordinate with the Epidemiology and Surveillance Branch to prioritize and track specimens and review lab results.
- Notify the Epidemiology and Surveillance Branch if new cases or contacts are identified.
- Review and follow-up on the daily report which includes the list of names of persons under REC, date of receipt of collection kits, date of specimen submission, and lab results and clearance status.
- Notify cases, contacts, and employers when clearance is completed and when the case/contact may return to regular work duties or to a sensitive situation.
- As available coordinate with infection control or safety staff located at the SOS.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Restriction, Exclusion, & Clearance Group Supervisor	Assigns responsibilities, orients staff, and will serve as a resource for all the staff within and outside the Group	2588, 2589, 2806	1	DOC
Restriction, Exclusion, & Clearance Group Member	Assist with investigation, restriction, exclusion, and clearance of potential SOS exposed or ill persons	2806, 2587		DOC

E. REPORTING

The Restriction, Exclusion, and Clearance Group Supervisor reports directly to the Disease Containment Implementation Branch Director.

F. DELIVERABLES

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

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Case exclusion letter for case including specimen collection guidance if indicated
- Case restriction letter for case including specimen collection guidance if indicated
- Case exclusion letter for employer or manager
- Case restriction letter for employer or manager
- Case clearance letter for case
- Case clearance letter for employer or manager
- Contact Exclusion letter for contact
- Contact Restriction letter for contact
- Contact restriction letter for employer or manager
- Contact exclusion letter for employer or manager
- Contact Clearance letter for contact
- Contact Clearance letter for employer or manager

G. RESOURCES

The following resources will be required to perform minimum response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Disease Containment Implementation	Appendix G
Restriction Exclusion & Clearance	Appendix Gc
Amebiasis Protocol	Appendix Gc.1
Avian Flu Flowchart	Appendix Gc.2
Avian Flu Infection Control Recommendation Checklist	Appendix Gc.3

Avian Flu Protocol	Appendix Gc.4
Case Clearance Case Template	Appendix Gc.5
Case Clearance Environmental Health Services Template	Appendix Gc.6
Case Clearance Employer Manager Template	Appendix Gc.7
Case Exclusion Case No Specimens Template	Appendix Gc.8
Case Exclusion Case Specimens Template	Appendix Gc.9
Case Exclusion Environmental Health Services Template	Appendix Gc.10
Case Exclusion Employer Manager Template	Appendix Gc.11
Case Restriction Gastrointestinal Infection Case No Specimens Template	Appendix Gc.12
Case Restriction Gastrointestinal Infection Case Specimens Template	Appendix Gc.13
Case Restriction Gastrointestinal Infection Environmental Health Services Template	Appendix Gc.14
Case Restriction Gastrointestinal Infection Employer Manager Template	Appendix Gc.15
Case Restriction Non-Gastrointestinal Infection Case No Specimens Template	Appendix Gc.16
Case Restriction Non-Gastrointestinal Infection Case Specimens Template	Appendix Gc.17
Case Restriction Non-Gastrointestinal Infection Environmental Health Services Template	Appendix Gc.18
Case Restriction Non-Gastrointestinal Infection Employer Manager Template	Appendix Gc.19
Contact Clearance Contact Template	Appendix Gc.20
Contact Clearance Environmental Health Services Template	Appendix Gc.21
Contact Clearance Employer Manager Template	Appendix Gc.22
Contact Exclusion Contact No Specimens Template	Appendix Gc.23
Contact Exclusion Contact Specimens Template	Appendix Gc.24
Contact Exclusion Environmental Health Services Template	Appendix Gc.25
Contact Exclusion Employer Manager Template	Appendix Gc.26
Contact Restriction Gastrointestinal Infection Contact No Specimens Template	Appendix Gc.27
Contact Restriction Gastrointestinal Infection Contact Specimens Template	Appendix Gc.28
Contact Restriction Gastrointestinal Infection Environmental Health Services Template	Appendix Gc.29
Contact Restriction Gastrointestinal Infection Employer Manager Template	Appendix Gc.30
Contact Restriction Non-Gastrointestinal Infection No Specimens Template	Appendix Gc.31
Contact Restriction Non-Gastrointestinal Infection Specimens Template	Appendix Gc.32
Contact Restriction Non-Gastrointestinal Infection Environmental Health Services Template	Appendix Gc.33
Contact Restriction Non-Gastrointestinal Infection Employer Manager Template	Appendix Gc.34
Diphtheria Quicksheet	Appendix Gc.35
E Coli 0157-H7 STEC Protocol	Appendix Gc.36
Foodborne Botulism Protocol	Appendix Gc.37
H1N1 Influenza Case Investigation and Specimen Screening Protocol	Appendix Gc.38
Hepatitis A Checklist	Appendix Gc.39
Hepatitis A Protocol	Appendix Gc.40
Laboratory Form	Appendix Gc.41
Laboratory Specimen Instructions	Appendix Gc.42
Measles Case Investigation Checklist and Procedures Follow-up	Appendix Gc.43
Measles Investigation Quicksheet	Appendix Gc.44
Meningococcal Protocol	Appendix Gc.45
Meningococcal Quicksheet	Appendix Gc.46
Pertussis Quicksheet	Appendix Gc.47
Rabies Protocol	Appendix Gc.48
Salmonella Non-typhi Protocol	Appendix Gc.49
SARS Reports Response Protocol	Appendix Gc.50
Shigella Protocol	Appendix Gc.51
Typhoid Fever Protocol	Appendix Gc.52
Varicella Outbreak Control Guidelines	Appendix Gc.53
Varicella Quicksheet	Appendix Gc.54
Wound Botulism Checklist	Appendix Gc.55

Wound Botulism Protocol	Appendix Gc.56
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b. Office and Communication Supplies

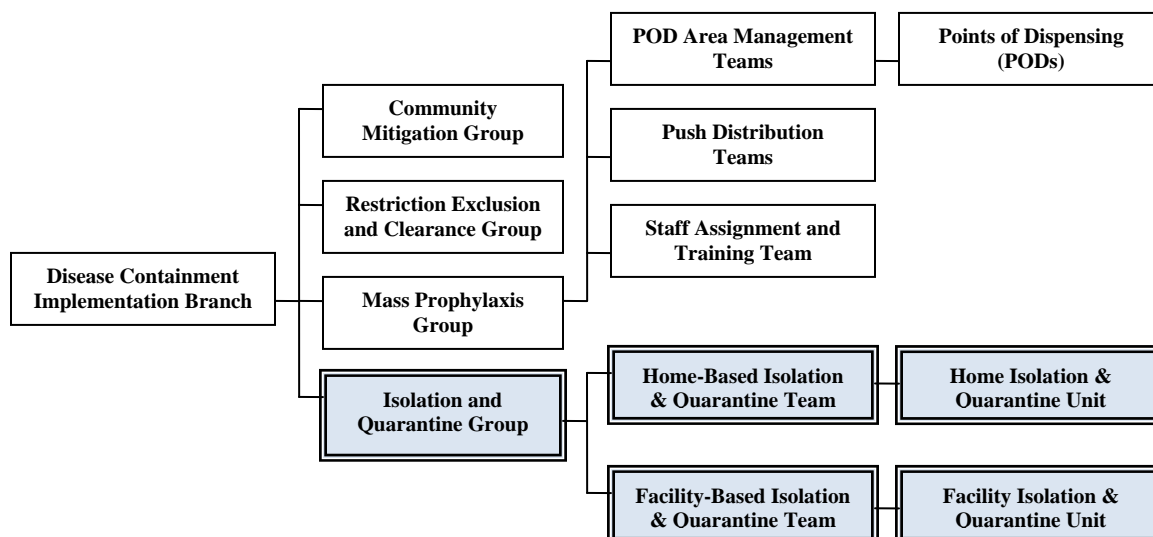
Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

C. Material Resources

Items	Units Required	Location or Request From
Go Kit	1+	Logistics (101 Grove, #406)
Enteric Kit	1+	Logistics (101 Grove, #406)
Rash/Respiratory Kit	1+	Logistics (101 Grove, #406)

17. ISOLATION AND QUARANTINE GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Isolation and Quarantine Group is to implement containment measures to prevent the secondary spread of an infectious disease by decreasing contacts between the infected and uninfected. The Group's objectives include:

- Implement isolation measures to limit the spread of infection from persons who are infected with disease (cases) to uninfected persons for the duration of the infectious period.
- Implement quarantine measures to limit the spread of infection from asymptomatic persons exposed to a communicable disease (contacts) who may be infected, but not yet have symptoms, to uninfected or unexposed persons for a period of time equal to the longest usual incubation period.

b. Methods

The Isolation and Quarantine Group will use the following methods to achieve objectives:

Isolation. Isolation is a strategy used to prevent the spread of disease from one person to another (person-to-person). Isolation is the separation of infected individuals from other persons for the period of communicability to prevent the transmission of the infectious agent. Isolation can be legally required or be voluntary and may occur in a home and/or designated non-healthcare facility. Recommendations on isolation strategies for healthcare facilities will be provided by the Information and Guidance Branch.

Quarantine. Quarantine is the limitation of freedom of movement of persons or animals that have been exposed (but infection is not yet known) to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in order to prevent contact with those not exposed. Quarantine can be legally required or be voluntary and may occur in a home, a designated facility, or healthcare facility.

C. IMPLEMENTATION

a. Isolation and Quarantine Group

Activate the Isolation and Quarantine Group when the disease is person-to-person transmissible (primarily for respiratory aerosol transmissible diseases) and when legal isolation or quarantine is recommended. Important considerations include:

- **Characteristics and clinical presentation of the disease.** Mode of transmission (e.g. airborne vs. droplet) and viability of the infectious microbes in the environment will impact the effectiveness of isolation and quarantine strategies.
- **Pathogenicity or infectious dose of the disease.** Early identification, isolation of cases, and quarantine of contacts may be critical to slow or stop the spread of disease if the agent is highly pathogenic and/or the infectious dose is low.
- **Onset and duration of disease communicability.** Effective disease containment through isolation or quarantine may be more difficult if infectivity precedes symptoms, or if the disease has a short incubation period and long infectivity period.
- **Available prophylaxis and/or treatment.** When prophylaxis and/or treatment for a communicable disease is less available, isolation and quarantine may be a more valuable disease containment strategy.
- **Available resources.** Implementation of isolation and quarantine is labor intensive and may also require support from other agencies (e.g. Sheriff, Police) for it to work effectively.
- **Timing and presence of disease in the community.** Once a disease is widespread in the community isolation and/or quarantine may not be as useful.

The Isolation and Quarantine Group will require information and guidelines from the Information and Guidance Branch. The Isolation and Quarantine Group Supervisor will receive referrals of cases to be isolated and contacts to be quarantined from the Epidemiology and Surveillance Branch. The Group Supervisor will work with the Information and Guidance Branch and Safety Officer to establish and implement a plan for limiting direct contact with isolated or quarantined persons and for monitoring IDER responders for signs and symptoms of disease, particularly those with direct contact with cases and contacts under quarantine or isolation in the home or non-healthcare facility settings,.

Site of Isolation/Quarantine. Isolation and quarantine can be applied at the individual or group level. Whenever possible, cases and contacts will be isolated or quarantined at home. Those who do not meet home isolation or quarantine criteria, or those who require shelter or are unable to stay in their usual place of domicile, will be isolated or quarantined in facilities for the duration of the isolation or quarantine period as long as their medical status permits.

Isolation/Quarantine Order. Depending on the situation, cases and contacts may be served with a health officer order initiating isolation or quarantine. Individuals who refuse to comply with the order will face legal sanctions (See Appendix Gd1, Protocol for Legal Enforcement of Isolation and Quarantine). Staff should call isolated and quarantined individuals immediately prior to delivering orders to ensure that someone will be available to receive it.

Support Services for Individuals in Isolation/Quarantine. Individuals in voluntary or legally required isolation or quarantine may require support services (e.g., legal services, mental health, assistance with food and personal care needs, shelter). Services provided by other agencies such as legal expertise and

law enforcement support should be requested through the EOC. The Home and Facilities Isolation and Quarantine Teams will receive requests for support services and will work with the Isolation and Quarantine Group to ensure that needs are met.

Functions of the Isolation and Quarantine Group

- Coordinate with the Safety Officer and Information and Guidance Branch, Infection Control Group.
- Forward lab specimens to Epidemiology and Surveillance Branch.
- Receive and review referrals from Epidemiology and Surveillance Branch.
- Disseminate and monitor the use of infection control guidelines to Isolation and Quarantine staff.
- Resolve, track and escalate issues and problems related to isolation and quarantine.
- Coordinate clinical monitoring data submission to the Data Branch.
- Coordinate with the Information and Guidance Branch to develop fact sheets on the disease, isolation, and quarantine that can be handed out.
- To ensure consistent communication, prepare a script for responders to read from when placing individuals under isolation and/or quarantine.
- Identify a central number where individuals who are placed in isolation/quarantine can call regarding questions about requirements or to request support services.
- To improve training, communication, and coordination, consider having all Isolation and Quarantine staff work in one conference room.
- Develop quick-sheet/protocol fact sheet with answers to legal questions and other matters for responders enforcing isolation and quarantine and provide to all staff.
- Consider utilizing Isolation and Quarantine staff as follows:
 - Staff assigned to call individuals to be isolated or quarantined and to explain situation and restrictions prior to delivery of legal orders
 - Staff to prepare orders
 - Staff to coordinate the delivery of orders
 - Staff to enter/record data
 - Staff to coordinate support services with partners

a.1. Home Isolation & Quarantine Team

Activate the Home Isolation and Quarantine Team when cases or contacts have been or will be placed in home-based isolation or quarantine.

Team members may monitor signs and symptoms of disease, obtain specimens as needed, educate patients and families, deliver and administer post-exposure prophylaxis if indicated and available, receive support service requests. Field Teams may be required to visit the homes of isolated/quarantined individuals. The optimal number of members per Field Team is 2 to 3 (driver, clinician, and health worker or disease control investigator), and a Field Team Leader should be assigned to every 4-6 teams. Three types of Teams requiring varied skills include:

- **Office Team.** Monitors cases and contact remotely via telephone, fax machine, or other identified modality. Responds to questions regarding legal isolation/quarantine orders, the disease, and receives and responds to requests for support services.
- **Field Team.** Visits the residence to provide information materials, monitor cases and any contacts living in household, collect specimens for laboratory testing, deliver/administer treatment or prophylaxis, receive requests for support services.

When possible at least one member of the office or field team should be a clinician (e.g. RN, NP, PA), in order to address the higher clinical complexity involved in evaluating cases for disease progression and

additional medical needs or questions. If a clinician is unavailable then the Teams should have access to one via telephone for consultation. See Appendix Gd for isolation and quarantine forms and protocols.

The Home Isolation and Quarantine Team will be responsible for coordinating with the Isolation and Quarantine Group to ensure that support services such as food delivery, mental health counseling, medical care, spiritual counseling, dependent care and pet care are provided.

Functions of the Home Isolation & Quarantine Team

- Receive criteria for home based isolation and quarantine from the Isolation and Quarantine Group Supervisor.
- Receive referrals from Isolation and Quarantine Group Supervisor.
- Ensure completeness of clinical monitoring data and submit to the Data Branch.
- Instruct cases, contacts, and their household members on isolation and quarantine protocols and infection control recommendations.
- Identify disease progression in cases and/or development of symptoms in contacts and report to Isolation and Quarantine Group Supervisor.
- Identify need for and arrange medical evaluation.
- Determine need for, coordinate, and submit requests support services (e.g., food and water, care and shelter, dependent care, prescription medication delivery, pet care, spiritual needs, mental health, law enforcement and security, legal services).
- As recommended by the Safety Officer and Information and Guidance Branch, enforce infection control recommendations to limit staff exposures to infectious persons.

a.2. Facility Isolation & Quarantine Team

Activate the Facility Isolation and Quarantine Team when non-healthcare facilities are designated for isolation or quarantine of cases and/or contacts. Facilities should be utilized for:

- Cases and/or contacts that do not meet home eligibility criteria (see Appendix Gd).
- Cases and/or contacts that are unable to remain in home isolation or quarantine.
- Cases and/or contacts that do not have acute medical care needs requiring hospitalization.
- Large number of cases and/or contacts that do not have a stable home.

Isolation Facility. Isolation facilities will house cases only, and these facilities will be staffed with both clinical staff and support staff based on the clinical needs of the cases. Basic care including activities of daily living such as assistance with feeding and hygiene, maintenance of prescribed medication for chronic illness, and education regarding isolation will be provided. When cases develop acute illness, they will be transferred to an acute care or sub-acute care medical facility for management.

Quarantine Facility. Quarantine facilities will house contacts only, and these facilities will be staffed with more support staff than clinical staff. The clinical staff will be responsible for evaluation of disease development, including signs and symptoms. The support staff will be responsible for specimen collection, patient education, and other duties as assigned. Post-exposure prophylaxis will be administered by the clinical staff as indicated and if available. When contacts develop symptoms, they will be evaluated, referred, and transported to either an acute or sub-acute care medical facility or to an isolation facility.

Both the Isolation and Quarantine facilities will be managed by a Facilities Management Team. The Facility Management Team will coordinate the non-clinical functions of the facilities including, but not limited to, maintenance and custodian duties, request and receipt of deliveries of supplies and equipment,

coordinate all support services, and overall operation of the facilities. It is optimal to have one Facility Management Team Member per facility, and have a Facilities Management Team Leader for every 3-5 facilities.

The Isolation and Quarantine Group Supervisor will work with the EOC and other partners to identify city agencies and community-based organizations to provide auxiliary services to support facility-based isolation and/or quarantine. The Facility Isolation and Quarantine Team will be responsible for receiving and coordinating auxiliary services such as food delivery, designated sites, mental health counseling, medical care, spiritual counseling, dependent care and pet care. See Appendix Gd for facility isolation and quarantine forms and protocols.

Functions of the Facility Isolation & Quarantine Team

- Receive referrals from Isolation and Quarantine Group Supervisor.
- Oversee and coordinate the functions and operations of the Isolation and Quarantine facilities.
- Ensure thoroughness of data documentation and submit to the Data Branch.
- Provide reports to Isolation and Quarantine Group Supervisor including resource needs.
- Determine need for and coordinate medical services and submit requests (coordinate with Medical Treatment Branch.)
- Determine need for, coordinate, and submit requests for mental health services, support services, law enforcement and security, legal services, and additional resources.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Isolation & Quarantine Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Isolation and Quarantine Group Supervisor	Oversees implementation of isolation and quarantine strategies	Organizational and management skills, disease control investigation experience	1	DOC
Isolation and Quarantine Order Member	Prepares, delivers, and responds to questions regarding legal isolation and quarantine orders.			DOC

Staff Position Roster: Home Isolation & Quarantine Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Home Isolation and Quarantine Team Leader	Coordinates home isolation and quarantine duties of office and field teams. Distributes workload, assigns specific functions to office and field team members.	Management skills	1	DOC
Home Isolation and Quarantine Office Team Member	Monitors cases/contacts remotely via telephone, fax or other identified modality. Receives support service	Communication skills	1 per 30-40 clients	DOC

	requests.			
Isolation and Quarantine Field Team Leader	Assigns and oversees functions of the Field Teams.	Clinical skills Management skills	1 per 4-6 Field Teams	DOC
Isolation and Quarantine Field Team Clinician	Conducts home visits and clinical evaluations.	Clinician	1 per 8-12 cases	Field
Isolation and Quarantine Field Team Member	Conducts home visits, monitors signs and symptoms, receives support service requests.	Health Worker	1 per 8-12 cases or 12-15 contacts	Field
Driver	Takes Field Teams to designated sites		1 per Field Team	Field

Staff Position Roster: Facility Isolation & Quarantine Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Facility Isolation and Quarantine Team Leader	Coordinates non-healthcare facilities isolation and quarantine functions. Distributes workload, assigns specific functions to staff.	Management skills	1	DOC & Facilities
Isolation and Quarantine Facility Clinical Team Clinician	Performs clinical functions, monitors clients for disease progression.	Clinician	1 per 20-25 cases, or 30-40 contacts	Designated Facility
Isolation and Quarantine Facility Clinical Team Member	Monitors clients for disease progression, assist Clinical Team Clinician Responder as needed	Health Worker	1 per 10-12 cases, or 15-20 contacts	Designated Facility
Facility Management Team Leader	Oversees the operation of non-healthcare facilities, ensures problems are addressed or resolved, supervises Facility Management Team Members	Facilities management	1 per 3-5 facilities	Designated Facility
Facility Management Team Member	Coordinates daily operation of the facility	Facilities maintenance	1 per facility	Designated Facility

E. REPORTING

The Isolation and Quarantine Group Supervisor reports directly to the Disease Containment Implementation Branch Director.

F. DELIVERABLES

The Isolation and Quarantine Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Data for the Data Branch
- Isolation and Quarantine Orders
- Isolation and Quarantine Scripts for Responders

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Disease Containment Implementation	Appendix G
Isolation & Quarantine	Appendix Gd
Home and Facility Isolation and Quarantine	Appendix Gd1
Isolation Order Packet (cover letter, order, termination)	Appendix Gd1.1
Quarantine Order Packet (cover letter, order, termination)	Appendix Gd1.2
Fact Sheet on Isolation and Quarantine Legal Authority	Appendix Gd1.3
Summary of State and Local Laws related to Isolation & Quarantine	Appendix Gd1.4
Protocol on Legal Enforcement of Isolation and Quarantine	Appendix Gd1.5
Protocol for Appeals Conference on Health Officer's Orders for Isolation and Quarantine	Appendix Gd1.6
Instructions on Hand Hygiene	Appendix Gd1.7
Instructions on Respiratory Etiquette	Appendix Gd1.8
Instructions on Environmental Cleaning and Disinfection	Appendix Gd1.9
Instructions on Handling of Eating Utensils, laundry, and wash	Appendix Gd1.10
Status Report Template to DC Branch Director	Appendix Gd1.11
Specimen Collection and Transportation Guidelines	Appendix Gd1.12
Transportation of clients from Home or Non-Healthcare Facilities to Health Care Facilities for medical necessity	Appendix Gd1.13
Transportation of clients from Home to other Facilities	Appendix Gd1.14
Support Services Referral Form	Appendix Gd1.15
Protocol for Post Exposure Prophylaxis delivery and sign-off from clients	Appendix Gd1.16
Protocol for HCW Self-Monitoring and Log for Disease Symptoms	Appendix Gd1.17
Re-assessment/checklists for cessation of Isolation and Quarantine	Appendix Gd1.18
Medical/Mental Health Referral Form	Appendix Gd1.19
Clinical Monitoring Management Form	Appendix Gd1.20
Forms Protocols Grid for Isolation & Quarantine	Appendix Gd1.21
Home Based Isolation and Quarantine	Appendix Gd2
Status Report Template to I&Q Group Supervisor- Home Isolation	Appendix Gd2.1
Status Report Template to I&Q Group Supervisor- Home Quarantine	Appendix Gd2.2
Evaluation for Home Suitability for Isolation and Quarantine	Appendix Gd2.3
Instructions for Home Isolation	Appendix Gd2.4
Instructions for Home Quarantine	Appendix Gd2.5
Monitoring Log for Persons on Home Isolation	Appendix Gd2.6
Monitoring Log for Persons on Home Quarantine	Appendix Gd2.7
Transportation Protocol for Health Worker	Appendix Gd2.8
I&Q Go-Kit	Appendix Gd2.9
Protocol for PPE and Infection Control Guidelines for IDER staff on Home Visits	Appendix Gd2.10
Facility Isolation and Quarantine	Appendix Gd3
Status Report Template to I&Q Group Supervisor- Non-HC Isolation	Appendix Gd3.1
Status Report Template to I&Q Group Supervisor- Non-HC Quarantine	Appendix Gd3.2
Criteria for Non-Healthcare Facility Based Isolation or Quarantine	Appendix Gd3.3
Instructions for Non-Healthcare Facilities Based Isolation	Appendix Gd3.4
Instructions for Non-healthcare Facilities Based Quarantine	Appendix Gd3.5

Initial Medical Admission Evaluation for Persons on Isolation Facility	Appendix Gd3.6
Initial Medical Admission Evaluation for Persons on Isolation Quarantine	Appendix Gd3.7
Monitoring Log for Persons on Non-Healthcare Facility Based Isolation	Appendix Gd3.8
Monitoring Log for Persons on Non-Healthcare Facility Based Quarantine	Appendix Gd3.9

b. Office and Communication Supplies

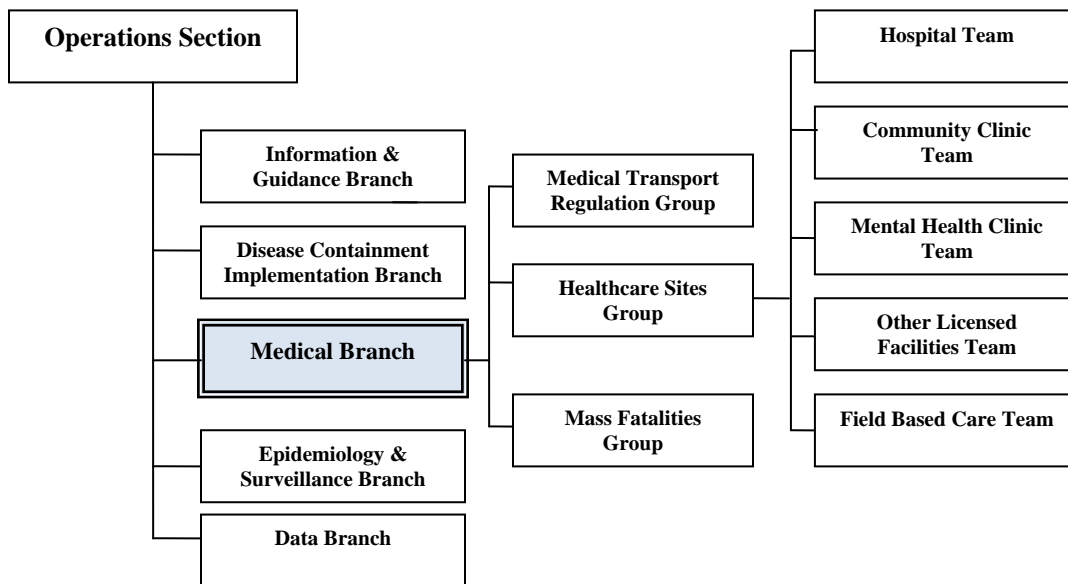
Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

C. Material Resources (for Field and Non-Healthcare I & Q Facilities)

Items	No. Required	Location or Request From
N95 masks	1+	Logistics
Gloves	1+	Logistics
Hand Sanitizer	1+	Logistics
Goggles or eye protectors	1+	Logistics
Gown or plastic aprons	1+	Logistics
Alcohol pads	1+	Logistics
Alcohol hand wipes	1+	Logistics
Clip boards/writing pads	1+	Logistics
Pens	1+	Logistics
Thermometers	1+	Logistics
Stethoscopes	1+	Logistics
Surgical masks	1+	Logistics
Backpacks/utility bags	1+	Logistics
City vehicles	1+	Logistics
Radios/cell phones	1+	Logistics
Specimen kits & forms	1+	Logistics
Plastic bags	1+	Logistics
Specimens storage/transport cooler	1+	Logistics
Specimens collection kit ("Go Kit")	1+	Logistics
Trash bags	1+	Logistics
City Maps	1+	Logistics

18. MEDICAL BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Medical Branch is to coordinate with local medical care systems (e.g. hospitals, clinics, etc.) This will involve a high degree of coordination with emergency medical services (EMS), hospitals, clinics and others. Branch objectives include:

- Monitor and assess patient saturation and facility operational status at hospitals and other healthcare sites.
- Coordinate standards of care for patients affected by the infectious disease agent.
- Coordinate standards of care for infection control.
- Monitor and coordinate resource requests from healthcare sites with the Logistics Section.
- Forecast trends in supply and demand for healthcare services and resource needs.
- Support casualty management including triage, treatment, and transportation.
- Designate and manage alternate care and/or shelter sites as needed.
- Coordinate with the Medical Examiner's Office to effectively manage mass fatalities (if applicable).

b. Methods

Methods used by the Medical Branch include but are not limited to:

Monitoring Medical Transport Systems. Monitor operational status and deployment of ambulances; forecast need for additional transportation resources.

Monitoring of Healthcare Facilities: Assess and monitor the capacity and resource needs of hospitals, clinics and other healthcare sites; coordinate with mental health services if needed; ensure consistent communications through regular conferencing with identified facility points-of-contacts.

Management of Alternate Care/Shelter Sites: activate and provide management of free standing alternate care sites including Field Treatment Sites, Field Care Clinics, and/or other sites for mass casualty treatment and/or shelter.

Management of Mass Fatalities: Collaborate and consult with the Medical Examiner's Office on the management of human remains; provide public health and medical advice to the Medical Examiner's Office concerning spread of disease from corpses; support the recovery of human remains; assist in identifying and inspecting sites where bodies can be temporarily stored.

Consult the Medical Branch modules for more details on these methods.

C. IMPLEMENTATION

Consider activating the Medical Branch for all infectious disease emergency response activations.

Upon activation, the Medical Branch will be briefed on the outbreak and the operational objectives. Primary activities include monitoring medical transport systems, monitoring and assessing hospital activity and saturation, and anticipating and supporting hospitals' resource requests. Certain scenarios may also require the management of free standing alternate care sites and/or management of mass fatalities. Medical treatment activities will involve coordinated operations with other public health and public safety agencies including emergency medical services (EMS.)

Functions of the Medical Branch:

- Identify methods to ensure that medical treatment systems are appropriately supported throughout the response.
- In coordination with the Operations Section Chief, ensure that the Policy Group and Incident Commander have approved all medical treatment activities and decisions.
- Meet with Group Supervisors as least once per operational period and address implementation issues as necessary.
- Forward updates and personnel and supply requests to Command Staff and other Sections as needed.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Medical Branch Director	Supervise activities, assign responsibilities, orient staff and serve as a resource to staff	EMS management experience or knowledge of EMS policies and procedures	1	DOC
Administrative Staff	Perform administrative duties – assist with completion of ICS forms, taking notes at meetings, answering phone, other duties			DOC

E. REPORTING

The Medical Branch Director reports directly to the Operations Section Chief.

F. DELIVERABLES

The Medical Branch is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Branch

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

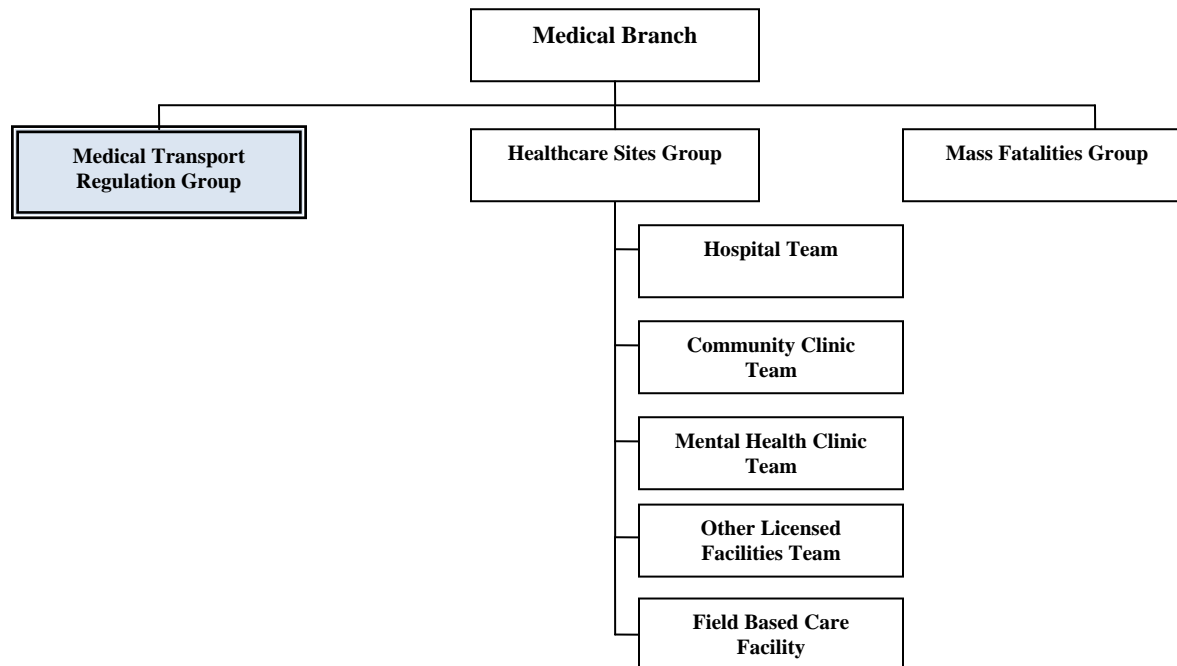
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

19. MEDICAL TRANSPORT REGULATION GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Medical Transport Group is to ensure that adequate resources are available for the safe transport of victims and other patients to medical treatment sites throughout the course of the IDER activation. Objectives include:

- Monitor operational status and deployment of resources including ambulances and other medical transport systems.
- Determine whether there is a need for medical transport mutual aid from outside of San Francisco city and county and if so, coordinate with the EOC to obtain mutual aid.

b. Methods

Methods employed by the Medical Transport Group may include:

Ambulance provider disaster status reports. Reports include the provider name and contact information, operational status of provider, number and status of ambulances, Emergency Medical Service (EMS) staff currently on duty and available in four hours. Reports should be obtained at the start of the disaster incident. The DOC Incident Commander will determine the frequency of updates.

Monitor deployment of ambulance resources. Coordinate with the Emergency Communications Department, which is the primary public safety answering point for the 911 system, to monitor the deployment of ambulance resources.

Requests for mutual aid: In coordination with the EOC, requests for medical transport mutual aid may be made if deemed necessary.

C. IMPLEMENTATION

Activate the Medical Transport Regulation Group if the event stresses, or is anticipated to stress, the medical transport systems.

During an emergency the Emergency Communications Department (ECD) manages the minute-by-minute deployment of ambulance resources. The Medical Transport Group is charged with maintaining situational awareness of medical transport resources (ambulance resources and EMS staffing) through coordination with the ECD, ambulance providers (including the San Francisco Fire Department) and the EOC, if activated.

The following are Advanced Life Support Ambulance Providers for San Francisco:

- American Medical Response
- King American Ambulance
- San Francisco Fire Department
- National Park Service

The following are Basic Life Support Ambulance Providers for San Francisco:

- Bayshore Ambulance
- St. Joseph's Ambulance

Further details about methods and functions of the Medical Transport Group are included in the DPH Emergency Operations Plan (9/02) – see Tab E: Reporting/Communicating with Hospitals/Other Licensed Providers.

Functions of the Medical Transport Group include:

- Receive disaster status reports from ambulance providers
- Ensure that ambulance provider status information is posted on DOC and/or EOC status boards
- Ensure that policy decisions regarding strategies for medical transport are approved by the Policy Group and/or Incident Commander
- If necessary, ensure that requests for mutual aid are coordinated with the EOC

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification (Critical Skill)	No. of Employees	Location
Medical Transport Group Supervisor	Oversee implementation of Medical Transport Group methods and strategies	EMS management staff; familiarity with EMS operations	1	DOC
Medical Transport Group Member	Assist with implementation of identified methods and strategies			DOC

E. REPORTING

The Medical Transport Group Supervisor reports directly to the Medical Branch Director.

F. DELIVERABLES

The Medical Transport Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Group

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

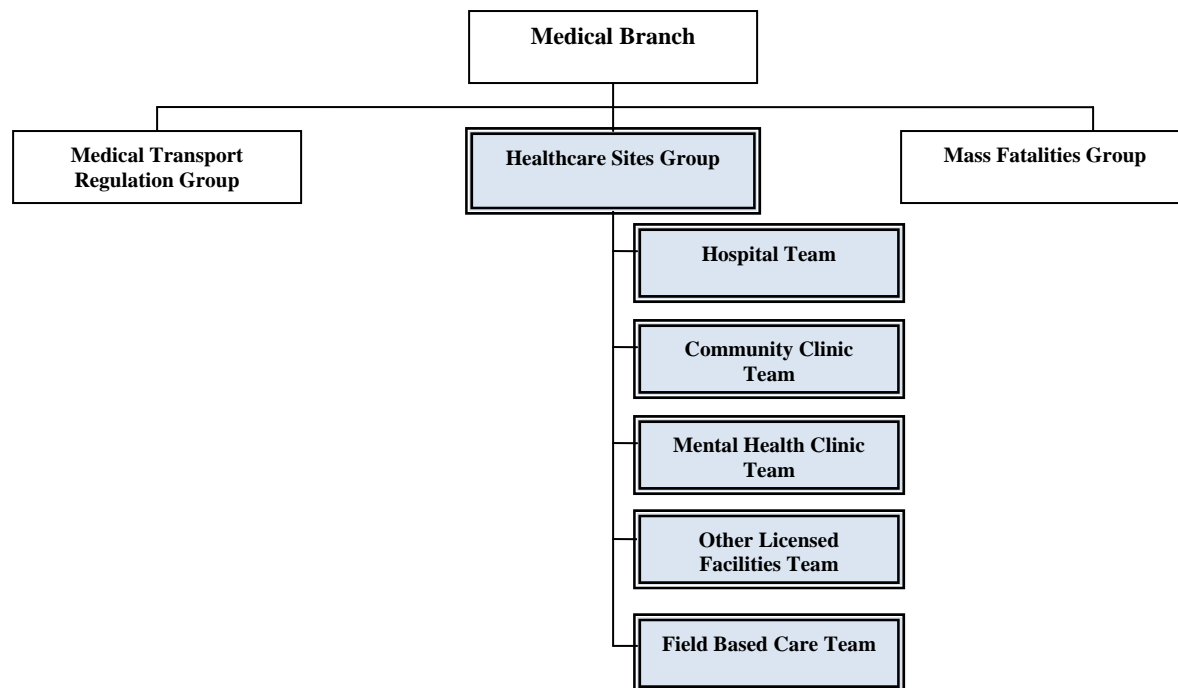
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

20. HEALTHCARE FACILITIES GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Healthcare Facilities Group is to ensure that safe and appropriate care is provided to victims, patients and family members throughout the infectious disease emergency response. This will involve coordination and cooperation with Emergency Medical Services (EMS), hospitals, clinics, and others. The Group objectives include:

- Monitor and assess operational status from area hospitals and other healthcare sites
- Forecast trends in supply and demand for healthcare services and determine resource needs
- Coordinate community standards of care for patients affected by the infectious disease agent.
- Coordinate community standards of care for infection control.
- Coordinate with EMS and provide support for casualty management.
- If necessary, link and coordinate with mental health facilities to ensure that patients and family members are appropriately treated.
- Identify, designate and manage alternate care and/or shelter sites as needed.

b. Methods

Methods and strategies for the Healthcare Facilities Group include:

Monitoring Healthcare Sites: Receive reports from hospitals and other health care sites regarding operational status; maintain situational awareness of hospitals' and other health care sites' capacity to serve clients throughout the response.

Coordinating Resource Requests: Receive resource requests from hospitals and other health care sites and coordinate fulfillment of requests with Emergency Medical Systems and/or EOC if activated; coordinate requests through the EOC for mutual aid if deemed necessary.

Coordination with Mental Health Clinics: Maintain contact and assistance for the existing mental health caseload; ensure that crisis counseling is available and outreach for mental health referral and treatment for victims; critical incident stress debriefings for response personnel; information on disaster mental health education to the public; referral information.

Management of Alternate Care/Shelter Sites: Coordinate and provide management of the site(s) and keep the Medical and Treatment Branch Director abreast of site operations; oversee and manage the set-up, operations and demobilization of sites, ensure that the public receives appropriate information about sites; maintain situational awareness of site activities.

Consult the Healthcare Facilities Group modules (outlined below) for more details on these methods.

C. IMPLEMENTATION

a. Healthcare Facilities Group

Activate the Healthcare Facilities Group for all infectious disease emergency response activations. The Healthcare sites group will monitor and forecast the abilities of healthcare sites (including hospitals, clinics, mental health facilities, alternate care sites, and/or other sites) to provide safe and appropriate care to victims, other patients, and family members. Communication channels between the DOC and healthcare sites will be established and disseminated. They may include telephone numbers, email address, teleconference, and other methods for sharing of information and guidance.

Data gathering efforts may be prioritized as follows:

1. Acute Care Hospitals
2. Clinics
3. Skilled Nursing Facilities
4. Other
 - Acute psychiatric hospitals
 - Intermediate care facilities
 - Intermediate care, developmentally disabled
 - Intermediate care, developmentally disabled, habilitative
 - Intermediate care, developmentally disabled, nursing
 - Chemical dependency recovery hospital
 - Correctional treatment centers
 - Congregate living facilities
 - Alternate birthing centers

Functions of the Healthcare Facilities Group:

- Ensure that objectives and strategies ordered by the Health Officer/Incident Commander/Policy Group are implemented
- Maintain situational awareness of healthcare sites' ability to respond to the IDE (in coordination with Team Leaders, if activated) and forward information to the Medical Branch Director
- In coordination with Team Leaders (if activated), forecast resource needs of healthcare sites and make recommendations for additional assistance if needed
- Troubleshoot impediments to implementation of recommended strategies in coordination with the Medical Branch Director.
- Provide guidance to staff and serve as a resource to the Hospital, Community Clinics, Mental Health and Alternate Care/Shelter Teams (if activated).
- Coordinate logistics requests for the Group and Teams.

a1. Hospital Team

Activate the Hospital Team when patients or the worried well are expected at hospitals and/or when hospital have activated their emergency response plans.

The main function of the Hospital Team is to monitor and coordinate with hospitals to ensure that hospitals are able to provide care, or if hospitals are unable to provide adequate care to request alternative care options (this may require coordination with the Alternate Care/Shelter Sites Team and others if necessary.) The Hospital Team is responsible for organizing hospital coordination, communications and situation status monitoring.

In an emergency hospitals should activate their Hospital Incident Command System (HICS) to organize their internal response. Special effort should be made to perform rumor control by providing a reliable source of information for clients and staff.

Communication between the IDER DOC and Hospitals

Communication channels between the DOC and hospitals may include:

- Identify single point-of-contacts between public health and hospitals. The hospital point-of-contact is responsible for organizing internal communications with their staff for patient care issues, infection control and resource requests related to the infection disease emergency response.
- Regularly scheduled conference call between the DOC and infection control staff, disaster coordinators, administrators and other interested hospital staff to discuss hospital status, infection control, and other emergency response issues.
- Website: www.sfcddcp.org
- Clinician Health Alerts
- Fax messaging
- Disease Control reporting number: (415) 554-2740

Hospital Situation Status Monitoring

- Regular reporting using the federal HavBed format for reporting both the number and type of beds (medical surg, intensive care unit, obstetrics, pediatrics, etc) available.
- Ambulance diversion reports as an indirect indicator for hospital saturation.
- Resource specific surveys (e.g. N95 respirator supplies, pediatric beds)
- Tracking number of requests for resource supplementation.
- On-going direct communications with providers.

Functions of the Hospital Team:

- Implement objectives recommended by the Health Officer/Incident Commander/Policy Group.
- Provide clarification on recommendations to hospital partners as needed.
- Regularly obtain operational status reports from hospitals including hospital disaster status report, emergency department bed capacity, and inpatient bed capacity.
- Maintain individual and aggregate hospital status reports.
- Provide hospital status reports.
- Survey hospitals' resource/supply needs and coordinate to fulfill requests.
- Coordinate with the Information and Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Provide feedback to the Information and Guidance Branch on impact of guidance and when additional information/modifications are required.
- Track activities and healthcare site contacts.

a2. Community Clinics Team

Activate the Community Clinics Team during an event that may result in significant resource demands on community clinics.

The main function of the Community Clinics Team is to monitor and coordinate with clinics to ensure they remain able to provide care to clients, or if unable to provide adequate care, to request that alternative care options be made available. This may require coordination with the Alternate Care/Shelter Sites Team and others if necessary.

Upon activation, the Community Clinics Team should receive Clinic Disaster Status Reports from all community clinics, surgery centers and dialysis centers. The Report should include information such as:

- Whether the clinic is fully, partially, or not functional
- Whether there is damage to the clinic facility
- Available staffing resources
- Number of cases and/or casualties received from the disaster
- Whether patients have been sent to a hospital and, if so, what hospitals
- Amount of remaining capacity to serve additional cases and/or casualties
- Available equipment and/or services such as alternate treatment area, beds, operating rooms, pharmacy, etc.
- Whether there is a need for any external resources

The Community Clinics Team is charged with obtaining and aggregating these reports in order to quantify the actual demand for health care services as compared to the actual supply. This will help determine whether there is a need for medical mutual aid from outside of San Francisco City and County.

Functions of the Community Clinics Team:

- Implement strategies recommended by the Health Officer/Incident Commander/Policy Group.
- Provide clarification on recommendations to community clinics as needed.
- Periodically obtain operational status reports from clinics.
- Maintain individual and aggregate Clinic Disaster Status Reports.
- Provide clinic status reports to the DOC.
- Survey clinics' resource/supply needs and coordinate to fulfill requests.

- Coordinate with the Information & Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Provide feedback to the Information and Guidance Branch on impact of guidance and when additional information/modifications are required.
- Track activities and clinic site contacts.

a3. Mental Health Clinic Team

Consider activation of the Mental Health Clinic team during events that may have major mental health consequences. This may include IDE events in which residents and emergency response staff require disaster mental health services. It may also include IDE events that may affect the maintenance of services for existing mental health clients.

The Mental Health Clinic Team is charged with liaising with mental health clinics to ensure that they have the capacity to manage current caseloads of mental health clients. The Mental Health Clinic team should coordinate with clinic sites to maintain inventories of special needs populations. The Mental Health Clinic team should periodically assess operational status of mental health clinics (facilities and staff) and keep the Healthcare Sites Group Supervisor abreast of the situational status.

After immediate needs for medical care during and following an event are met, a focus may shift to mental health recovery. The Mental Health Clinic Team may be involved in helping to coordinate disaster mental health services for victims, residents and/or emergency response staff. Mental health professionals may play role in crisis management at alternate care/shelter sites and other mass care facilities; they may also assist in reuniting family members who might have become separated.

If mental health services are to be provided at mass care facilities, the Mental Health Clinic team may (in coordination with the Alternate Care/Shelter Site Team) liaise with mental health clinics to determine available resources. If local capabilities are determined to be over-extended, a request for mutual aid may be coordinated with via the DOC to the EOC.

Functions of the Mental Health Clinic Team:

- Implement mental health clinic strategies.
- Maintain situational awareness of mental health clinics' ability to maintain continuity of services to clients during and/or after the event and forward information to the Medical Branch Director.
- Forecast resource needs of mental health clinic sites and make recommendations for additional assistance if needed.
- Coordinate with the Information and Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Coordinate with the Alternate Care/Shelter Sites Team and/or the EOC if it is determined that mental health services will be needed at emergency response mass care facilities.

a4. Alternate Care/Shelter Sites Team

Activate the Alternate Care/Shelter Sites Team if the event will, or is likely to, result in a large number of seriously ill or injured persons that will overwhelm the city's medical treatment capacity.

The Policy Group and/or Incident Commander, in coordination with Operations Section Director and Medical Branch Director, will evaluate and determine the need for activating one or more alternate care/shelter sites. The role of the Alternate Care/Shelter Sites Team is to provide management of the site(s) and keep the DOC abreast of site operations. It is likely that the Alternate Care/Shelter Sites Team

will need to coordinate closely with other agencies to set-up, operate and demobilize alternate care/shelter sites.

Alternate Care/Shelter (ACS) Sites may include the following: Field Treatment Sites, Field Care Clinics, Casualty Collection Points, Medical Care Points, and the use of existing medical facilities or clinics for casualty treatment. Depending on the specific scenario, an alternate care/shelter site may be used to:

- Provide delivery of ambulatory or chronic care
- Offload less ill patients from the hospital, thereby increasing the hospital's surge capacity
- Provide primary victim care at an austere level to relieve hospital admits
- Provide care to individuals with inadequate resources for home or self care
- Provide quarantine, sequestration, or cohorting of "exposed" patients
- Provide palliative care
- Segregate individuals with special medical needs from the general population

The Alternate Care/Shelter Sites Team is charged with ensuring that recommendations and strategies issued by the Health Officer/Incident Commander/Policy Group regarding the ACS sites are implemented. This may include recommendations regarding ACS site personnel prophylaxis/immunization, visitor regulations, isolation measures, PPE guidelines, specimen collection/handling/transport protocols, and surge capacity management.

Functions of the Alternate Care/Shelter Sites Team:

- Implement alternate care/shelter strategies ordered by the Health Officer/Incident Commander/Policy Group.
- Coordinate with the Logistics Section and/or the EOC regarding calls for personnel and equipment needs for alternate care/shelter sites.
- Coordinate with the Healthcare Facilities Group Supervisor and Hospital Team regarding notifications to providers and hospitals.
- Oversee and manage the set-up, operations and demobilization of alternate care/shelter sites (in cooperation with appropriate agencies).
- Work with the Information and Guidance Branch and the Media Officer to ensure that the general public receives appropriate information regarding the location and purpose of alternate care/shelter sites.
- Maintain situational awareness of alternate cares/shelter site operations and provide situation status reports to the Medical Branch Director.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Healthcare Sites Group: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Healthcare Facilities Group Supervisor	Oversee and supervise healthcares site response activities; assign responsibilities, orient staff and serve as a resource to staff		1	DOC

Hospital Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Hospital Team Leader	Coordinate with hospitals; provide and collect situation status updates.		1	DOC
Hospital Team Member	Support communication and coordination with hospitals.			

Community Clinic Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Community Clinic Team Leader	Coordinate with clinics; provide and collect situation status updates.		1	DOC
Community Clinic Team Member	Support communication and coordination with clinics.			

Mental Health Clinic Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Mental Health Clinic Team Leader	Coordinate with mental health sites; supervise mental health staff at field sites; provide and collect situation status updates.		1	DOC
Mental Health Clinic Team Member	Support mental health activities.			

Alternate Care/Shelter Sites Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Alternate Care/Shelter Sites Team Leader	Set-up and operate alternate care or shelter sites. Provide regular updates.		1	DOC
Alternate Care/Shelter Sites Team Member	Support the operation of alternate care or shelter sites.			

E. REPORTING

The Healthcare Facilities Group Supervisor reports directly to the Medical Branch Director. Team Leaders for various modules report directly to the Healthcare Facilities Group Supervisor.

F. DELIVERABLES

The Group and/or Team is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Group/Team

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

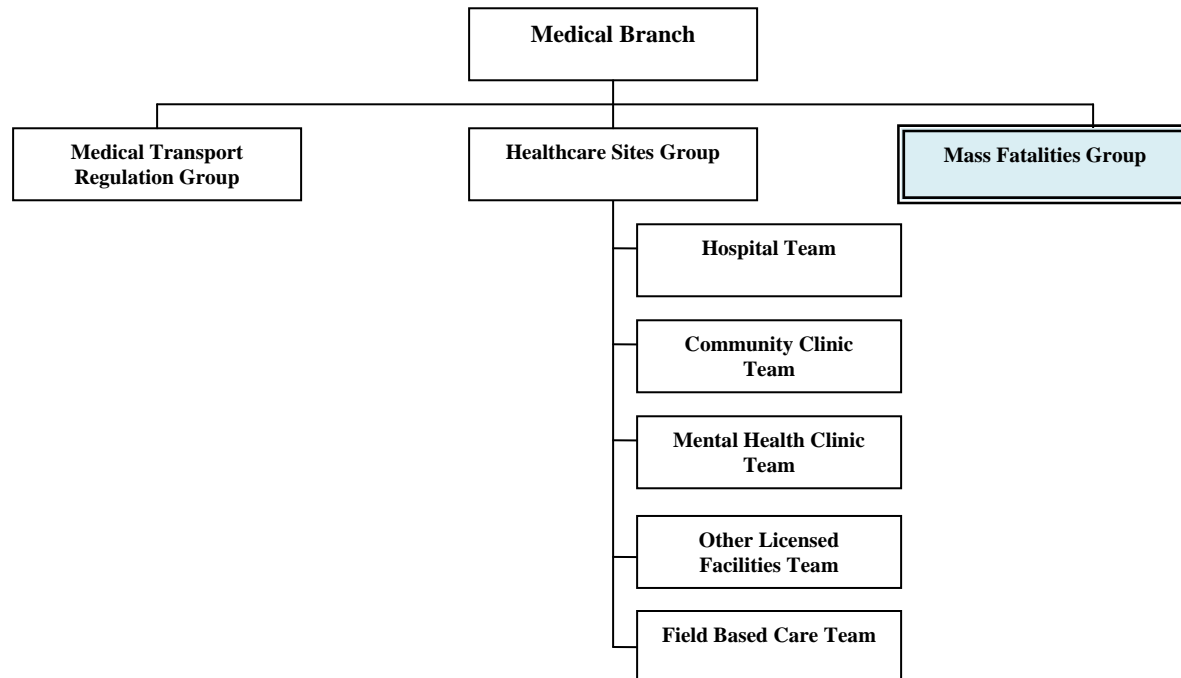
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

21. MASS FATALITIES GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Mass Fatalities Group is to provide public health and medical advice and support to the Medical Examiner concerning the presence of a communicable disease, hazardous material, or other hazard that may affect the work of the Medical Examiner in the care of human remains from a mass casualty incident. The Group objectives include:

- Review the Medical Examiner plans, procedures and protocols for the proper handling, storage and sanitary management of mass fatalities and provide medical feedback as appropriate.
- Assist in identifying and inspecting sites where bodies can be temporarily stored.
- Support the recovery and disposal of human remains in coordination with the EOC and/or Medical Examiner.

b. Methods

Medical advice: provide public health, medical, and infection control advice to the Medical Examiner.

Communication/Coordination between the Medical Examiner and Public Health: This may include data sharing regarding fatalities, requests for extra surveillance needs, etc.

C. IMPLEMENTATION

Activate the Mass Fatalities Group if an event results in, or is forecasted to result in, a large number of fatalities.

During this type of event the EOC would likely be activated and would assist in coordinating cooperation between the Medical Examiner and IDER DOC. The Mass Fatalities Group would assist hospital, clinic, alternate care site, and other medical site fatality coordination.

The Medical Examiner's Office, working in close coordination with the medical community, other government agencies, and the private sector, is in charge of responding to and recovering from IDE events in which large numbers of fatalities occur. The Medical Examiner serves as the lead agency for disposition of large numbers of deceased individuals.

The Medical Examiner's plan for handling large numbers of corpses (including potentially contaminated ones) includes a sliding scale of mutual aid from surrounding jurisdictions. The Medical Examiner will determine this need for assistance in coordination with the EOC.

Functions of the Mass Fatalities Group include:

- Review the Medical Examiner's plans, procedures and protocols for the proper handling, storage and sanitary management of mass fatalities and provide medical feedback as appropriate.
- Maintain situational awareness of the Medical Examiner ability to respond to mass fatalities from the IDE event
- In coordination with the Medical Branch Director and Operations Section Chief, ensure that the Policy Group and/or Incident Commander has approved all medical advice and recommendations provided to the Medical Examiner. If mass burials become necessary, ensure that DOC (in coordination and cooperation with the Medical Examiner declares a public health hazard and tracks burials

Further details about methods and functions of the Mass Fatalities Group are included in you're the San Francisco Mass Fatalities Plan.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	No. of Employees	Location
Mass Fatalities Group Supervisor	Oversee implementation of Group methods and strategies; Liaise with EOC and ME; provide medical advice to ME regarding plan for mass fatalities;	Medical Officer/Health Officer, Clinical and infectious disease experience	1	DOC
Mass Fatalities Group Member	Assist with implementation of Group methods and strategies			DOC

E. REPORTING

The Mass Fatalities Group Supervisor reports directly to the Medical Branch Director.

F. DELIVERABLES

The Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Branch

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

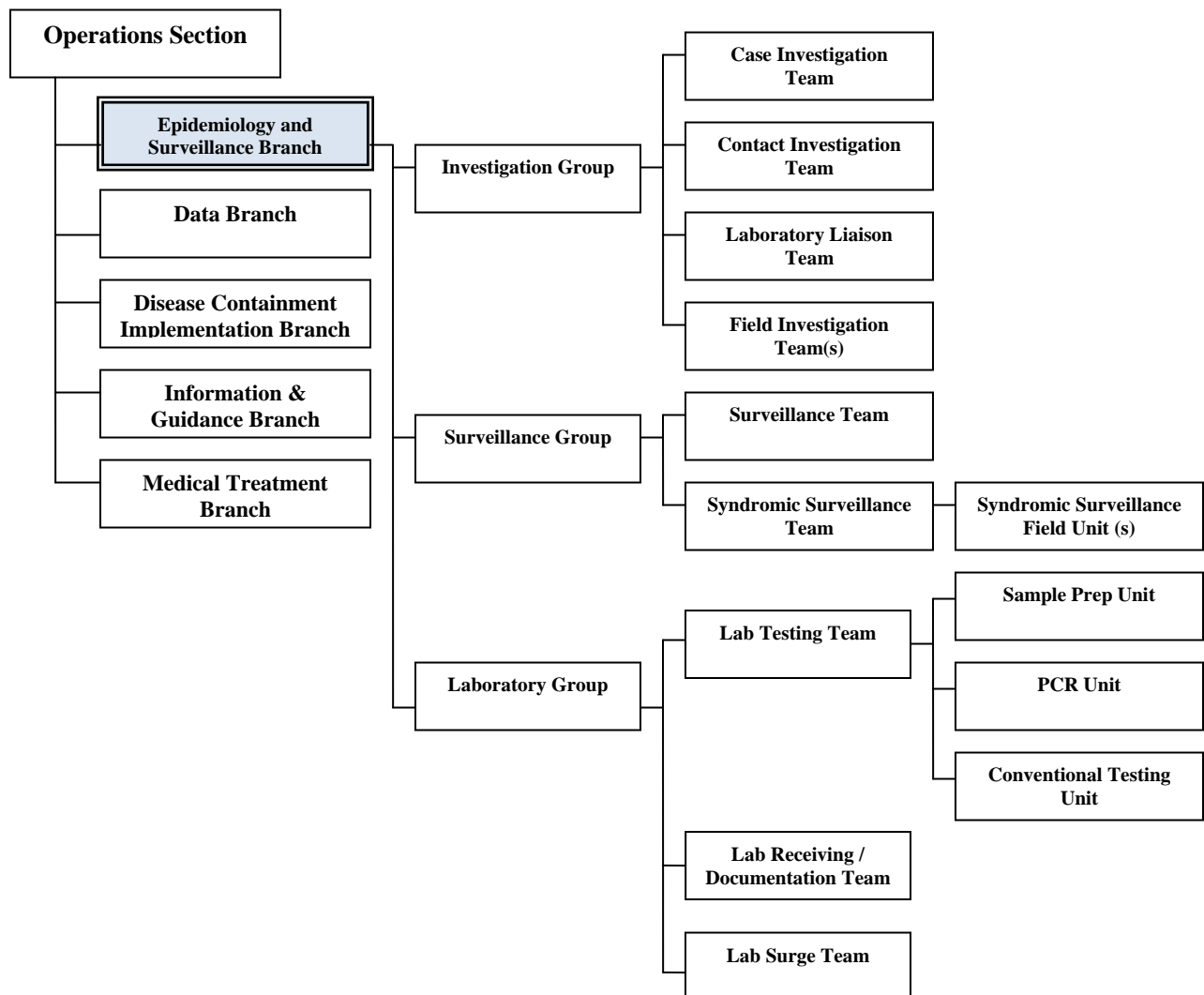
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

22. EPIDEMIOLOGY AND SURVEILLANCE BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Epidemiology and Surveillance Branch is to gather information about the infectious disease emergency. Branch objectives include:

- Determine appropriate epidemiology and surveillance strategies for the infectious disease emergency.
- Conduct surveillance.
- Conduct or facilitate laboratory testing.
- Conduct epidemiological investigations.
- Identify sources of disease and causes of disease spread.
- Monitor trends in the incidence and prevalence of disease to identify new or unrecognized exposures or risk factors.

- Describe the epidemiological and clinical features of an event.
- Report cases to the proper agencies.

b. Methods

Primary strategies for epidemiology and surveillance include:

Surveillance. Surveillance is the continuous analysis, interpretation, and dissemination of systematically collected data, generally using methods distinguished by their practicality, uniformity and rapidity rather than by accuracy or completeness. By observing trends in time, place, and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken.

Epidemiological Investigation. Epidemiological investigation uses epidemiology tools, including case investigation, contact investigation, and laboratory testing to establish person, place, and time associated with an event. Additional more labor-intensive epidemiological investigations include cohort and case-control studies.

Laboratory Testing. Testing of human, animal, and environmental specimens/samples can identify or confirm the identification of organisms responsible for an infectious disease emergency. Laboratory testing can also assist in determining the responsible organism's transmissibility, pathogenicity, and/or antibiotic susceptibility.

Consult the Epidemiology and Surveillance Branch modules in the following pages of the IDER plan for details regarding the above strategies.

See the Annexes for information on specific epidemiology and surveillance strategies as they relate to respiratory aerosol transmissible diseases, bioterrorism events, biological agent detections in the environment, and waterborne events.

C. IMPLEMENTATION

a. Epidemiology and Surveillance Branch

Activate the Epidemiology and Surveillance Branch for all IDER activations.

The Epidemiology and Surveillance Branch Director is responsible for completion of epidemiology and surveillance objectives.

Functions of the Epidemiology & Surveillance Branch

- Identify, communicate, and oversee strategies to accomplish objectives and design operational plans in accordance with the Incident Action Plan.
- Approve scope of surveillance strategies and investigation activities.
- Coordinate Surveillance Group, Laboratory Group, and Investigation Group activities.
- Ensure approval from the Incident Commander prior to sharing any de-identified laboratory data or information on suspected/confirmed cases or contacts outside the response.
- Review the case definition and submit to the Operations Section Chief.
- Determine whether to conduct a study, and if so, what type; inform the Operations Section Chief.
- Collaborate with Data Branch to interpret and summarize surveillance information for response and external stakeholders.
- Review any requested data from the Data Branch and provide interpretation and summary data for the response and external partners (in collaboration with Data Branch.)

- Ensure close coordination with Data Branch regarding data collection, summaries, analysis, and questionnaire development.
- Ensure close coordination with Disease Containment Branch, especially regarding any isolation and quarantine or restriction, exclusion and clearance.
- Ensure close coordination with Information & Guidance Branch, especially regarding case definitions, reporting and testing criteria, etc.
- Ensure close coordination with Medical Treatment Branch regarding reporting of cases and /or any coordination of health care systems data transfer.
- Assure coordination with other partners/agencies/modules providing epidemiological assistance.
- Coordinate training of epidemiology and surveillance staff.
- Order mobilization and demobilization of branch response elements to meet incident response needs.
- Prioritize and assign responsibilities according to objectives and plans.
- Communicate with the Operations Section Chief regularly.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Epidemiology and Surveillance Branch				
Job Title	Task Overview	Job Classification / Critical Skills	No. of Employees	Location
Epidemiology & Surveillance Branch Director	Supervise and manage Epidemiology & Surveillance Branch activities	2804, 2591, 2803, 2230; Supervisory experience; training and/or experience in epidemiological field investigations;	1	DOC
Epidemiology & Surveillance Branch Deputy	Assist Epi & Surveillance Branch Director; assume E&S Branch director position if necessary	2230, 2804, 2591; Supervisory experience; training and/or experience in epidemiological field investigations;		DOC
Administrative Assistant	Assist with administrative duties	1424, 1426; Knowledge of office methods and procedures.	1	DOC

E. REPORTING

The Epidemiology & Surveillance Branch reports directly to the Operations Section Chief. Following approval, incident specific information will be provided to other Operations Section Branch Directors.

F. DELIVERABLES

The Epidemiology and Surveillance Branch is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Documents assigned to Epidemiology and Surveillance Groups, Teams, and Units

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Epidemiology and Surveillance	Appendix I
CDHS Other Outbreak/Other Reportable Disease or Disease of Unusual Occurrence Report	Appendix I1
CDHS Confidential Morbidity Report	Appendix I2
Investigation	Appendix Ia
San Francisco Infectious Disease Joint Investigation MOU	Appendix Ia.1
Go Kits and EPI Go-Kits	Appendix Ia1
Overview of Go-Kits	Appendix Ia1.1
Computer Check-out Protocol	Appendix Ia1.2
Go-Kit Check out Protocol	Appendix Ia1.3
List of Go-Kit Supplies	Appendix Ia1.4
Instructions on Donning PPE	Appendix Ia1.5
Specimen Collection	Appendix Ia2
Specimen Collection and Handling During Transport	Appendix Ia2.1
Specimen Receiving Information	Appendix Ia2.2
Specimen Submittal Form	Appendix Ia2.3
CDHS VRDL Viral Specimen Submittal Form	Appendix Ia2.4
CDHS Norovirus Outbreak Specimen Submittal Form	Appendix Ia2.5
SFDPH Influenza Specimen Collection Instructions	Appendix Ia2.6
SFDPH Norovirus Specimen Collection Instructions	Appendix Ia2.7
SFDPH VZV Smallpox Specimen Collection Instructions	Appendix Ia2.8
Investigation Forms	Appendix Ia3
Anthrax (Human) Case Report Form, CDPH	Appendix Ia3.1
Avian Influenza Screening Form	Appendix Ia3.2
Avian Influenza Contact Monitoring Form	Appendix Ia3.3
Avian Influenza Case Report Form	Appendix Ia3.4
Bioterrorism Disease Specific Investigation Algorithms	Appendix Ia3.5
Botulism Case Report – Wound or Foodborne, CDPH	Appendix Ia3.6
Botulism Investigation Algorithm	Appendix Ia3.7
Brucellosis (Undulant Fever)/Q Fever/Tularemia Case Report Form (CDPH)	Appendix Ia3.8
Brucellosis Investigation Algorithm	Appendix Ia3.9
Cholera and other Vibrio Illness Surveillance Report	Appendix Ia3.10
E. Coli Case Report Form (CDPH)	Appendix Ia3.11
Plague Investigation Algorithm	Appendix Ia3.12
Plague Contact Surveillance Form	Appendix Ia3.13
Plague Individual Contact Surveillance Form	Appendix Ia3.14
SARS Case Report Form, CDC	Appendix Ia3.15
Smallpox Contact Management Algorithm	Appendix Ia3.16
Smallpox Contact Surveillance Form	Appendix Ia3.17
Smallpox Individual Contact Surveillance Form	Appendix Ia3.18
Tularemia Investigation Algorithm	Appendix Ia3.19
Unspecified Gastrointestinal Illness Case Investigation Form (CDPH)	Appendix Ia3.20
Unspecified Respiratory Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.21
Unspecified Neurologic Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.22
Unspecified Fever Rash Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.23
Viral Hemorrhagic Fevers (VHF) Contact Management Algorithm	Appendix Ia3.24
Viral Hemorrhagic Fevers (VHF) Contact Surveillance Form	Appendix Ia3.25
Viral Hemorrhagic Fevers (VHF) Individual Contact Surveillance Form	Appendix Ia3.26
Viral Hemorrhagic Fevers (VHF) Investigation Algorithm	Appendix Ia3.27

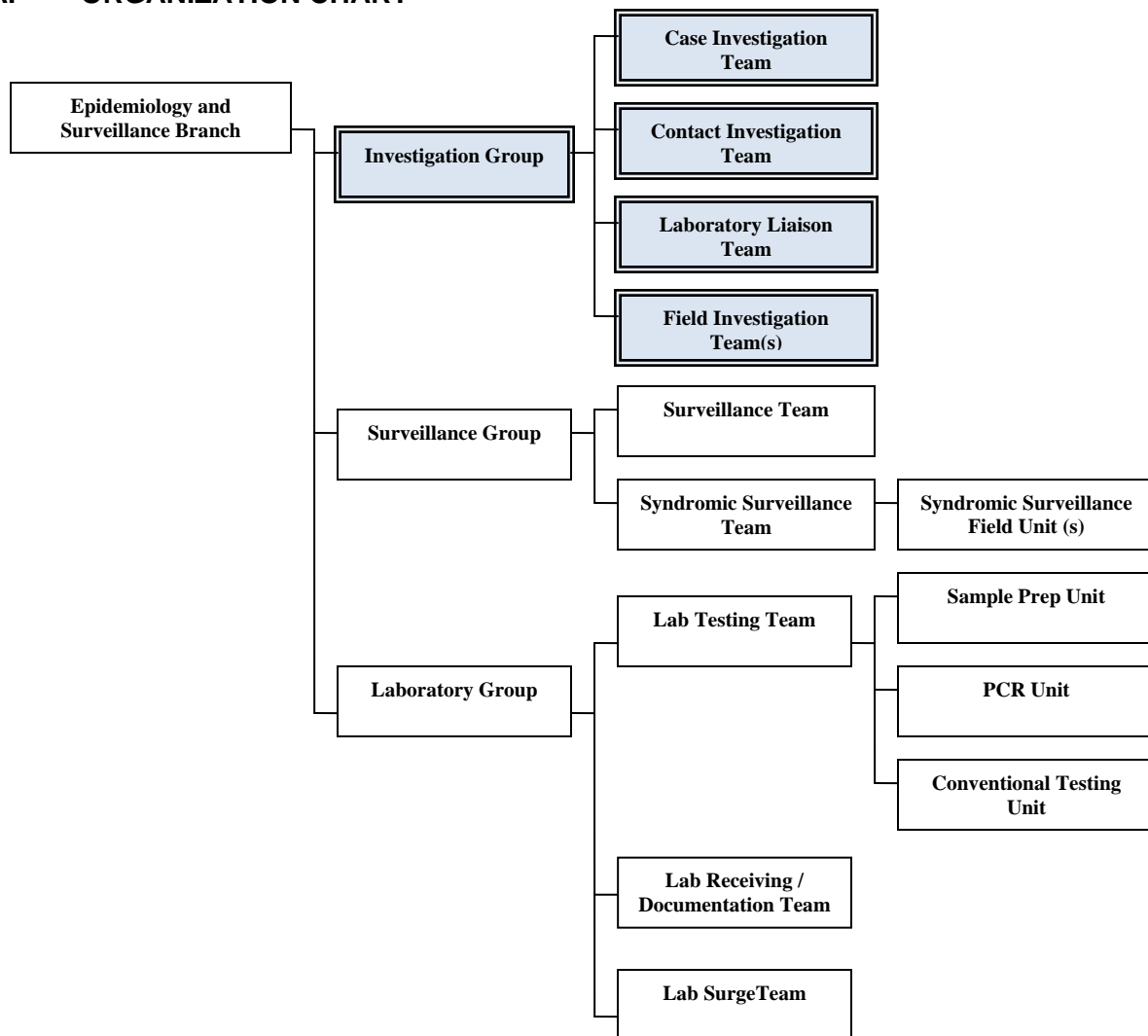
Waterborne Disease Outbreak Report (CDPH)	Appendix Ia3.28
Interview Guidance for a Criminal and Epidemiological Investigation	Appendix Ia3.29
Laboratory	Appendix Ic
Laboratory Submission Forms	Appendix Ic1
Laboratory Testing Protocols	Appendix Ic2
Laboratory Detection Capabilities (Rapid (PCR) or non-rapid method format)	Appendix Ic3
Protocol for Handling White Powders (as hazards to be tested and potential evidence)	Appendix Ic4
Chain of Custody Forms	Appendix Ic5
Lab Forwarding Procedure	Appendix Ic6
Lab Testing Surge Acceptors	Appendix Ic7
Lab Influenza Testing Capabilities and Supplies	Appendix Ic8
Lab Personnel for IDER	Appendix Ic9
MLAB Access Instructions	Appendix Ic10
Preventive Maintenance	Appendix Ic11
SFDPH Public Health Laboratory IDE Agent Identification Capabilities	Appendix Ic12
SFDPH Public Health Laboratory Capabilities	Appendix Ic13
Laboratory Guidance for a RAT Disease	Appendix Ic14
San Francisco Sentinel Labs Contact Information	Appendix Ic15
Biological Detection Monitors	Appendix Id
Incubation Period of BioWatch Agents	Appendix Id1
Local Profile of BioWatch Agents	Appendix Id2
BDS Exposure Criteria and Groups	Appendix Id3

b. Office and Communication Supplies

Item	No. Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

23. INVESTIGATION GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Investigation Group is to carry out case and contact investigations in order to determine the cause of disease, the source of disease, the mode of transmission, risk factors for disease, exposures and any other factors that may be associated with illness. The Group objectives include:

- Select appropriate investigation strategies for the response.
- Conduct case investigation and contact investigation.
- Collect information about suspected cases, possible contacts, disease characteristics, clinical characteristics, and possible disease exposures in a methodologically appropriate and efficient manner.
- Obtain, prioritize, and submit specimens for laboratory testing.
- Determine if epidemiologic study is needed, and if so, design and implement it with the assistance of the Data Branch.

b. Methods

The Investigation Group will use the following strategies depending on the disease, information needs, and resources associated with the emergency event:

Case investigation. Case investigation is used to identify cases of an infectious disease, evaluate cases for possible risk factors, identify exposures, assess case characteristics, provide approved recommendations to cases and/or their medical provider (or refer them to the Clinician Consultation Team), identify possible contacts to the case, collect, manage and/or track laboratory specimens, and/or provide recommendations to help interrupt the transmission of disease. Case investigation can be important throughout an event but is particularly important during the initial stages of an infectious disease emergency response. Investigations may be conducted over the telephone or in-person, depending on the nature of the outbreak and available resources. Go-kits are available for staff conducting field investigations.

Epidemiologic study. An epidemiologic study may be needed to understand and discover the source of disease, mode of transmission, exposures, and risk factors. For example, in an outbreak suspected to have originated from one source (“point source”) this may mean identifying a specific food item, activity, location, animal(s), or other exposure that was the source of infection. Study results and analysis enables responders to create targeted public health interventions to remove the source of disease.

Two commonly used epidemiological study types are cohort studies, in which the frequency of disease (or other outcome) is compared between exposed persons and unexposed persons, and case-control studies, in which the frequency of exposure is compared between those who are ill (or other outcome) and those who are well (or other outcome). Both study types can be prospective or retrospective, and both types involve surveying both ill and well persons. A cohort study may be used if the exposed population is readily defined. A case-control study may be used when the exposed population is not easily defined, when multiple exposures need to be examined, and/or when the disease occurrence is rare.

Contact investigation. Contact investigation is used to identify contacts to an infectious case, evaluate contacts for infection/disease, recommend strategies to treat and/or prevent infection/disease in the individual contact and/or interrupt the transmission of disease.

- Individual contact investigation may be more effective in controlling the spread of disease when there are low numbers of cases, when chemoprophylaxis or vaccination is available and can be promptly administered to the contact on initial investigation, and/or when no chemoprophylaxis is available but quarantine can be promptly implemented.
- Individual contact investigation may not be feasible or an effective use of scarce personnel resources when the prevalence/incidence of infection is high (e.g., pandemic influenza), when many transmission routes exist, when the contact tracing process is slower than the infection process (the incubation period is short, or the basic reproductive ratio is high or a combination of both), and/or when a disease has airborne transmission (e.g., smallpox).

Symptom monitoring (if Isolation & Quarantine is not activated.) Symptom monitoring involves monitoring either cases or contacts of a case for new signs and symptoms of disease. There are two types of monitoring: active and passive. During active monitoring, a healthcare or public health worker evaluates a case or contact on a regular basis by phone and/or in person for signs and symptoms suggestive of disease. During passive monitoring, a case or contact is asked to perform regular self-assessment and to contact the health department immediately if specific signs or symptoms develop. Choosing active versus passive monitoring will depend on available resources and the disease. To reduce workload in active symptom monitoring, consider conducting symptom checks once per day for low suspect cases.

Survey development. Questionnaires or survey forms will be needed for case investigations, contact investigations, epidemiologic studies and symptom monitoring. Many template surveys have been pre-developed; see Appendix I. Questionnaires and surveys can be administered via the telephone, in-person, or through a computer, depending on the population being targeted (cognitive skills, education level, access to a telephone or computer, etc) and available resources. Please note: many online tools have been created to help users create web-based surveys quickly and easily. Many of these cannot be used when collecting health information, because privacy of information cannot be ensured.

See Appendix I for case and contact investigation and management forms and protocols. See the Annexes for information on specific investigation strategies as they relate to respiratory aerosol transmissible diseases, bioterrorism events, biological agent detections in the environment and waterborne events.

C. IMPLEMENTATION

a. Investigation Group

Activate the Investigation Group when:

1. Case investigation is required, OR
2. Contact investigation is required, OR
3. An epidemiologic study is needed, OR
4. Symptom monitoring is needed (if Isolation & Quarantine is not activated.)

The Investigation Group will usually be activated at the beginning of a response.

The Investigation Group Supervisor will receive situational information from the Epidemiology and Surveillance Branch Director, including but not limited to, person, time, place, disease information, severity of illness (hospitalization and mortality), need for laboratory confirmation of diagnosis, and mode of transmission - particularly whether the disease is transmitted from person-to-person.

The Investigation Group will work with the Surveillance Group and Data Branch to develop the investigation strategy and forms, surveys, and questionnaires required for investigation.

Considerations for Conducting an Investigation

When a point source exposure is suspected

To generate a hypothesis about possible exposures:

- Review cases' residence, work addresses, and travel history for common location or exposure.
- During exploratory interviews, consider activities or sites where exposures may occur (e.g., health care settings, animal processing, animal fecal aerosolization, outdoor venues, community events, large social events).

To test a hypothesis about possible exposures:

- Conduct an analytic study to identify the source or vehicle of the pathogen to control or eliminate the source of disease to prevent further primary cases.
- Conduct an environmental study and/or collect environmental samples (request assistance from Environmental Health via the DOC). Feasibility depends on the persistence of the pathogen in the environment and the suspected setting/source. It may be useful to define the population at risk from the initial point source exposure.

When the disease is naturally-occurring and spread person-to-person

- Once the pathogen is characterized and the number of cases increase, case investigation and lab confirmation may not be necessary or can be scaled back (e.g., pandemic influenza – as the pandemic reaches mid to later stages).
- When widespread community transmission is occurring, contact investigation activities may be scaled back due to lack of resources (e.g., extensive smallpox, pneumonic plague, SARS).
- If surveillance suggests a change in clinical presentation (e.g., the fatality rate increases dramatically) or the epidemiology of disease (e.g., certain populations are more severely affected), then more thorough or different case investigation strategy may be necessary.

Functions of Investigation Group

- Determine the scope of investigation activities and which teams and units should be activated or deactivated.
- Decide if an epidemiologic study is needed; if needed, determine the study design and create the survey instruments in coordination with the Data Branch.
- Approve, monitor, evaluate, and modify Investigation Group products and processes.
- Coordinate Investigation Group activities with Surveillance Group Leader.

a.1. Case Investigation Team

The Case Investigation Team will be activated when:

1. Case investigation is required (case investigation may already be in process prior to activation); OR
2. An epidemiologic study is needed.

The main objective is to interview suspect cases or their proxies (e.g., family member, guardian) and healthcare personnel for case demographics, clinical information, exposure information, and contact identification.

Key steps for Case Investigation

1. Receive information from the Investigation Group Supervisor regarding the event, investigation strategy, and cases to interview.
2. Refine the case definition for investigation purposes.
3. Receive case information. A list of cases will initially be provided by the CDCP Communicable Disease Control Unit (which functions during normal operations). During the emergency response potential cases may be provided by the following modules (if activated):
 - The Surveillance Group may identify cases as they receive provider reports.
 - The Contact Investigation Team may identify symptomatic contacts or contacts that know of other suspect cases.
 - The Field Investigation Team(s) may identify cases through their possible activities: active surveillance, case investigation and contact investigation.
 - The Laboratory Liaison Team may identify new cases through laboratory test reports.
 - Unactivated health department disease control team members may receive case reports during their routine activities.
 - The Isolation and Quarantine Group may identify individuals in quarantine who develop symptoms.
 - The Mass Prophylaxis Group may identify cases during screening activities at the PODs.
4. Interview cases and fill out any forms, surveys, or questionnaires provided by the Investigation Group Supervisor or the Case Investigation Team Leader.
5. If potential contacts are identified during the investigation, forward information to the Contact Investigation Team.

6. If cases work in sensitive occupations or work/live in sensitive situations, forward information to the Restriction, Exclusion, and Clearance Group.
7. If cases should be isolated, forward information to the Isolation & Quarantine Group.
8. Provide all case data and forms to the Data Branch.
9. Create a paper-based line list and use paper forms for recording information during the first few operational periods until ICOMS has been equipped with a proper module.

Functions of Case Investigation Team

- Interview cases and complete CDC and CDPH Case Report Forms and submit to the Data Branch.
- Develop method, timeline, and protocols for contacting and interviewing cases.
- Identify possible contacts to cases if the disease is transmitted from person-to-person. Refer potential contacts to the Contact Investigation Team.
- Determine if suspected case meets current case definition.
- Educate cases about disease and disease control measures as appropriate.
- Transmit data to the Data Branch.
- Refer cases to the Isolation and Quarantine Group, the Restriction, Exclusion, and Clearance Group, or the Field Investigation Team(s), as appropriate.
- If a study is conducted, interview cases and controls using the survey(s) developed by the Investigation Group epidemiologist.

a.2. Contact Investigation Team

The Contact Investigation Team will be activated when:

1. The disease can be transmitted person-to-person, AND
2. Referral of contacts for treatment or prophylaxis is needed, OR
3. Symptom monitoring is needed.

The main objective is to identify and locate persons who may have been exposed to a case, which may result in monitoring for evidence of illness or referral for treatment or prophylaxis. Contact investigation activities include locating, notifying, and interviewing contacts and symptom monitoring (active and/or passive).

Choosing active versus passive monitoring and frequency of symptom monitoring (e.g., once/twice daily) will depend on available resources, disease progression and clinical characteristics.

When Contact Investigation is a Priority

- There are low numbers of cases, or
- Controlling the spread of novel (e.g., SARS) or re-emerging infections, or
- Chemoprophylaxis or vaccine is available (e.g., pneumonic plague, smallpox), or
- Ring vaccination is possible (Ring vaccination: the vaccination of all susceptible individuals in a prescribed area around an outbreak of an infectious disease. Ring vaccination controls an outbreak by vaccinating and monitoring a ring of people around each infected individual – used in the past to control smallpox outbreaks).

When Contact Investigation is Not a Priority

- The prevalence of infection in the population is high (e.g., pandemic influenza in the mid to later stages), or
- Disease occurs in high-risk groups with many possible transmission routes and a high incidence of infection, or

- The contact investigation process is slower than the infection process (the incubation period is short or the basic reproductive ratio is high or a combination of both), making it difficult to keep pace with disease transmission. Consider
 - Prioritizing contacts to be investigated and monitored, or
 - Contacting investigation a secondary activity, or
- Cases are infectious before they become symptomatic (e.g., influenza); however, note that contact investigation may be a priority when there are low numbers of cases.

Key steps for Contact Investigation

1. Receive information from the Investigation Group Supervisor regarding the event, investigation strategy, and contacts to interview.
2. Refine the contact definition for investigation purposes.
3. Receive contact information. A list of cases may initially be provided by the CDCP Communicable Disease Control Unit (which functions during normal operations). During the emergency response potential contacts may be provided by the following modules (if activated):
 - The Case Investigation Team will be the primary source contacts to investigate.
 - The Surveillance Group will identify cases and may also identify contacts as they receive provider reports.
 - The Field Investigation Team(s) may identify contacts through their possible activities: active surveillance, case investigation and contact investigation.
 - The Isolation and Quarantine Group may identify individuals who have come into contact with cases.
 - The Phone Bank may identify contacts through phone calls with the general public.
 - The Safety Officer may provide information about responders who have been in contact with cases.
4. Prioritize which contacts are investigated and monitored.
 - First priority should be on identifying:
 - Contacts that were exposed to the infectious disease event/cases; and
 - Contacts who are at highest risk for developing the infectious disease (disease morbidity/mortality is higher in certain groups of contacts, e.g., children, pregnant women, immunocompromised).
 - Other factors to help prioritize contacts include:
 - Whether the case was suspected or confirmed
 - Case symptom onset date and the infectious period
 - Type of contact/exposure
 - Length of exposure in hours
 - Dates of first and last exposure
5. Interview contacts and fill out any forms, surveys, or questionnaires provided by the Investigation Group Supervisor and/or the Contact Investigation Team Leader.
6. If potential cases are identified during the investigation, forward information to the Case Investigation Team.
7. If contacts work in sensitive occupations or work/live in sensitive situations, forward information to the Restriction, Exclusion, and Clearance Group.
8. If contacts should be quarantined, forward information to the Isolation & Quarantine Group.
9. Provide all contact data and forms to the Data Branch.
10. Create a paper-based line list and use paper forms for recording information during the first few operational periods until the Interpreted Case and Outbreak Management System (ICOMS) has been equipped with a proper module.

Functions of the Contact Investigation Team

- Develop method, time-line, and protocol for monitoring contacts (e.g., how frequently contacts are monitored, duration of contact surveillance). Reference, refine, or develop protocols.
- Identify and interview contacts.
- Conduct contact symptom monitoring. If contact is quarantined and the Isolation and Quarantine Group has been activated, then the Isolation and Quarantine Group will perform symptom monitoring.
- Educate contacts about symptoms and home care/infection control if appropriate.
- If appropriate refer contacts for post-exposure prophylaxis.
- Refer contacts to the Case Investigation Team, Field Investigation Team, the Isolation and Quarantine Group, or the Restriction, Exclusion and Clearance Group as appropriate.
- Refer ill contacts for medical care.
- Transmit data to the Data Branch.

a.3. Laboratory Liaison Team

Activate the Laboratory Liaison Team when confirmatory or diagnostic laboratory testing for human specimens is required.

The Laboratory Liaison Team facilitates specimen collection, forwarding of specimens from private laboratories, prioritizing specimens for testing, and coordinates with the Laboratory Group. Specimens will primarily be received from the Investigation Group modules and the Disease Containment Implementation Branch modules (Restriction, Exclusion, and Clearance Group, Isolation and Quarantine Group).

The following criteria may be used to establish prioritization of lab testing (priority is in descending order):

1. Specimens from symptomatic suspect cases
2. Isolation and quarantine specimens
3. Specimens from symptomatic contacts (for diseases that are person-to-person transmissible)
4. Restriction and clearance specimens
5. Specimens from asymptomatic contacts (for diseases that are person-to-person transmissible)

Other factors may influence the priority of specimen testing.

Functions of the Laboratory Liaison Team

- Coordinate with the Laboratory Group on specimen testing issues.
- Prioritize laboratory testing, balancing the needs of the various teams in the Investigation Group and groups in the Disease Containment Implementation Branch.
- Receive specimens from Investigation Group teams, groups in the Disease Containment Implementation Branch, or from private laboratories and transport to lab.
- Ensure that laboratory data is shared with the Data Branch.
- Provide laboratory testing results to appropriate modules.
- Work with the Logistics Section to request and prioritize needed courier services for specimen transport.

D. Field Investigation Team(s)

Activate the Field Investigation Team(s) when:

1. Active surveillance must be conducted in person, OR
2. Case and contact investigation cannot be conducted over the telephone, OR

3. Lab specimens must be obtained (e.g. blood collection, NP swab)

Numerous field teams can be deployed if needed. Their composition will depend on the event, staffing, and resource availability. When one or more Field Investigation Teams are deployed, a coordinating team should be activated at the DOC.

Functions of the Coordinating Field Investigation Team

- Receive requests and assignments from the Case Investigation Team, the Contact Investigation Team, and the Surveillance Group. Prioritize requests and make assignments to various field teams.
- Receive logistical requests from the Field Investigation Team and make requests through the Investigation Group Leader.
- Facilitate communication between the Field Investigation Team(s) and other team, units, or groups in the Operations Section, as necessary.
- Provide status update to the Investigation Group on all Field Investigation Teams.

Functions of the Field Investigation Team

- Conduct field-based case investigation under the guidance of the Case Investigation Team.
- Conduct contact investigation/tracing/management under the guidance of the Contact Investigation Team.
- Conduct active surveillance for cases in hospitals and other settings under the direction and guidance of the Surveillance Group.
- Investigate geographically-defined clusters of suspected/probable cases and suspected community transmission under the guidance of the Case Investigation Team.
- Establish a method for receiving rosters/linelists and transmitting data from the field to the Data Branch. Coordinate.
- Document and evaluate field-based case investigation and contact tracing/management.
- Document active surveillance activities for cases in hospitals and other clinical settings.
- Identify individual cases in sensitive occupations and situations and provide information to the Restriction, Exclusion, and Clearance Group and the Isolation and Quarantine Group.
- If new cases or contacts are identified, refer individuals to the Case Investigation Team or the Contact Investigation Team, as appropriate.
- Follow protocols for infection control and use of personal protective equipment (consult with Safety Officer if activated, or Information & Guidance Branch Infection Control/Occupational Health Group.)
- Provide updates to the Coordinating Field Investigation Team.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Investigation Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location

Investigation Group Supervisor	Manage and coordinate Investigation Group activities	2591, 2230, 2806, 2589, 2588. Supervisory or project coordination experience; experience and/or education in epidemiology field investigations	1	DOC
Investigational Epidemiologist	Assist Investigation Group Supervisor	2802, 2803; Epidemiologist; experience or education in study design; experience creating survey, forms, and questionnaires	1	DOC

Staff Position Roster: Case Investigation Team

Job Title	Task Overview	Job Classification / Critical Skills	No. of Employees	Location
Case Investigation Team Leader	Manage and coordinate Case Investigation Team activities	2588, 2589, 2806; Supervisory or project coordination experience; some experience or knowledge of epidemiological investigations	1	DOC
Case Investigator	Conduct case investigation	2587, 2806; Interviewer skills, particularly of a probing type of health/medical interview	1	DOC

Staff Position Roster: Contact Investigation Team

Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Contact Investigation Team Leader	Manage and coordinate Contact Investigation Team activities	2588, 2589, 2806; Supervisory or project coordination experience; some experience or knowledge of epidemiological investigations	1	DOC
Contact Investigator	Conduct contact investigation	2587, 2806 ; Interviewer skills for health/medical interview	1	DOC

Staff Position Roster: Laboratory Liaison Team

Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Laboratory Liaison Team Leader	Manage and coordinate Laboratory Liaison Team activities	2588, 2589, 2806; Ability to understand	1	DOC

		lab test results; familiarity with lab procedures; experience using MLAB.		
Laboratory Liaison Team Member	Liaises with laboratories	2587, 2806; Ability to understand lab test results; familiarity with lab procedures; experience using MLAB.		DOC

Staff Position Roster: Field Investigation Team(s)				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Coordinating Field Investigation Team Leader	Manage and coordinate Field Investigation Teams' activities	Supervisory or project coordination experience	1	DOC
Field Investigation Team Leader	Manage and coordinate Field Investigation Team activities	Supervisory or project coordination experience	1	DOC
Field Investigator	Conduct active surveillance and field case/contact investigation	Depends on function of the team; may need interviewer skills, particularly of a probing type of health/medical interview; experience conducting chart reviews; clinical skills for specimen collection	1	DOC

E. REPORTING

The Investigation Group reports directly to the Epidemiology and Surveillance Response Branch. Incident specific information will also be provided to the Surveillance Group, Data Branch, and Disease Containment Implementation Branch (Restriction, Exclusion, and Clearance Group and Isolation and Quarantine Group).

F. DELIVERABLES

The Investigation Group is responsible for producing the following:

- Investigation questionnaires/surveys/forms
- List of Referrals to Restriction, Exclusion, and Clearance Group and the Isolation and Quarantine Group.
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Epidemiology and Surveillance	Appendix I
CDHS Other Outbreak/Other Reportable Disease or Disease of Unusual Occurrence Report	Appendix I1
CDHS Confidential Morbidity Report	Appendix I2
Investigation	Appendix Ia
San Francisco Infectious Disease Joint Investigation MOU	Appendix Ia.1
Go Kits and EPI Go-Kits	Appendix Ia1
Overview of Go-Kits	Appendix Ia1.1
Computer Check-out Protocol	Appendix Ia1.2
Go-Kit Check out Protocol	Appendix Ia1.3
List of Go-Kit Supplies	Appendix Ia1.4
Instructions on Donning PPE	Appendix Ia1.5
Specimen Collection	Appendix Ia2
Specimen Collection and Handling During Transport	Appendix Ia2.1
Specimen Receiving Information	Appendix Ia2.2
Specimen Submittal Form	Appendix Ia2.3
CDHS VRDL Viral Specimen Submittal Form	Appendix Ia2.4
CDHS Norovirus Outbreak Specimen Submittal Form	Appendix Ia2.5
SFDPH Influenza Specimen Collection Instructions	Appendix Ia2.6
SFDPH Norovirus Specimen Collection Instructions	Appendix Ia2.7
SFDPH VZV Smallpox Specimen Collection Instructions	Appendix Ia2.8
Investigation Forms	Appendix Ia3
Anthrax (Human) Case Report Form, CDPH	Appendix Ia3.1
Avian Influenza Screening Form	Appendix Ia3.2
Avian Influenza Contact Monitoring Form	Appendix Ia3.3
Avian Influenza Case Report Form	Appendix Ia3.4
Bioterrorism Disease Specific Investigation Algorithms	Appendix Ia3.5
Botulism Case Report – Wound or Foodborne, CDPH	Appendix Ia3.6
Botulism Investigation Algorithm	Appendix Ia3.7
Brucellosis (Undulant Fever)/Q Fever/Tularemia Case Report Form (CDPH)	Appendix Ia3.8
Brucellosis Investigation Algorithm	Appendix Ia3.9
Cholera and other Vibrio Illness Surveillance Report	Appendix Ia3.10
E. Coli Case Report Form (CDPH)	Appendix Ia3.11
Plague Investigation Algorithm	Appendix Ia3.12
Plague Contact Surveillance Form	Appendix Ia3.13
Plague Individual Contact Surveillance Form	Appendix Ia3.14
SARS Case Report Form, CDC	Appendix Ia3.15
Smallpox Contact Management Algorithm	Appendix Ia3.16
Smallpox Contact Surveillance Form	Appendix Ia3.17
Smallpox Individual Contact Surveillance Form	Appendix Ia3.18
Tularemia Investigation Algorithm	Appendix Ia3.19
Unspecified Gastrointestinal Illness Case Investigation Form (CDPH)	Appendix Ia3.20
Unspecified Respiratory Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.21
Unspecified Neurologic Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.22
Unspecified Fever Rash Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.23
Viral Hemorrhagic Fevers (VHF) Contact Management Algorithm	Appendix Ia3.24
Viral Hemorrhagic Fevers (VHF) Contact Surveillance Form	Appendix Ia3.25
Viral Hemorrhagic Fevers (VHF) Individual Contact Surveillance Form	Appendix Ia3.26
Viral Hemorrhagic Fevers (VHF) Investigation Algorithm	Appendix Ia3.27
Waterborne Disease Outbreak Report (CDPH)	Appendix Ia3.28

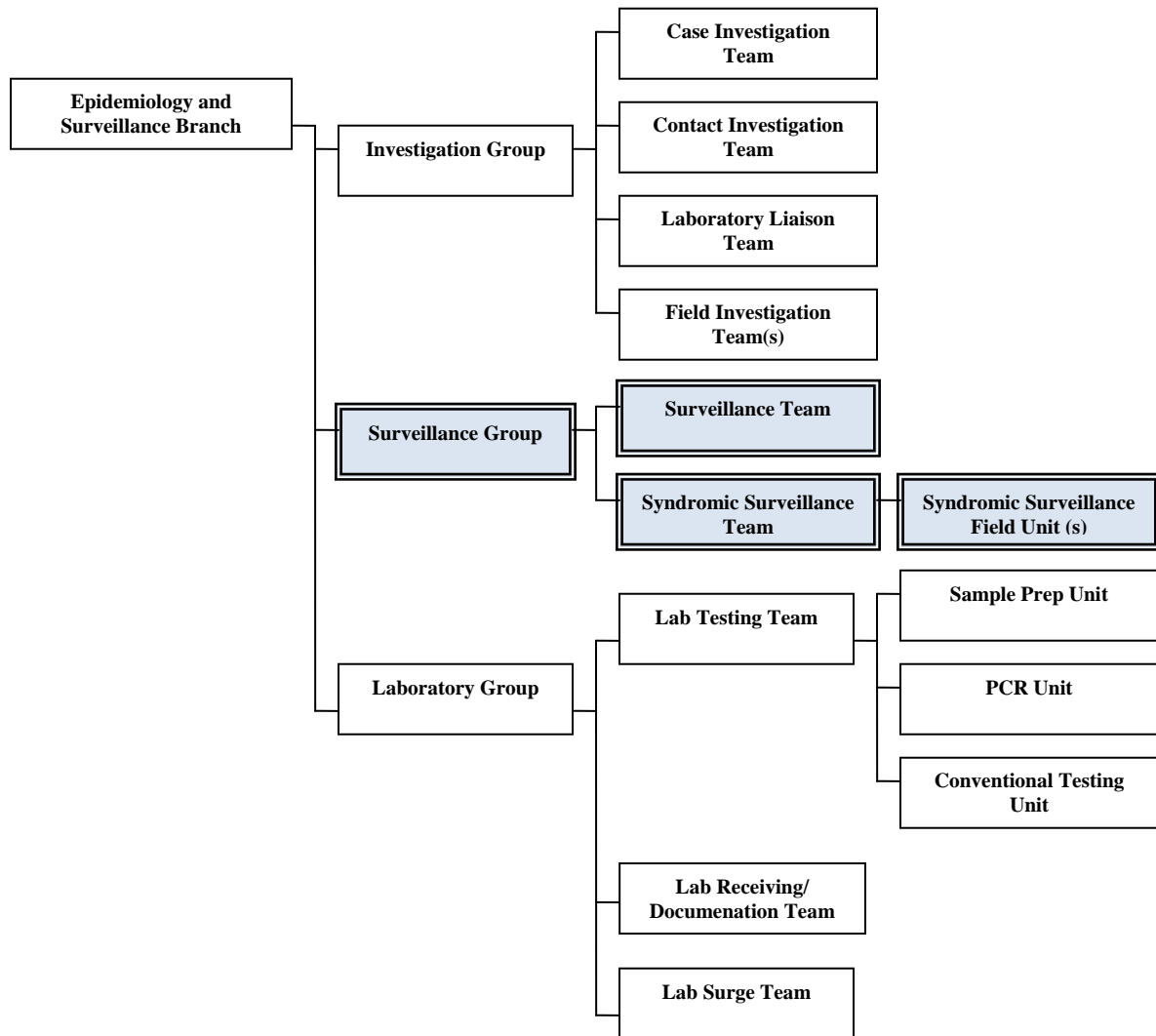
Interview Guidance for a Criminal and Epidemiological Investigation	Appendix Ia3.29
Laboratory	Appendix Ic
Laboratory Submission Forms	Appendix Ic1
Laboratory Testing Protocols	Appendix Ic2
Laboratory Detection Capabilities (Rapid (PCR) or non-rapid method format)	Appendix Ic3
Protocol for Handling White Powders (as hazards to be tested and potential evidence)	Appendix Ic4
Chain of Custody Forms	Appendix Ic5
Lab Forwarding Procedure	Appendix Ic6
Lab Testing Surge Acceptors	Appendix Ic7
Lab Influenza Testing Capabilities and Supplies	Appendix Ic8
Lab Personnel for IDER	Appendix Ic9
MLAB Access Instructions	Appendix Ic10
Preventive Maintenance	Appendix Ic11
SFDPH Public Health Laboratory IDE Agent Identification Capabilities	Appendix Ic12
SFDPH Public Health Laboratory Capabilities	Appendix Ic13
Laboratory Guidance for a RAT Disease	Appendix Ic14
San Francisco Sentinel Labs Contact Information	Appendix Ic15
Biological Detection Monitors	Appendix Id
Incubation Period of BioWatch Agents	Appendix Id1
Local Profile of BioWatch Agents	Appendix Id2
BDS Exposure Criteria and Groups	Appendix Id3

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1+	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access, statistical software (1 per position in Syndromic Surveillance Data Unit)	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager (1 per leader/supervisor, 1 per field unit)	1+	Logistics
Copy machine access	1	Logistics
Laptops (1 per Field Team)	1+	Logistics

24. SURVEILLANCE GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Surveillance Group is to identify, as rapidly as possible, cases and clusters of the infectious disease. The Group objectives are to:

- Develop, refine, and disseminate case definitions.
- Develop a case-finding strategy.
- Verify the accuracy and completeness of surveillance data.
- Identify cases for further detailed investigation by the Investigation Group.
- In selected situations, conduct syndromic surveillance to detect additional potential disease outbreaks occurring concurrently.

b. Methods

Depending on the disease, information needs, and/or resources the Surveillance Group may use the following methods to achieve objectives:

Passive surveillance. Passive surveillance is the collection of data from existing unsolicited reports of the diseases(s). This data may be received from the San Francisco clinician community, San Francisco hospitals and laboratories serving San Francisco medical facilities. This data is used to identify cases and to determine the magnitude of the outbreak.

Enhanced passive surveillance. Enhanced passive surveillance employs a mix of active techniques in addition to the passive surveillance described above, for example, sending a health alert that highlights a specific disease or syndrome to clinical providers. This would stimulate clinician and/or laboratory reporting.

Active surveillance. Active surveillance involves actively finding cases of the disease; for example, calling medical facilities (e.g., laboratories or emergency departments) or sending field teams to hospitals to extract information from hospital records.

Surveillance of Healthcare Workers. Surveillance to detect exposure or infection in healthcare workers so that they can be separated from uninfected patients to prevent further transmission of disease.

Syndromic surveillance. Syndromic surveillance is the collection and analysis of non-specific data from multiple data sources to detect a possible change or trend in the health of a population. Traditionally, syndromic surveillance has referred to the collection and analysis of syndrome-related data, but has expanded to include almost any non-specific data from multiple sources that may indicate a potential biologic event has occurred. Syndromic surveillance data sources may include: data from hospital emergency departments or other emergency encounters, physician office visits, over-the-counter pharmaceutical sales, and school absenteeism records. Currently DPH does not regularly conduct syndromic surveillance; any such system would need to be designed and built during a response should it be necessary to complement other surveillance activities. Through the federal BioSense program, DPH also has access to syndromic data from Veteran's Administration and Department of Defense clinics and test order data from a large reference laboratory. While this data is not representative of the San Francisco population, it is available for use to complement other data sources.

See the Annexes for information on specific surveillance strategies to be used with respiratory aerosol transmissible diseases, bioterrorism events, biological agent detection in the environment, and waterborne events.

C. IMPLEMENTATION

a. Surveillance Group

The Surveillance Group should be activated at the beginning of a response.

The Surveillance Group consists of the Surveillance Team and the Syndromic Surveillance Team and will be activated as needed.

The Surveillance Group Supervisor will receive situational information from the Epidemiology and Surveillance Branch Director, including but not limited to, person, time, place, disease information, severity of illness (hospitalization and mortality), and need for laboratory confirmation of diagnosis.

Key steps for Surveillance

1. Refine the case definition for surveillance needs:
 - When the disease is known see existing disease specific case definitions. When pathogen or disease is unknown (e.g., an emerging disease) or laboratory testing is not readily available (e.g., SARS), the case definition should be based on the clinical presentation.
 - If a point source outbreak is suspected, the exposure and symptom onset should be a part of the case definition (this is less likely for a respiratory aerosol transmissible disease, but would more likely occur during a bioterrorism event).
 - When the prevalence of disease is low, a more specific case definition should be used (e.g., incorporating laboratory confirmation).
2. Develop a surveillance strategy. Possible surveillance strategies include:
 - **Enhanced Passive Disease Surveillance.** Enhanced passive surveillance will be conducted in most infectious disease emergencies. The primary approach used will be for the Communicable Disease Information Branch to send out a Health Alert, requesting San Francisco providers to report suspected cases. The Surveillance Team will be responsible for receiving provider reports.
 - **Active Disease Surveillance.** Active surveillance will be used (with assistance from the Investigation Group) when it is critical to identify as many cases as possible, for short-term intensive investigation, as part of an analytic study, and when failure to detect a case could result in severe morbidity or mortality. Potential reporting sources include San Francisco General Hospital Active Surveillance System, emergency room department data, hospital admission data, and sentinel outpatient care providers. Consider deploying teams to conduct surveillance when surveillance can not be adequately performed through other means of communication. The Surveillance Team will normally be responsible for conducting surveillance, unless it is necessary to send field teams on-site to the reporting source. If field investigation is required, the Surveillance Group should request assistance from the Investigation Group
 - **Active Death Surveillance.** To capture as many cases as possible, consider conducting active surveillance (with assistance from the Investigation Group) for deaths related to the infectious disease (as defined by the case definition) and/or deaths due to unknown causes when relatively few cases have been identified. Potential reporting sources include San Francisco Division of Vital Statistics and the San Francisco Office of the Chief Medical Examiner.
 - **Aggregate or Batch Surveillance.** Use aggregate surveillance to monitor the impact on the health care system and community. Consider using if a naturally-occurring disease is widespread in the community (e.g., pandemic influenza). Potential reporting sources include hospitals, largest providers of outpatient care, major triage points (for example, emergency room department logs), and/or schools. Potential information to collect includes demographics (age and sex), admitting or preliminary diagnosis, and number of deaths. Reporting sources will need help determining methods for de-duplicating numbers. Consider deploying teams to conduct active aggregate surveillance when this can not be adequately performed. The Surveillance Team will normally be responsible for conducting surveillance, unless it is necessary to send on-site to the reporting source. If field investigation is required, the Surveillance Group should request assistance from the Investigation Group.
 - **Non-traditional Surveillance.** Additional non-healthcare setting surveillance may be considered if the healthcare system is overwhelmed and cases are potentially cared for outside traditional healthcare settings and in homes.
3. If field surveillance is required to conduct the surveillance strategy, request assistance from the Investigation Group.
4. Work with the Investigation Group and Data Branch to develop the surveillance and investigation strategies and required forms, surveys, and questionnaires. Provide guidance to teams regarding the use of these documents.

5. Ensure that identified cases, contacts, and surveillance data is shared with the Investigation Group and Data Branch. Identified data and information collected, and received will be used only for public health purposes and will be kept confidential to the extent provided by law.

Functions of the Surveillance Group:

- Determine which surveillance strategies (e.g., passive surveillance, active surveillance, or syndromic surveillance) are used and recommend to the Branch director for approval.
- Determine which component teams and units should be activated or deactivated.
- Monitor, evaluate, and modify Surveillance Group products and processes.
- Notify the Branch Director as syndromic surveillance investigation yields new information (e.g., an outbreak previously undetected),.
- Create case definition in coordination with the Investigation Group.

a.1. Surveillance Team

The Surveillance Team will be activated when:

1. Detection of cases of the disease is needed, OR
2. Monitoring the magnitude of the outbreak is needed.

Passive surveillance, routinely performed for Title 17 reportable diseases, is addressed in the Continuity of Operations Branch.

Key steps for Implementing Surveillance

1. Receive information from the Surveillance Group Supervisor regarding the event and surveillance strategy.
2. Carry out the surveillance strategy and fill out any forms, surveys, or questionnaires provided by the Surveillance Group Supervisor.
3. Forward potential case and contact information to the Investigation Group.
4. Provide all surveillance data and forms to the Data Branch.

Functions of the Surveillance Team

- Ensure case determination is consistent; monitor flow of data.
- Provide regular reports to the Surveillance Group Leader.
- Receive passive reports of suspected/probable/confirmed cases from providers and laboratories.
- Receive passive reports of suspected/probable cases from other activated modules (e.g., Disease Containment Implementation Branch, Phone Bank).
- Determine who may meet case criteria; send reports to the Investigation Group and the Data Branch. (The Surveillance Team is not responsible for completing the case report forms or any additional interview forms; this is the purview of the Case Investigation Team.)
- Identify when investigation assistance is needed to conduct active case finding.
- Provide technical guidance to the Investigation Group performing active surveillance (e.g., create screening questions/forms).
- Report surveillance data to the Data Branch.

a.2. Syndromic Surveillance Team

Consider activating the Syndromic Surveillance Team when a bioterrorist event is suspected or confirmed.

Refer to the Bioterrorism Event Annex for operational details. Syndromic Surveillance Team activities include syndromic surveillance data collection, data management, and field investigation. The Syndromic Surveillance Team consists of the Syndromic Surveillance Field Unit(s).

Functions of the Syndromic Surveillance Team

- Define syndromic surveillance objectives and determine the scope of data collection necessary to achieve the objectives.
- Approve data analysis plan created with the Data Branch.
- Approve statistical aberration alert thresholds developed by the Data Branch.
- Develop plans for investigation of statistical aberrations. If data analysis is required, coordinate with the Data Branch.
- Monitor progress and findings of statistical aberration alert investigations and report regularly.
- Alert the Surveillance Group Supervisor of syndromic aberrations and provide updates on the investigation as often as necessary.

a.2.1. Syndromic Surveillance Field Unit(s)

Consider activating the Syndromic Surveillance Field Unit(s) when:

1. Active collection of syndromic surveillance data is needed, AND
2. Sites are unable to automatically transmit electronic files.

The Syndromic Surveillance Field Unit(s) will investigate syndromic surveillance alerts through review of clinical records at health care facilities and interviews of clinicians and patients. The number of field units deployed will be scaled according to the incident needs and available resources. Each Syndromic Surveillance Field Unit has a leader who will report to the Syndromic Surveillance Team Leader, who manages the deployment of Syndromic Surveillance Field Units.

Functions of the Syndromic Surveillance Field Unit

- Collect syndromic surveillance data from clinical sites and transmit it to the Data Branch.
- Conduct follow-up investigations of statistical aberration alerts per protocols developed by the Syndromic Surveillance Data Unit.
- Facilitate data collection processes at clinical sites and provide the Data Branch with information about data limitations.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Surveillance Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Surveillance Group Supervisor	Coordinates and manages Surveillance Group and unit and Teams. Decides on surveillance strategy	2589, 2591, 2802, 2803, 2806. Supervisory or project coordinator experience; familiarity with surveillance	1	DOC
Surveillance Epidemiologist	Assists Surveillance Group Leader; serves as epidemiological resource within the group	2802, 2803; Epidemiological or biostatistical skills; experience setting up		DOC

		surveillance systems		
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Staff Position Roster: Surveillance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Surveillance Team Leader	Coordinates and manages Surveillance Team and active surveillance activities	2587, 2588, 2806, 2589; Supervisory/project coordinator experience; Surveillance experience	1	DOC
Surveillance Team Member	Conducts passive and active surveillance activities	2587, 2802, 2806; Familiarity with surveillance		DOC

Staff Position Roster: Syndromic Surveillance Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Syndromic Surveillance Team Leader	Coordinates and manages the Syndromic Surveillance Group	2589, 2591, 2802, 2803; Experience conducting syndromic surveillance and/or syndromic surveillance data analysis; supervisory or project coordinator experience	1	DOC
Syndromic Surveillance Field Unit Leader	Coordinates and manages Syndromic Surveillance Field Unit activities	2588, 2589, 2591, 2806; Education or experience conducting syndromic surveillance; supervisory or project coordinator experience		Field
Syndromic Surveillance Field Unit Epidemiologist	Collects syndromic surveillance data	Experience collecting surveillance or epidemiological data; experience extracting data from medical charts		Field

E. REPORTING

The Surveillance Group reports directly to the Epidemiology and Surveillance Branch Director. Incident specific information will be provided to the Investigation Group and the Data Branch.

F. DELIVERABLES

The Surveillance Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Surveillance case definition
- Surveillance case report forms
- Chart abstraction forms (if necessary)

- Active surveillance protocols/guidance documents
- Syndromic Surveillance data analysis plan (produced with the Data Branch)
- Syndromic surveillance data collection tools and investigation protocols (produced with the Data Branch)
- Syndromic surveillance alert thresholds (produced with the Data Branch)
- Syndromic surveillance data analysis report (produced with the Data Branch)

G. RESOURCES

The following resources will be required to perform minimum response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Epidemiology and Surveillance	Appendix I
CDHS Other Outbreak/Other Reportable Disease or Disease of Unusual Occurrence Report	Appendix I1
CDHS Confidential Morbidity Report	Appendix I2
Investigation	Appendix Ia
San Francisco Infectious Disease Joint Investigation MOU	Appendix Ia.1
Go Kits and EPI Go-Kits	Appendix Ia1
Overview of Go-Kits	Appendix Ia1.1
Computer Check-out Protocol	Appendix Ia1.2
Go-Kit Check out Protocol	Appendix Ia1.3
List of Go-Kit Supplies	Appendix Ia1.4
Instructions on Donning PPE	Appendix Ia1.5
Specimen Collection	Appendix Ia2
Specimen Collection and Handling During Transport	Appendix Ia2.1
Specimen Receiving Information	Appendix Ia2.2
Specimen Submittal Form	Appendix Ia2.3
CDHS VRDL Viral Specimen Submittal Form	Appendix Ia2.4
CDHS Norovirus Outbreak Specimen Submittal Form	Appendix Ia2.5
SFDPH Influenza Specimen Collection Instructions	Appendix Ia2.6
SFDPH Norovirus Specimen Collection Instructions	Appendix Ia2.7
SFDPH VZV Smallpox Specimen Collection Instructions	Appendix Ia2.8
Investigation Forms	Appendix Ia3
Anthrax (Human) Case Report Form, CDPH	Appendix Ia3.1
Avian Influenza Screening Form	Appendix Ia3.2
Avian Influenza Contact Monitoring Form	Appendix Ia3.3
Avian Influenza Case Report Form	Appendix Ia3.4
Bioterrorism Disease Specific Investigation Algorithms	Appendix Ia3.5
Botulism Case Report – Wound or Foodborne, CDPH	Appendix Ia3.6
Botulism Investigation Algorithm	Appendix Ia3.7
Brucellosis (Undulant Fever)/Q Fever/Tularemia Case Report Form (CDPH)	Appendix Ia3.8
Brucellosis Investigation Algorithm	Appendix Ia3.9
Cholera and other Vibrio Illness Surveillance Report	Appendix Ia3.10
E. Coli Case Report Form (CDPH)	Appendix Ia3.11
Plague Investigation Algorithm	Appendix Ia3.12
Plague Contact Surveillance Form	Appendix Ia3.13
Plague Individual Contact Surveillance Form	Appendix Ia3.14
SARS Case Report Form, CDC	Appendix Ia3.15

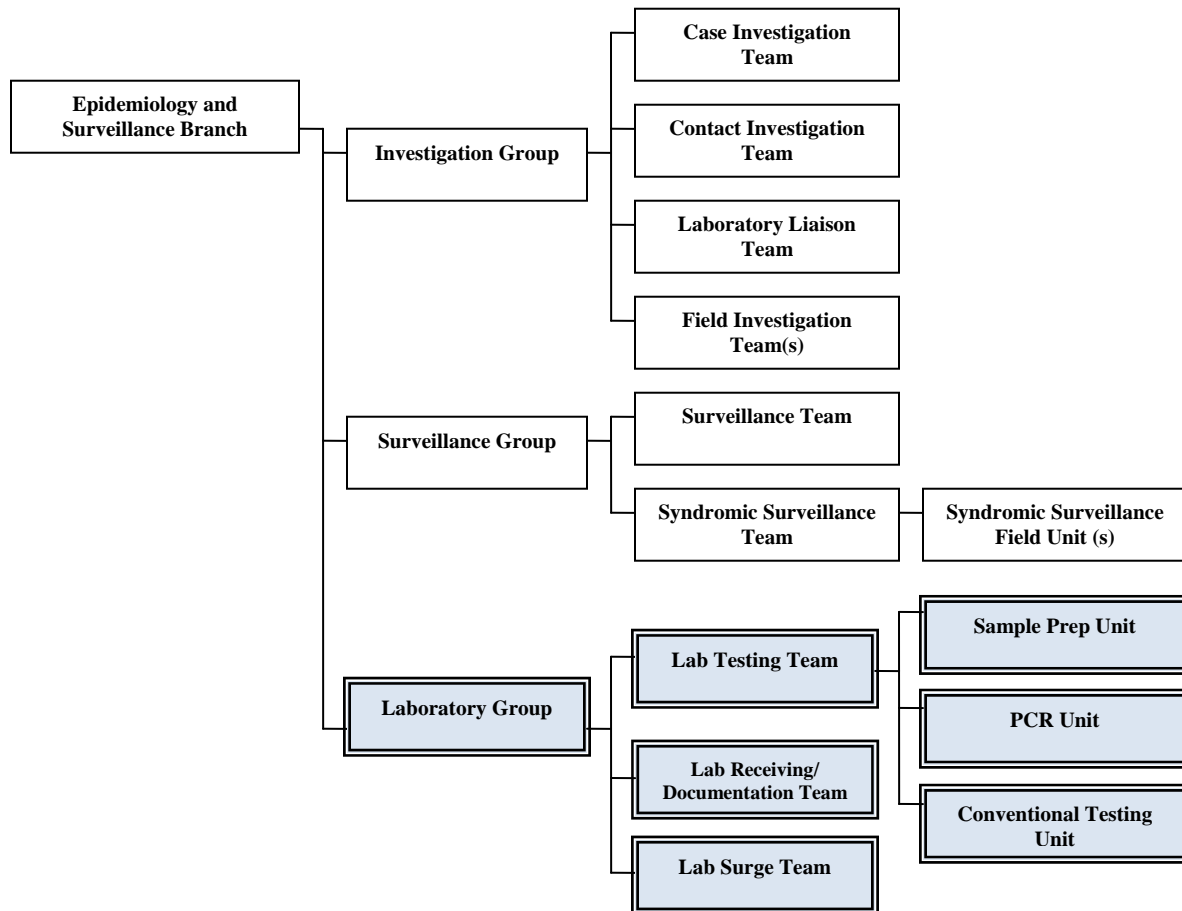
Smallpox Contact Management Algorithm	Appendix Ia3.16
Smallpox Contact Surveillance Form	Appendix Ia3.17
Smallpox Individual Contact Surveillance Form	Appendix Ia3.18
Tularemia Investigation Algorithm	Appendix Ia3.19
Unspecified Gastrointestinal Illness Case Investigation Form (CDPH)	Appendix Ia3.20
Unspecified Respiratory Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.21
Unspecified Neurologic Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.22
Unspecified Fever Rash Illness Outbreak Case Investigation Form (CDPH)	Appendix Ia3.23
Viral Hemorrhagic Fevers (VHF) Contact Management Algorithm	Appendix Ia3.24
Viral Hemorrhagic Fevers (VHF) Contact Surveillance Form	Appendix Ia3.25
Viral Hemorrhagic Fevers (VHF) Individual Contact Surveillance Form	Appendix Ia3.26
Viral Hemorrhagic Fevers (VHF) Investigation Algorithm	Appendix Ia3.27
Waterborne Disease Outbreak Report (CDPH)	Appendix Ia3.28
Interview Guidance for a Criminal and Epidemiological Investigation	Appendix Ia3.29
Laboratory	Appendix Ic
Laboratory Submission Forms	Appendix Ic1
Laboratory Testing Protocols	Appendix Ic2
Laboratory Detection Capabilities (Rapid (PCR) or non-rapid method format)	Appendix Ic3
Protocol for Handling White Powders (as hazards to be tested and potential evidence)	Appendix Ic4
Chain of Custody Forms	Appendix Ic5
Lab Forwarding Procedure	Appendix Ic6
Lab Testing Surge Acceptors	Appendix Ic7
Lab Influenza Testing Capabilities and Supplies	Appendix Ic8
Lab Personnel for IDER	Appendix Ic9
MLAB Access Instructions	Appendix Ic10
Preventive Maintenance	Appendix Ic11
SFDPH Public Health Laboratory IDE Agent Identification Capabilities	Appendix Ic12
SFDPH Public Health Laboratory Capabilities	Appendix Ic13
Laboratory Guidance for a RAT Disease	Appendix Ic14
San Francisco Sentinel Labs Contact Information	Appendix Ic15
Biological Detection Monitors	Appendix Id
Incubation Period of BioWatch Agents	Appendix Id1
Local Profile of BioWatch Agents	Appendix Id2
BDS Exposure Criteria and Groups	Appendix Id3

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone (1 per Surveillance Unit position, per leader/supervisor position)	1+	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access, statistical software (1 per position in Syndromic Surveillance Data Unit)	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager (1 per Syndromic Surveillance Field Unit)	1+	Logistics
Copy machine access	1	Logistics
Laptops (1 per position in Syndromic Surveillance Field Unit)	1+	

25. LABORATORY GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Laboratory Group is to provide testing of human, animal, and environmental specimens/samples to aid in the identification of organisms responsible for an infectious disease emergency. The lab can also assist in determining the responsible organism's transmissibility, pathogenicity, and/or antibiotic susceptibility. The Group objectives include:

- Provide technical consultation and guidance on appropriate specimens and lab testing.
- Provide technical consultation and guidance on potential hazards (e.g. transmissibility, pathogenicity) and specimen collection tools for responders, clinicians, and other sentinel clinical laboratories.
- Perform laboratory-based analysis of specimens to detect infectious disease agents.
- Manage and report on laboratory test results from the San Francisco Public Health Lab and other reference or surge capacity labs.
- Coordinate testing at other sites.
- Handle and/or store specimens prior to transport to alternative testing sites.

b. Methods

The Laboratory Branch will use the following methods to achieve objectives:

PCR (Polymerase Chain Reaction). PCR is a molecular biology technique for enzymatically replicating nucleic acids (DNA/RNA) without using a living organism. The technique allows a small amount of the DNA or RNA molecules to be amplified exponentially which can enhance speed and sensitivity of laboratory analysis. PCR is commonly used in medical and biological research labs for a variety of tasks, such as the detection of hereditary diseases, the identification of genetic fingerprints, the identification of an infectious disease, paternity testing, and the cloning of genes. PCR is typically preceded by purification of nucleic acid from specimens to be tested. PCR can be accomplished on up to 30 specimens within a 3-6 hour timeframe.

Conventional Testing. Conventional testing comprises serologic techniques (the detection of antibodies to infectious agents), antigen detection methods, culture techniques and biochemical testing. These testing methodologies, used individually or in consort with one another serve to detect and speciate many infectious agents. While serologic and antigen testing can be accomplished in a matter of hours, culture techniques often take at least 24 hours, with 24-72 hours being the norm for definitive results.

Laboratory Response Network (LRN). The LRN is an integrated state, national and international network of laboratories that are fully equipped to respond quickly to acts of chemical or biological terrorism, emerging infectious diseases, and other public health threats and emergencies. The LRN, accessible via the internet, provides protocols for the detection of various infectious organisms and can arrange to test samples sent to them.

Local Lab Network for Expanded Testing. The laboratory has established relationships with other laboratories within the region. Such alliances allow the San Francisco Public Health Laboratory to obtain support in the form of reagents, expertise or acceptance of surge specimens (specimens that cannot be tested at the San Francisco Public Health Laboratory due to insufficient lab capacity).

C. IMPLEMENTATION

a. Laboratory Group

The Laboratory Group should be activated when there is a public health emergency suspected to be caused by an infectious organism and:

1. It is necessary to test specimens at the San Francisco Department of Public Health Laboratory, OR
2. It is necessary to facilitate testing at other laboratories, OR
3. It is necessary to provide guidance on specimen collection and/or laboratory testing.

The Laboratory Group is composed of the Laboratory Receiving/Documentation Team, Laboratory Testing Team, and the Laboratory Surge Team which are responsible for testing or facilitating testing of specimens occurring from the emergency event. This may involve the performance of laboratory testing onsite at the Public Health Laboratory, or the forwarding of specimens to a State or Regional LRN laboratory. The Laboratory Group Supervisor will oversee the safety of laboratory staff during an emergency and coordinate with the Safety Officer.

Confidential Guidelines Regarding Laboratory Tests. Laboratory test data shall be considered strictly confidential. Individual test results and/or summaries from multiple test subjects can be generated in the form of a single document. Such summaries shall include testing statistics and notes regarding testing anomalies, if any. Following Incident Commander approval summary or de-identified laboratory test data can be shared with the EOC, City agencies, San Francisco hospitals and clinics, the California Department of Public Health, and the Centers for Disease Control and Prevention, in addition to other Local, State, and Federal Agencies. Individually identified lab results shall only be shared with officials,

responders, or other health agencies with a need to know. No other agencies or individuals shall have access to individually identified data without signed patient consent or a subpoena.

Functions of the Laboratory Group

- Forecast incoming specimens
- Oversee laboratory safety
- Provide technical guidance on sample collection, laboratory testing, and transmissibility, pathogenicity, and/or antibiotic susceptibility.
- Activate laboratory groups.
- Ensure that laboratory results are electronically reported by entering information into the Laboratory Information Management System (LIMS) in a timely manner and that hardcopy back-ups are maintained.
- Report individual and/or summary testing results to modules requiring testing information (e.g., Investigation Group, Restriction, Exclusion, and Clearance Group, Isolation and Quarantine Group, and other modules as approved.
- Ensure Incident Commander approval for the dissemination of summary (de-identified) lab results to modules outside the response.

a.1. Specimen Receiving/Documentation Team

Activate the Specimen Receiving/Documentation Team when samples are received or are expected.

Specimens will primarily be provided by the Epidemiology and Surveillance Branch and the Disease Containment Branch. All specimens must be accompanied by a Laboratory Specimen Submission Form, (see Appendix Ia). Specimens are then processed by this Team for laboratory testing through the Laboratory Testing Team at the San Francisco Department of Public Health Lab or forwarded to the Lab Surge Team for testing at other laboratories (State or local LRN).

Laboratory test results shall be entered electronically into the LIMS, where they can subsequently be printed into hard-copy form whereupon they are filed on the premises.

Functions of the Specimen Receiving/Documentation Team

- Document incoming specimens.
- Forward specimens to the Laboratory Testing Team for testing at the San Francisco Department of Public Health Lab or to the Surge Team for testing at other labs.
- Update the Lab Group Supervisor on number of specimens received, testing flow, and capacity issues.

a.2. Laboratory Testing Team

Activate the Laboratory Testing Team when it is necessary to test or facilitate testing of specimens occurring from the emergency event.

The Laboratory Testing Team is responsible for coordinating testing at the San Francisco Department of Public Health Lab and is composed of the Sample Preparation Unit, PCR Unit, and Conventional Testing Unit.

Functions of the Laboratory Testing Team

- Perform laboratory testing on relevant specimens.
- Keep inventory of testing reagents used, and projected to be used. Notify Team Leader when Reagents run low.
- Provide updates on testing capacity.
- Ensure that testing results are entered into LIMS and that hardcopy backups are maintained.

- Report testing results to Laboratory Group Supervisor.
- Upon authorization of Laboratory Group Supervisor, report testing results.

a.2.1. Sample Preparation Unit

Activate the Sample Preparation Unit when samples are received or are expected.

Functions of the Sample Preparation Unit

- Identify type of testing that is needed.
- Prepare samples for PCR or conventional testing analysis.
- Enter specimen data into Lab Information Management System (LIMS)
- Ensure that Chain of Custody is properly documented and maintained upon receipt, and any subsequent release of testing specimens

a.2.2. PCR Unit

Activate the PCR Unit when the suspected agent is one for which the laboratory maintains analyte (organismal) -specific reagents. A current list of agents that can be tested by PCR at the San Francisco Department of Public Health Laboratory can be found in Appendix Ic.

Functions of the PCR Unit

- Test specimens.
- Enter results into LIMS and maintain hardcopy backups of all data generated.
- Provide results to Laboratory Testing Team Leader.

a.2.3. Conventional Testing Unit

Activate the Conventional Testing Unit when:

1. Testing cannot be performed by PCR Testing Team, OR
2. Culture, Serology, or other testing is deemed a reasonable testing method for the suspected agent, according to lab's expertise and LRN testing recommendations.

A list of agents that can be tested by conventional methods at the San Francisco Department of Public Health Laboratory can be found in Appendix Ic.

Functions of the Conventional Testing Unit

- Test specimens.
- Enter results into LIMS and maintain hardcopy backups of all data generated.
- Provide results to Laboratory Testing Group Supervisor.

a.3. Laboratory Surge Team

Activate the Lab Surge Team when the:

- The amount of testing that needs to be done exceeds the capabilities of the San Francisco Public Health Lab, OR
- Testing can not be performed at the San Francisco Public Health lab.

The Lab Surge Team will communicate with local laboratories and/or the regional state lab to ensure that specimens are packaged correctly and sent for testing.

Functions of the Lab Surge Team

- Monitor laboratory testing at the San Francisco Department of Public Health Laboratory.
- Manage specimen receipt and documentation.
- Contact alternative testing sites (see Appendix Ic for list of sites).
- Coordinate transportation to alternative testing site.
- Receive testing results from alternative testing sites, log results in LIMS, maintain hardcopy backups of all data generated, and communicate those results to the Laboratory Group Supervisor.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Laboratory Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Laboratory Branch Director	Manage all laboratory operations	2492	1	DOC

Staff Position Roster: Specimen Receiving/Documentation Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Specimen Receiving/Documentation Team Leader	Receive specimens for testing, document, and forward to Lab Testing Team or Lab Surge Team.	2462, 2464	1	Lab
Laboratory Testing / Data Entry Assistant	Assist Microbiologists and Supervisors; perform data entry into LIMS	2416, 2402, 2462	1	Lab

Staff Position Roster: Laboratory Testing Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Lab Testing Team Leader	Manage lab testing of specimens including inventory, specimen receiving, documentation, and testing capacity. Forward specimens to Lab Surge Team as necessary.	2464, 2466	1	DOC

Staff Position Roster: Sample Preparation Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Lab Testing Microbiologist	Perform specialized lab testing	2462, 2464, 2466	1	Lab
Laboratory Testing / Data Entry Assistant	Assist Microbiologists and Supervisors; perform data entry into LIMS	2416, 2402, 2462	1	Lab

Staff Position Roster: PCR Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Lab Testing Microbiologist	Perform specialized lab testing	2462, 2464, 2466	1	Lab

Staff Position Roster: Conventional Testing Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Lab Testing Microbiologist	Perform specialized lab testing	2462, 2464, 2466	1	Lab

Staff Position Roster: Surge Capacity Team				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Lab Surge Capacity Team Leader	Assess adequacy for testing of incoming specimens; prepare specimens for testing	2462, 2464	1	Lab
Laboratory Testing / Data Entry Assistant	Assist Microbiologists and Supervisors; perform data entry into LIMS	2416, 2402, 2462	1	Lab

E. REPORTING

The Laboratory Group reports to the Epidemiology and Surveillance Branch Director. Following approval, summary (de-identified) data may be provided directly to other modules.

F. DELIVERABLES

The Lab Group is responsible for producing the following:

- Laboratory Test Results and Reports
- De-identified Summary Reports
- Guidelines regarding specimen collection
- Proper storage for specimens involved in emergency events (noting that specimens may be considered evidence in legal proceedings – e.g. chain or custody documentation)
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required in order to perform minimum response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Epidemiology and Surveillance	Appendix I
CDHS Other Outbreak/Other Reportable Disease or Disease of Unusual	Appendix II

Occurrence Report	
CDHS Confidential Morbidity Report	Appendix I2
Laboratory	Appendix Ic
Laboratory Submission Forms	Appendix Ic1
Laboratory Testing Protocols	Appendix Ic2
Laboratory Detection Capabilities (Rapid (PCR) or non-rapid method format)	Appendix Ic3
Protocol for Handling White Powders (as hazards to be tested and potential evidence)	Appendix Ic4
Chain of Custody Forms	Appendix Ic5
Lab Forwarding Procedure	Appendix Ic6
Lab Testing Surge Acceptors	Appendix Ic7
Lab Influenza Testing Capabilities and Supplies	Appendix Ic8
Lab Personnel for IDER	Appendix Ic9
MLAB Access Instructions	Appendix Ic10
Preventive Maintenance	Appendix Ic11
SFDPH Public Health Laboratory IDE Agent Identification Capabilities	Appendix Ic12
SFDPH Public Health Laboratory Capabilities	Appendix Ic13
Laboratory Guidance for a RAT Disease	Appendix Ic14
San Francisco Sentinel Labs Contact Information	Appendix Ic15
Biological Detection Monitors	Appendix Id
Incubation Period of BioWatch Agents	Appendix Id1
Local Profile of BioWatch Agents	Appendix Id2
BDS Exposure Criteria and Groups	Appendix Id3

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1+	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access, LIMS Software	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Computer Screen Projector	1	Logistics
Copy machine access	1	Logistics

c. Material Resources

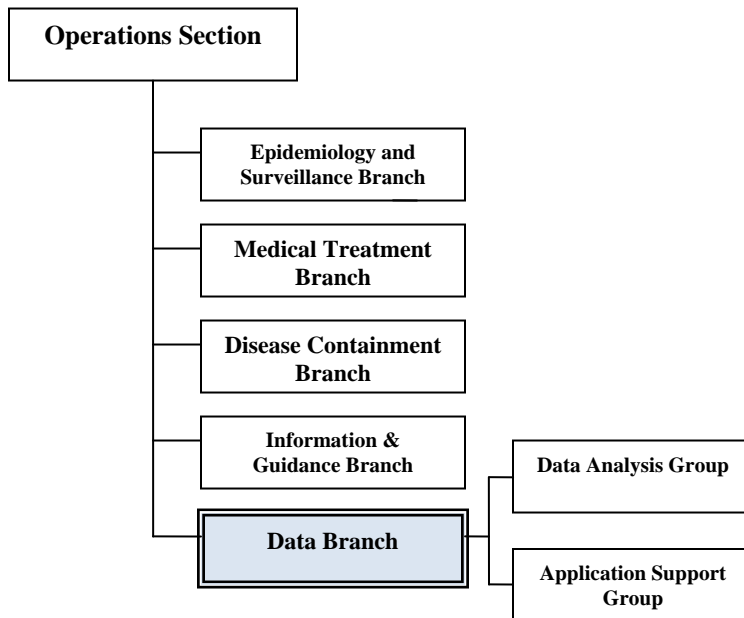
General categories of the resources required for the Lab Branch are listed below.

Items	Location or Request From
Thermal Cycler (for Polymerase Chain Reaction)	101 Grove (4 th floor) / Logistics
Agent-specific antisera / testing kits	101 Grove (4 th floor) / Logistics
Polymerase Chain Reaction Master Mix kits for DNA	101 Grove (4 th floor) / Logistics
Plasticware for serology and cell culture	101 Grove (4 th floor) / Logistics
Plasticware for bacterial culture and testing	101 Grove (4 th floor) / Logistics
Glass and plastic pipettes for measuring	101 Grove (4 th floor) / Logistics
Water Purification system	101 Grove (4 th floor) / Logistics
Polymerase Chain Reaction Master Mix kits for RNA	101 Grove (4 th floor) / Logistics
Specimen collection plasticware	101 Grove (4 th floor) / Logistics
Safety supplies (disinfectants, goggles, gloves, lab coats, splash guards, gowns)	101 Grove (4 th floor) / Logistics
Biological Safety Cabinets	101 Grove (4 th floor) / Logistics
Chemicals	101 Grove (4 th floor) / Logistics
Freezers and Refrigerators	101 Grove (4 th floor) / Logistics
Incubators	101 Grove (4 th floor) / Logistics

Temperature-controlled water baths	101 Grove (4 th floor) / Logistics
Autoclaves	101 Grove (4 th floor) / Logistics
Dishwashers	101 Grove (4 th floor) / Logistics
Balances and Scales	101 Grove (4 th floor) / Logistics
pH meter	101 Grove (4 th floor) / Logistics
Centrifuges	101 Grove (4 th floor) / Logistics

26. DATA BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Data Branch is to manage and support databases and software applications used in the Operations Section and to receive, manage, and analyze information about the infectious disease emergency that can guide the selection of strategies to contain the event. The Branch objectives include:

- Determine appropriate data analysis strategies in order to:
 - Identify sources of disease and causes of disease spread.
 - Monitor trends in the incidence and prevalence of disease to identify new or unrecognized exposures or risk factors.
 - Describe the epidemiological and clinical features of an event.
 - Report cases to the proper agencies.
 - Client management.
- Determine appropriate strategies for the creation, management, and administration of information systems.

b. Methods

Primary methods for the Data Group include:

Data analysis. Data analysis is the systematic study of data so that its meaning, structure, relationships, origins, etc. are understood. Data analysis uses statistical methods and logical techniques to describe, summarize, and compare data.

Application Support and Information Systems. Application support and information systems include the design, development, installation, and implementation of data software applications and information

systems. Information systems architecture components include mission, functional and information requirements, system configurations, information flows, information technology standards and business rules. This support will be used to create the most efficient information system possible with available resources [e.g. CDCP Interpreted Case & Outbreak Management System (ICOMS) support.]

Consult the Data Branch modules for details regarding the above strategies.

C. IMPLEMENTATION

a. Data Branch

Activate the Data Branch when a module in the Operations Section will likely have data analysis or application support needs. This will occur in almost any infectious disease emergency.

The Data Branch Director is responsible for completion of Data Branch objectives and coordination with other branches providing data and requesting data support.

Functions of the Data Branch

- Identify, communicate, and oversee strategies to accomplish objectives and design operational plans in accordance with the Incident Action Plan.
- Order mobilization and demobilization of branch modules to meet incident response needs.
- Prioritize and assign responsibilities according to objectives and plans.
- Assure coordination with other partners/agencies providing application software and data analysis assistance.
- Ensure coordination with other branches within the Operations Section.
- Collaborate with other branches and external partners on data interpretation/summaries for the response. (Note that responsibility for interpreting the data output for such requests lies with the requesting branch/partner, in consultation with the Data Branch.)
- Review the work output and process for the Data Analysis Group and the Data Software Support Group.
- Staffing at the beginning of the response should be robust: assign staff to determine data needs, design data collection instruments, clarify data flow, and others to focus on database development.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Data Branch				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Data Branch Director	Supervise and manage Data Branch activities	2804, 2591, 2803, 2230 Supervisory experience; training and/or experience in epidemiological field investigations; basic epidemiological or biostatistical analysis skills	1	DOC
Administrative Assistant	Assist Data Branch Director with administrative duties. Take notes at meetings and other duties as assigned.	1424, 1426, 2585, 1446		DOC

E. REPORTING

The Data Branch reports directly to the Operations Section Chief. Incident specific information will be provided to other Operations Section Branch Directors.

F. DELIVERABLES

The Data Branch is responsible for producing the following:

- Documents assigned to Data Groups
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

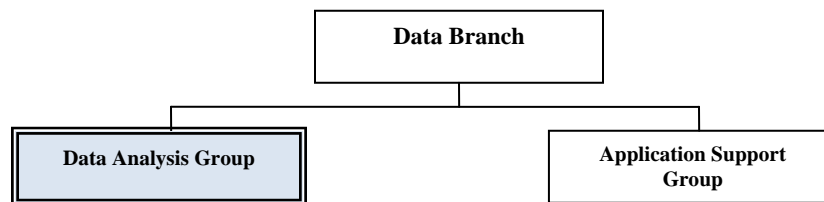
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Data	Appendix J
ICOMS User Manual Shortcut	Appendix J1
Sample DOC Data Request Policy and Procedures	Appendix J2
Active Surveillance	Appendix Ja
Active Surveillance Protocol - SFGH	Appendix Ja1
SFDPH Active Surveillance Macros SAS Program	Appendix Ja2
SFDPH Active Surveillance Read in SAS Program	Appendix Ja3
SFDPH Active Surveillance Outpatient Read in SAS Program	Appendix Ja4
SFDPH Active Surveillance Admits Read in SAS Program	Appendix Ja5
SFDPH Run Active Surveillance SAS Program	Appendix Ja6
Description of Active Surveillance at SFGH	Appendix Ja7

b. Office and Communication Supplies

Item	No. Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

27. DATA ANALYSIS GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Data Analysis Group is to efficiently and accurately receive, manage, analyze, and summarize data to determine the scope, cause, and progression of the event. The Group objectives include:

- Identify functional requirements for designing and maintaining epidemiological, surveillance, and client management databases.
- Receive data from other branches within the Operations Section .
- Organize and clean client management, surveillance, investigation, outbreak, and other data in preparation for analysis.
- Analyze, manage, and share data.

b. Methods

The Data Analysis Group will use the following methods to achieve objectives:

Infectious disease epidemiological methods. Infectious disease epidemiological methods include epidemic curves, study of contact networks, syndromic surveillance, virologic analysis, and geographic analysis, and will be used to analyze and summarize data about the outbreak. Data Analysis Group members must determine the epidemiological hypotheses and purpose of the analysis, design collection tools with this purpose in mind, and choose analytic methods appropriately. The Data Analysis Group must work with other operational branches to ensure data collection instruments are designed to optimize accuracy, reduce bias, allow for efficient data analysis, and address epidemiologic hypothesis or purpose, which can include situational awareness, individual case or contact management, source of incident, etc.

Data entry. Data entry is transcribing information from the original source into a computer and can occur through keyboard entry, scanners, speech recognition and automatic device-to-system technology. When possible, electronic data sources or automated data entry will be used.

Software and Applications. Whenever possible, software and applications already in use will be used to store, manage, and analyze data (e.g. ICOMS, SAS, Access).

Dissemination of information. Determining what information needs to be shared and how it will be shared are integral issues in a response. The Data Analysis Group will actively manage and assume responsibility for the flow of information to and from the Data Branch and will effectively prioritize data information processing .

Client management analysis. Client management analysis includes descriptive statistics, line lists, and work process completion and will be used to provide quantitative and qualitative feedback to IDER modules to help them manage and improve response activities.

C. IMPLEMENTATION

a. Data Analysis Group

Activate the Data Analysis Group when data collection, storage, and analysis are needed.

The Data Analysis Group will work closely with the Operations Section Branches to create analysis plans and analyzable questionnaires, surveys, and forms. The Group will receive and/or input data, analyze data, and provide data reports to the Branch director for approval prior to dissemination to responders, partners, the State, and/or other sources. In some cases, the Group will also need to coordinate with other branches or external partners to create a process and tools for data collection and to ensure efficient data transmission to the Group. At the beginning of a response, the Data Analysis Group should assign a staff member to work closely with any Operations Branch with data needs in order to observe and better understand data work flow. Database and application support will be provided by the Data Software Support Group.

Data analysis needs will be identified at the time of the response. Some objectives that may require data analysis include:

Response operations. The section chief may request analysis of process indicator data to evaluate the effectiveness of response actions and interventions for use by decision makers, such as Command and General staff.

Epidemiology and surveillance. Data analysis may be required to understand the nature and scope of the event, to refine the case definition, and/or to identify effective strategies to control and prevent disease. Data sources may include clinical, exposure, and laboratory data reports for cases, contacts, and case clusters. If an analytic study is conducted, assist the Epidemiology and Surveillance Branch to develop analyzable questionnaires, the study purpose and design, and power calculations. Case/contact information to be collected may include risk factors, sensitive occupations or settings, and time, location, and mode of exposure. Required data reports may include case counts, line lists, case mapping, case population pyramids, and descriptive and analytic epidemiology of cases.

Isolation and quarantine. Data analysis may be required to summarize characteristics of individuals placed in isolation or quarantine, and/or legal and logistical issues of this strategy. Data on individuals in home-based and facility-based settings will be collected by the Isolation and quarantine Group.

Restriction, exclusion, and clearance. Data analysis may be required to manage and summarize restriction, exclusion, and clearance data to improve client management functions. Data will be collected by the Restriction, Exclusion, and Clearance Group. Required data reports may include line lists with clearance specimen submission dates and testing results.

Mass prophylaxis. Data analysis may be required to aid in documenting informed consent, contraindications, vaccine take, adverse events, close contacts, and efficiency of clinic operations. The Data Analysis Group will work closely with the Mass Prophylaxis Group. Key considerations include:

- If a patient screening form is used to aid in dispense prophylaxis the decision to enter data on or off-site will depend on staff and equipment availability. It may be more efficient to collect paper data and send all forms to a central repository for data entry. If a paperless dispensing model is utilized, patients who receive antibiotics will not be tracked in an electronic system.

Information and outreach. Data analysis may be required to track the number and types of public, clinician, or other questions received at call centers, email and telephone information lines. Coordinate with the Information and Guidance Branch to identify data analysis needs and to create an analysis plan.

Community mitigation. Data analysis may be required to monitor and analyze the impact of community mitigation strategies (e.g., school dismissal). Coordinate with the Community Mitigation Group to identify data analysis needs and to create an analysis plan.

Medical treatment. Data analysis may be required to monitor and analyze hospital, clinic, shelter, alternate care site, ambulance, and fatality data. Coordinate with the Medical and Treatment to identify data analysis needs and to create an analysis plan.

Note that data and information collected, received, and summarized will be used only for public health purposes and will be kept confidential to the extent provided by law.

Functions of the Data Analysis Group

- Coordinate with other Branches to identify data needs, develop an analysis plan, create necessary forms and protocols for data collection, and enter or transmit data.
- Coordinate with the Database Group to develop/modify databases and to manage data transmission.
- Enter data and/or concatenate data transmitted electronically from various sources.
- Check accuracy and quality of data. Clean and edit data as necessary.
- Review work output and process.
- Complete and following approval, disseminate data reports.
- Complete required forms and send to the California Department of Public Health or other appropriate health agency.
- Update the Data Branch Director on activities and resource needs.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Data Analysis Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Data Analysis Group Leader	Coordinate and manage Data Analysis Group	2804, 2803, Epidemiologist; Epidemiological and/or biostatistical analysis skills; supervisory experience; training and/or experience in epidemiological field investigations	1	DOC
Epidemiologist	Facilitate receipt and incorporation of data into databases	2803; Epidemiological and/or biostatistical analysis skills; experience designing and analyzing epidemiological studies		DOC
Data Analyst	Assist with data analysis strategy. Receive, manage, analyze, interpret, and report data. Train data entry staff.	2804, 2803; Epidemiological and/or biostatistical analysis skills; supervisory or project coordinator experience		DOC
Data Entry Staff	Enter data into databases	1424, 1426; Experience in data entry of health-related data		DOC
Administrative Assistant	Performs administrative functions	1424, 1426, 2585, 1446; Knowledge of office methods and procedures.		DOC

E. REPORTING

The Data Analysis Group reports directly to the Data Branch.

F. DELIVERABLES

The Data Analysis Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Data Analysis Plans
- Data collection tools, protocols, forms, etc.
- Data Reports
- Analysis documentation

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

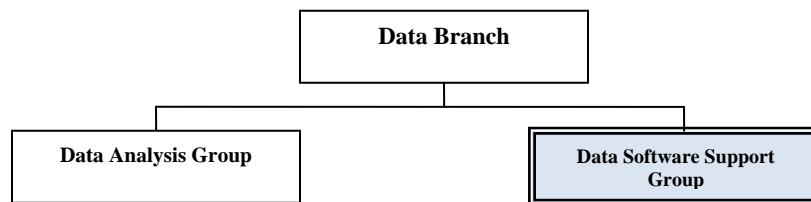
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Data	Appendix J
ICOMS User Manual Shortcut	Appendix J1
Sample DOC Data Request Policy and Procedures	Appendix J2
Active Surveillance	Appendix Ja
Active Surveillance Protocol - SFGH	Appendix Ja1
SFDPH Active Surveillance Macros SAS Program	Appendix Ja2
SFDPH Active Surveillance Read in SAS Program	Appendix Ja3
SFDPH Active Surveillance Outpatient Read in SAS Program	Appendix Ja4
SFDPH Active Surveillance Admits Read in SAS Program	Appendix Ja5
SFDPH Run Active Surveillance SAS Program	Appendix Ja6
Description of Active Surveillance at SFGH	Appendix Ja7

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics
Statistical software (1 per position in the Data Team)	1+	Logistics

28. APPLICATION SUPPORT GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Data Software Support Group is to program and manage data systems required by the Data Analysis Group. Objectives include:

- Ensure that Data Branch data analysts and epidemiologists have the ability to gain access to and/or generate reports/queries from applicable database-driven systems.
- Maintain the integrity and security of field data and data transmissions from field teams.
- Create, update, and modify applications databases as needed.

b. Methods

The Database Group will use the following methods to achieve objectives:

Technical support and triage. The Data Software Support Group will provide targeted and system-specific technical support with data applications by managing software application settings and/or managing internal links between database tables that drive the information system. The Data Software Support Group will determine whether problems can be resolved using the Group's internal resources or whether they need to be referred to the Information Technology Unit.

Database design, creation and maintenance. The collection and analysis of data is integral to the response. The Data Software Support Group will collaborate closely with the Data Branch's Analysis Group to assist in the creation, maintenance, and modification of databases. Examples of databases managed by the Group include, but are not limited to, those that store epidemiology and surveillance, disease containment, information and guidance, and laboratory data.

User account management. The Data Software Support Group will maintain control of user accounts for Data Branch's data systems where applicable. The group will create, assign and/or modify access levels of user accounts for database-driven applications.

Report production. When the output of statistical analyses performed by Data Branch analysts must be disseminated, the Database Group will assist with automating the production of reports and queries.

C. IMPLEMENTATION

a. Data Software Support Group

When at least one of the Data Branch data systems is required for the response, the Data Software Support Group should be activated. Data systems may include:

Outbreak management systems. The Communicable Disease Control and Prevention Section relies on the Integrated Case and Outbreak Management System (ICOMS) to manage communicable disease outbreaks and public health monitoring of cases and their contacts.

MLAB. A laboratory information management system that is primarily utilized by DPH Laboratory for day-to-day operations. In an emergency, the Data Software Support Group will work with the Laboratory Group to ensure that the Data Branch has access to MLAB data and reports, to coordinate the creation of new queries, and to ensure that laboratory testing information is properly managed and reports are distributed. See Appendix Ic.

Field data transmission. In responses where field investigation teams are activated, the successful and secure transmission of data collected in the field to the IDER data repository is a critical component of the response strategy. The Data Software Support Group will prepare the necessary computing resources required by the field investigation teams to transmit data. The Group will also coordinate with the Information Technology Unit or the appropriate DOC Logistics personnel to establish the proper transmission protocols and to ensure that the DPH network infrastructure can support the secure transmission/receipt of field data. The Group will also manage the integration of field data into the existing core databases of the relevant information system.

Functions of the Data Software Support Group

- Determine the appropriate IT/computing strategies to accomplish response objectives and deploy information systems to support operational plans.
- Work with the Data Branch's Analysis Group on database design and maintenance, including ability to integrate data from multiple sources, linkage of case and contact databases.
- Provide technical assistance to merge, append, and/or concatenate data transmitted electronically from various partner agencies or from field investigation teams.
- Receive and triage technical support issues for users.
- Coordinate support with Information Technology Unit.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Data Software Support Group				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Database Group Supervisor	Coordinate and manage the Data Software Support Group. Decide on strategy to manage computing resources.	IT administrator	1	DOC
Database Unit Staff	Assist with maintenance of database(s), data transmission, manage system user accounts and access, and respond to technical support queries.	IT specialist, technical expertise with data systems		DOC

E. REPORTING

The Data Software Support Group reports directly to the Data Branch Director. Information about the information systems will also be provided to the Data Analysis Group or other IDER responders as needed.

F. DELIVERABLES

The Group is responsible for producing the following:

- Creation of database(s) and documentation
- User accounts and access rights for IDER-critical information systems
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

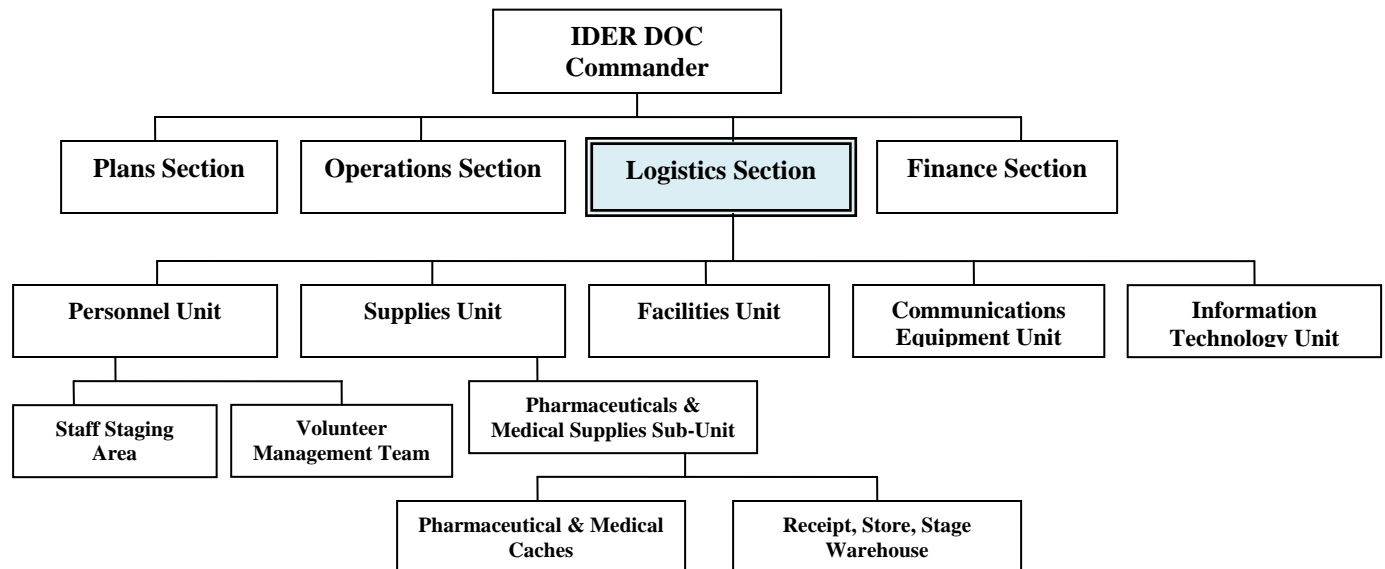
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Data	Appendix J
ICOMS User Manual Shortcut	Appendix J1
Sample DOC Data Request Policy and Procedures	Appendix J2
Active Surveillance	Appendix Ja
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SFDPH Active Surveillance Outpatient Read in SAS Program	Appendix Ja4
SFDPH Active Surveillance Admits Read in SAS Program	Appendix Ja5
SFDPH Run Active Surveillance SAS Program	Appendix Ja6
Description of Active Surveillance at SFGH	Appendix Ja7

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

29. LOGISTICS SECTION

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Logistics Section is to locate or request the supplies and personnel needed to support the DOC and responders, and then to direct these resources to the appropriate staging area. The Section will also ensure that communications and information technology infrastructure is functioning and interoperable. Logistics Section objectives include:

- Receive and fulfill personnel requests.
- Receive and fulfill supplies.
- Track inventory of supplies and personnel.
- Set up, maintain, troubleshoot and repair communications and information technology equipment for the response.
- Seek approval for requests when necessary
- Set-up DOC

b. Methods

Logistics methods utilized to achieve objectives include:

Supply Systems. The Supplies Unit will primarily draw first upon existing DPH supplies. The Supplies Unit will refer to the appropriate protocols, plans and MOUs to fulfill large order requests such as supplies for mass prophylaxis such as the Strategic National Stockpile. All supply requests that cannot be filled by the DOC Logistics Section will be forwarded to the EOC Logistics Section (or DEM if EOC is not activated.)

Personnel Recruitment. The Personnel Unit will work with DHR and DPH managers to identify and assign staff to the response. For activations requiring additional personnel, the Personnel Unit will coordinate with the EOC or DEM / CCSF human resources departments. Additional personnel may

include other DPH employees, City and County of San Francisco employees from other departments, and/or civilian volunteers to meet the needs of the response.

Communications and Information Technology Systems. The Communications and Information Technology Unit will ensure that redundant communications and information technology systems are set up and functioning as outlined in the resource needs section of each activated IDER plan module.

Consult the Logistics Section unit modules of the IDER plan for details regarding the above methods.

C. IMPLEMENTATION

a. Logistics Section

Activate the Logistics Section and all supporting Units immediately upon activation of IDER.

The Logistics Section oversees all response-related requests for personnel and equipment and to set-up communications and computer equipment for the response. A CDCP set-up crew may be in process of setting up rooms for an IDER activation. Once Logistics Section responders have been signed-in this Section should assume set-up responsibility.

The Logistics Sections Chief oversees all Section activities and is responsible for receiving and fulfilling logistics requests. The Logistics Section Chief determines which resources require Incident Commander, Section Chief, or Branch Director approval and ensures that responders are made aware of requirements. (Approval requirements can be changed during the incident if needed.)

Consider requiring Incident Commander/Section Chief/Branch Director Approval for:

- Personnel
- Non IDER Assets (e.g. items owned by DPH, other city agency)
- Large assets requiring logistical support (e.g. POD/RSS Trailers)

Consider not requiring approval for:

- Office Supplies
- Computers
- Communication Supplies

Functions of the Logistics Section

- Oversee all Section activities.
- Attend Command/General Staff meetings.
- Provide logistical input to the Incident Commander and Plans Section in preparing the Incident Action Plan.
- Brief Unit Leaders on the situation and their roles and responsibilities for the operational period.
- Provide oversight and guidance to Unit Leaders (e.g. answer questions, address problems, make decisions in keeping with the Section's operational objectives, and determine which problems, requests or questions need further approval.)
- Prepare the Logistics Section Situation Status Update using information from the Logistics Unit(s) Situation Status Updates.
- Anticipate logistics requirements.
- Request and coordinate with the EOC or DEM for additional resources.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification	No. of Employees	Location
Logistics Section Chief	Supervise Logistics activities, assign responsibilities, orient staff and serve as a resource to all staff in the Logistics Section.	Experience in facilities, IT, telecom, or HR.	1	DOC
Logistics Section Deputy	Support the Logistics Section Chief to carry out duties.			DOC
Administrative Assistant	Perform administrative duties to assist the Chief in the production of the Logistics Section Situation Status and Resource Status Reports, documenting actions, taking notes at meetings and other duties as assigned.		1	DOC

E. REPORTING

The Logistics Section Chief will report to the Incident Commander.

F. DELIVERABLES

The Logistics Section is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Logistics Resource Status Reports.
- Any response documents and/or products assigned to active Units within the Logistics Section.

G. RESOURCES

The following resources will be required to perform minimum response operations. See Logistics Section Unit modules for resources required by each Unit.

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Personnel	Appendix Ka
Staff Staging Area Manual	Appendix Ka1
Supplies	Appendix Kb
Inventory and Resource Tracking System	Appendix Kb1
DPH Inventory	Appendix Kb2
Facilities	Appendix Kc
IDER Set Up Manual	Appendix Kc1
Communication Equipment	Appendix Kd
STARS Operation Manual	Appendix Kd1

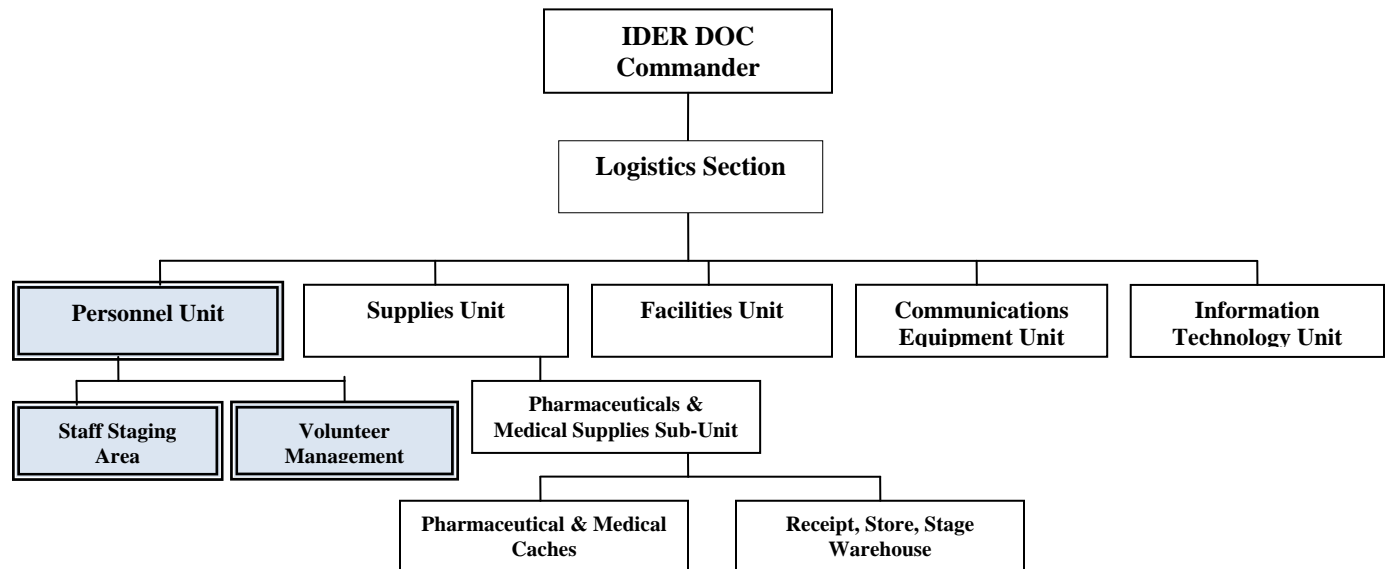
800 Mhz Radio Operating Instructions	Appendix Kd2
Creating and Sending Group Vociemails	Appendix Kd3
AT&T Conference Call Instructions	Appendix Kd4
Language Line Instructions	Appendix Kd5
J-Blast Fax Instructions	Appendix Kd6
Protocol and MOU for contacting 311	Appendix Kd7
HAND instructions	Appendix Kd8
Telephone Information Line Instructions & Scripts	Appendix Kd9
311 Communication Plan	Appendix Kd10
911 Communication Plan	Appendix Kd11
911 BDS Protocol	Appendix Kd12
Information Technology	Appendix Ke
IDER e-mails	Appendix Ke1
CDCP Group E-mail Instructions	Appendix Ke2
IDER Email Password	Appendix Ke3
IDER Email Rules	Appendix Ke4
CDCP Website Manual and Protocols	Appendix Ke5
CDCP Website Vendor Contact Info & Passwords	Appendix Ke6
Bulk Email Instructions	Appendix Ke7

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Copy machine access	1	Logistics

30. PERSONNEL UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Personnel Unit is to ensure that the IDER operation has adequate staffing for all activated functions and that responders have been checked-in, oriented, deployed, and tracked. The Personnel Unit's objectives are to:

- Receive personnel requests.
- Recruit personnel.
- Assign personnel to open positions.
- Manage the Staff Staging Area for every response to check-in/out personnel, provide basic orientation (e.g. overview of emergency situation, ICS framework, who staff should report to, training for activities common to most IDER responders), and deploy personnel to assigned areas.
- Update the Resource Status Unit and tracking databases (Resource Tracking System) on the status of personnel requests.
- Track personnel recruited for and deployed to the response.
- Seek approval for requests when necessary

Personnel and supplies designated for Points of Dispensing sites (PODs) will have a specific POD Staging Area and are not addressed in this section.

b. Methods

The Personnel Unit will draw upon the following resources to achieve objectives:

Inventory and Resource Tracking System. The Personnel Unit and Staff Staging Area will update assignment and location of personnel in the Inventory and Resource Tracking System. The Resources

Unit in the Plans Section, and the Supplies Unit in the Logistics Section will have administrative access to the system. Other IDER responders may be able to view, but not update, the status of resources using the electronic system.

Staffing Sources. Personnel can be recruited from the following sources to fill IDER positions:

- **CDCP/Laboratory Staff.** Requests for staff to participate in the response should be made to the Section Chiefs and then to Unit Managers or their designee in consultation with the CDCP Director.
- **San Francisco Department of Public Health Staff.** All DPH employees are Disaster Service Workers. If the DOC has been activated to coordinate the activities of multiple incidents, the DOC Logistics Section is responsible for the recruitment of staff from DPH sections. In a small-scale IDER incident without DOC activation, a designated CDCP staff member will coordinate with a DPH Deputy Director and/or Human Resources to recruit DPH staff.
- **City Agency Staff and Community Volunteers.** All City Agency employees are Disaster Service Workers. The EOC Logistics Section is responsible for the recruitment of City staff other than DPH employees and community volunteers. The DOC will request assistance from the EOC on personnel recruitment as needed.

Staff Staging Area. Responders arriving to the work in the emergency will sign-in at the Staff Staging Area, receive key supplies, a brief orientation to the incident and response, personal protective equipment training (if needed), and transportation to off-site locations.

Orientation. All personnel reporting to the Staff Staging Area will be provided with a orientation on the infectious disease emergency event, response activities, incident action plan, the ICS organizational structure, demobilization process, and where and to whom they will be reporting. Other training may be incorporated as needed (e.g. PPE). Job specific training will take place at the work station.

Deployment. Personnel will be deployed by the Staff Staging Area to their assignments. The Logistics Section may need to coordinate and arrange necessary transportation.

C. IMPLEMENTATION

a. Personnel Unit

Activate the Personnel Unit following activation of the IDER plan.

Personnel Requests. Personnel requests may be received throughout the Operational Period via the Inventory and Resource Tracking System, phone call, radio, in person communications, written requests, or email. Personnel needs may also be identified in update meetings. Requests should include the following information: position name, job classification required (if known) or key job functions, job action sheet (if available), time and date when staff is required, length of time staff is required, work location.

Recruitment. The following recruitment process should be utilized:

1. Ensure that necessary information has been provided by the original requestor.
2. First consider recruiting individuals from the CDCP and Laboratory. Recruitment should be closely coordinated with Section Directors.
 - a. The Personnel Unit will ask the appropriate Section Directors to notify their staff regarding section project priorities and announce all work reassignments for the response.
 - b. The Personnel Unit will provide a list of activities to complete (e.g., set out of office voice mail and email message) before recruited staff should report to the Staff Staging Area.
3. If staff are unavailable from the CDCP or Lab, request assistance from the EOC with volunteer recruitment and/or any positions that can not be filled by DPH staff.

4. Update records regularly regarding the status of personnel recruitment.
5. To reduce responder burn-out monitor staffing records to ensure that no one is repeatedly scheduled, particularly during long activations.
6. For weekend and after-hours operational periods, consider consolidating two shorter shifts into one shift or assigning staff to work two weekend days or after-hours shifts to maintain continuity.

Staff Recognition. Consider providing recognition and thanks to staff members throughout and/or after the response (e.g., plaque, newsletter announcement, awards).

Functions of the Personnel Unit

- Receive personnel requests.
- Fulfill personnel request via the DOC.
- When personnel requests exceed available responders, prioritize staffing requests based on the Operations Chief guidance, and submit requests to EOC (or DEM) if necessary.
- Update the Inventory and Resource Tracking System on the status of personnel.
- Ensure that recruited personnel are given detailed instructions on when and where to report for duty.
- Maintain a list of all personnel participating in the response each operational period and submit to the plans Finance section.

a.1. Volunteer Management Team

Activate the Volunteer Management Team when the infectious disease emergency response will require a large number of volunteers to support the emergency, or when the emergency results in a large number of spontaneous (emergent) volunteers.

If a large infectious disease emergency has resulted in the activation of an EOC (or other agency) that will assume volunteer recruitment responsibilities, then it may not be necessary to activate this module at the DOC level.

The Volunteer Management Team will be responsible for the following activities:

- **Evaluate need for volunteers.** The Volunteer Management Team should develop an incident-specific plan that will outline the amount and type of volunteers that are needed to assist in the response. If necessary, the plan should also outline plans to manage spontaneous (emergent) volunteers during the response.
- **Recruiting volunteers.** Recruitment of volunteers should be coordinated closely with the Department of Human Resources and the EOC if activated. Established volunteer organizations like the Red Cross, Neighborhood Emergency Response Teams (NERT), and Medical Reserve Corps (MRC) may also be contacted to assist with recruitment. Ensure that recruited volunteers have information on where to report, when to arrive, appropriate attire, necessary identification, expected duration of service, and other necessary information.
- **Credentialing volunteers.** Work with the appropriate leadership and/or agencies to ensure that needed volunteer liability/release forms and/or other needed credentialing processes are complete and in place before volunteer work begins.
- **Receiving and training volunteers.** Coordinate with the Staff Staging Area Team to incorporate volunteers into established personnel orientation/deployment systems. If necessary, develop additional or supplementary training for volunteers.
- **Volunteer Recognition.** Ensure that individual volunteers, volunteer organizations and other community groups that assist with volunteer efforts receive recognition and thanks during and after the emergency.

Functions of the Volunteer Management Sub-Unit:

- Recruit medical and non-medical volunteers.
- Provide reporting information to volunteers.
- Manage pre-registered and spontaneous (emergent) volunteers.
- Coordinate with the Media Officer to broadcast calls for volunteers, if needed.
- Coordinate with appropriate leadership to ensure that necessary releases/liability forms are in place for volunteer to work during the response.
- Coordinate with the Staff Staging Area Team to provide volunteers with training and work assignments.
- Ensure that volunteers are appropriately recognized for their service.

a.1. Staff Staging Area

Always activate the Staff Staging Area.

The Staff Staging Team staff will be responsible for signing-in/out, assigning, issuing supplies, orienting, and deploying personnel.

Sign-in. Responders will be required to sign-in at the beginning of an event and prior to a new assignment. Responders will be checked-into Collaborative Fusion using a machine that will scan their Disaster Service Worker ID badge or will be manually signed into the system by a staff person. For assignments that run over multiple operational periods, personnel will initially sign-in (use ICS Form 211, Appendix B) at the Staff Staging Area. Subsequent sign-ins will occur at the work station via a sign-in sheet or per the supervisors directions (the Personnel Unit will be responsible for collecting and logging sign-in sheets).

Assignment. A database program will be utilized to assign registered personnel into positions matched to their skills. The program will also be used to track responder assignments and the number of hours worked.

Orientation. At the Staff Staging Area responders will receive an orientation that includes common training themes required by all responders. This may include information on the situation, the Incident Action Plan, safety notices, how to use information or communication technology, ICS fundamentals, how to request supplies and staff, how to balance day-to-day and emergency response roles, demobilization instructions, and other common needs (e.g. PPE if needed). Job specific training will normally take place at the assigned work site. The Staff Staging Area will include a briefing board where the Incident Action Plan, safety notices, and incident information can be posted.

Deployment. Responders will be provided with instruction on how to get to their assigned work site. If the work site is far away, transportation will be coordinated and provided by the Staff Staging Area/Logistics Section.

The Staff Staging Team will be responsible for updating any databases utilized to track the location and status of personnel.

Functions of the Staff Staging Team

- Sign-in responders.
- Update personnel database (if available) with any changes in personnel status.
- Assign personnel arriving to the Staging Area who meet qualifications for open positions.
- Provide orientation to all staff.
- Update the orientation procedure when necessary.
- Coordinate transportation for staff deployed to distant sites with Supplies Unit.
- Maintain Staging Area in an orderly condition.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster: Personnel Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Personnel Unit Leader	Assign responsibilities, reviews and approves all personnel requests, primary point of contact for Personnel Unit at DOC regarding external staff recruitment, update Section Leaders on request status	Experience in HR recruiting, public health experience	1	DOC
Personnel Unit Staff	Compile personnel requests, clarify skills for requested personnel, recruit personnel, liaison with Staging Area Intake Coordinator, process compensation forms.	HR experience in staff recruiting		DOC

Staff Position Roster: Volunteer Management Team				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Volunteer Management Team Manager	Oversee the Volunteer Management Team; develop volunteer management plan; assign responsibilities and review requests.	ICS training, IDER training	1	DOC
Volunteer Management Team Member	Assist with duties as assigned to support management of volunteers.			DOC

Staff Position Roster: Staff Staging Area				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Staff Staging Area Manager	Oversee the Staff Staging Area.	ICS training, IDER training	1	Staff Staging Area
Staff Staging Area Member	Work at one of the Staff Staging Area stations (e.g. sign-in and assignment, supplies, IT, communications, orientation, deployment)		10+	Staff Staging Area
PPE Training Staff	Train responders to use PPE recommended by the Safety Officer	Industrial Hygienist or PPE/Infection control experience		Staff Staging Area

E. REPORTING

The Personnel Unit Leader reports directly to the Logistics Section Chief.

F. DELIVERABLES

The Personnel Unit is responsible for producing the following:

- Personnel and Communications List, ICS Form #205 (for each Operational Period)
- Injury or compensation claims log
- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Sign-in List, ICS Form #211
- Staff Staging Area Logs (see Staff Staging Area Manual, Appendix Ka)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Personnel	Appendix Ka
Staff Staging Area Manual	Appendix Ka1

b. Office and Communication Supplies

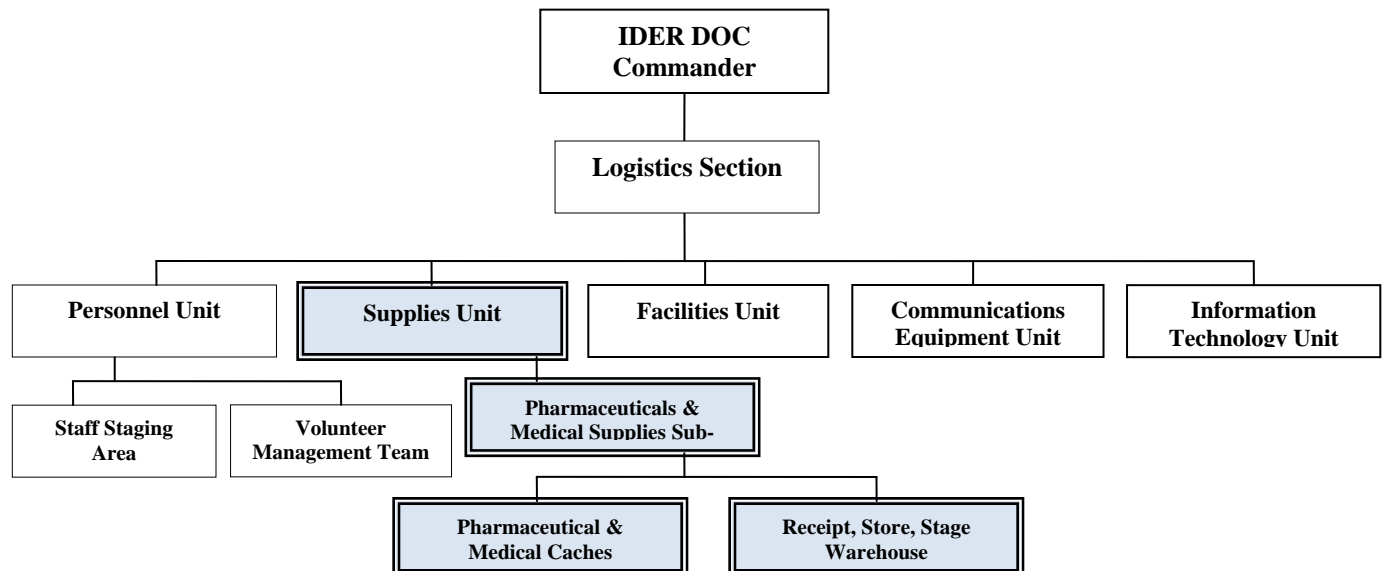
Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Copy machine access	1	Logistics

c. Material Resources

Items	No. Required	Location or Request From
Transportation (if staff must be deployed to other sites)	1	Logistics

31. SUPPLIES UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Supplies Unit is to ensure that there is an adequate supply of materials and equipment to carry out necessary response activities. The Supplies Unit objectives include:

- Receive supply requests and fill them.
- Procure, receive, check-in/out, and coordinate the delivery of supplies.
- Update the status of supplies in the Resource Tracking System or other log.
- Service reusable equipment (not including communications and computer equipment).
- Return reusable supplies to appropriate locations.
- Activate the Pharmaceutical and Medical Supplies Sub Unit.
- Seek approval for requests when necessary.

b. Methods

The Supplies Unit will exhaust DPH resources before requesting items from the EOC. Resources used by the Supplies Unit include:

IDER Supply Cache. The IDER response will primarily make use of a core cache of supplies that have been pre-positioned specifically for an IDER activation. See CDCP Inventory in Appendix Kb. This supply should be exhausted before new supplies are purchased or requested through the DOC or other sources.

CDCP/Laboratory supplies. Supplies owned by CDCP and the Laboratory for an IDER response and everyday operations will be utilized in an IDER activation and tracked. Consult the IDER COOP Coordinator or CDCP Director to determine what CDCP/Lab supplies may be dedicated to the incident response. Appendix Kb contains an inventory of existing supplies.

Departmental/City supplies. Supplies purchased by DPH and other city agencies for disaster preparedness and homeland security can supplement the CDCP/Lab cache in a response. These supplies may be accessed by the Logistics Section Supplies Unit by making a supplies request to the DOC/EOC. Departmental supplies include city cars, infection control supplies, communications equipment, etc. In the event that a request for resources and supplies cannot be fulfilled by the DOC or EOC through existing inventory, the IDER Logistics Chief should consult with the DOC Logistics Chief to determine if supplies should be purchased.

Purchase of new supplies. In the event that a supply request cannot be met by internal resources, the DOC Logistics Section Chief will determine the most appropriate procurement mechanism. If the commodities in question are likely to be required by multiple simultaneous incidents which the DOC is coordinating, then the responsibility for purchasing rests with the DOC Finance Section. Standard purchasing rules should be followed unless a state of emergency has been declared and emergency procurement procedures take effect.

POD Supplies. When a POD is activated, supplies will be requested and deployed. POD trailers (located at housing authority) need to be deployed. DPW needs to be coordinated with to move trailers to requested location. Once a POD is set up and fully active, supply requests are handled within the POD.

Receipt, Store, and Stage Warehouse (RSS). The RSS is a location where large amounts of pharmaceuticals and medical supplies can be delivered, opened, broken down into smaller amounts and/or re-packaged into individual doses if not provided in this format, and packaged for deployment to points of distribution (e.g. mass prophylaxis PODS, hospitals).

Homeland Security Cache (HLS Cache). The HLS Cache is a local San Francisco resource earmarked for distribution to first responders and their families, and potentially to a limited number of first victims within the first hours and days of a public health emergency event. The contents are primarily packaged in bulk containers and will require repackaging into individual dosage units. Once the contents are readied for distribution they will be provided to recipients at specifically designated locations. The deployment of pharmaceutical supplies for a non biologic event (e.g. chemical or other) is not addressed in this plan.

Hospital Facility Cache Program. The Hospital Facility Cache Program is a local San Francisco resource and provides participating San Francisco hospital's patients, staff, and their families with a cache of antibiotics sufficient to provide post exposure prophylaxis for 72 hours for specific infectious disease emergencies. Patient drug information sheets are included in each cart. The cache is stored in bulk form and will require repackaging for individual distribution. Each hospital will be responsible for repackaging, and review of cache periodically to ensure proper rotation to avoid expired drugs. The cache should only be opened under the direction of the Health Officer, Incident Commander, or designee.

Strategic National Stockpile (SNS) Program. The SNS is a multi-tiered national program organized for flexible response to provide needed pharmaceuticals (including antibiotics), vaccines, antidotes, life support medications, IV administration, medical/surgical supplies, and airway maintenance supplies. The antibiotics and vaccines within the SNS are likely to be used in an infectious disease emergency requiring distribution of post exposure prophylaxis or treatment. The SNS (in the form of the 12 Hour Push Package or Managed Inventory) will arrive via the State at the local RSS Warehouse where it must be received, staged and stored to ready it for distribution to Points of Dispensing (PODs), treatment centers, and other localities.

Donations. Donations by pharmaceutical and medical supply companies and other sources may be offered in the event of a large scale emergency. In order for these resources to be useful, they may require classification, inventory and organization, and temporary surge space.

Wholesalers. Requests for assistance may be made to drug wholesalers in the event of an emergency. (Their inventory may be reserved for use by the region, State or Federal stockpile programs, so they should not be considered a dependable resource.)

C. IMPLEMENTATION

a. Supplies Unit

The Supplies Unit should be activated immediately upon activation of IDER.

The Supplies Unit is responsible for obtaining existing, or requesting the purchase of additional supplies to support response functions. Examples of supplies include:

- Office supplies
- IT/IS communications equipment (e.g. telephones, computers, 800 MHz radios, software)
- Laboratory Supplies
- Pharmaceutical and medical supplies (including personal protective equipment)
- Food and sustenance
- Disease control supplies

Receiving a request. All response staff should be briefed on the process for making supply requests during their orientation at the Staff Staging Area. Supply requests should be made via the Inventory and Resource Tracking System (Appendix Kb) after approval from their supervisor. Supplies Unit staff will update the database periodically to show the status of the request fulfillment. Responders may check on the status of the resource request by accessing this database or contacting the Supplies Unit.

Filling a supply request. Follow these steps:

1. Ensure that the requester has received approval from their immediate supervisor.
2. Clarify with the requester if necessary information is not provided. The request should specify the type of equipment, quantities needed, time when supplies need to be delivered, delivery point of contact, and location.
3. Consult the Inventory and Resource Tracking System (Appendices M3) to check if supplies are available.
4. If pharmaceutical and medical supplies are needed to support the response, activate the Pharmaceutical and Medical Supplies Sub-Unit. This sub-unit is responsible for ensuring that appropriate SNS request procedures are followed and for conducting follow-up on such requests after they have been made.
5. If resources are low, have already been assigned to another module, or can not be filled, inform the Operations Section Chief and Deputy Incident Commander. They will provide guidance on how best to allocate items and/or will approve forwarding the request to the DOC (or EOC.)
6. If requested supplies are not available through the DOC/EOC, consult with the DOC Logistics Chief to determine whether the item(s) should be purchased using DPH DOC funds.
7. Update the Resource Tracking System with the request disposition. If the supply could not be procured, directly update the requesting Section Chief or Branch Director.

Distributing and tracking the deployment of supplies. The Supplies Unit will serve as the delivery point of contact for all procured resources and will note their delivery in the Inventory and Resource Tracking System (include the type, quantity, and distribution location of the supplies). Contact the requestor to determine the delivery location (e.g. POD, a specific room in a building). Deliver the supplies using runners or specialized personnel (e.g. an accompanying pharmacist and security detail for

pharmaceutical products), as necessary. The Supplies Unit will update the delivery and final disposition of the supply in the Inventory and Resource Tracking System.

Collecting reusable supplies for future use. Supplies that are mobilized for the response, but no longer needed, should be returned to the Supplies Unit.

Maintenance of supplies. With the exception of communications and computer equipment, the Supplies Unit is responsible for restoring reusable supplies to useable condition. For example, if a “spent” Epi Go-Kit is returned to the Supplies Unit during a response, Supplies Unit staff are responsible for appropriately restocking the Go-Kit contents so that it is ready for redeployment.

Functions of the Supplies Unit

- Receive supplies requests.
- Identify CDCP, DOC, EOC supplies or purchase supplies if they are not available.
- Receive, sign-in/out, store, distribute, and track supplies.
- Update the Inventory and Resource Tracking System on the status of supply requests.
- Maintain an updated inventory list of materials and equipment assigned.
- Service reusable equipment (except communications and computer equipment).

a.1. Pharmaceuticals and Medical Supplies Sub-Unit

Activate the Pharmaceuticals and Medical Supplies when the Logistics Section receives a request for pharmaceuticals or medical supplies and/or a request is anticipated.

The local caches should be accessed first to provide immediate prophylaxis and/or treatment to first responders, their family members and a limited number of initial victims. If the incident is of a larger scale, and the local caches are inadequate to provide the necessary resources, external resources (e.g. SNS, wholesale supplies, donations) should be requested immediately (or a minimum of 12 hours prior to desired delivery) by a designated Health Officer through the California SEMS process via the DOC and EOC. Preparations at the RSS should begin immediately to receive the requested supplies.

Functions

- Identify if local and/or external pharmaceutical resources and medical supplies are required to fill the request.
- Initiate or forward the request for external resources.
- Provide updates to the Supplies Unit.
- Oversee the handling and distribution of supplies.
- Monitor and track inventory.
- Assess ongoing needs and potential need for additional requests

a.1.1. Pharmaceuticals and Medical Caches

Activate the Pharmaceutical and Medical Caches as when:

1. The Logistics Branch’s Supplies Unit has received a request for antibiotics, AND
2. The type of requested prophylaxis or medication is available in one of the following caches.
3. The Incident Commander approves the use of the cache.

Pharmaceutical and medical supplies are available through a variety of local and external caches including:

San Francisco Caches. Local caches should be accessed first to provide immediate prophylaxis and/or treatment to first responders, their family members, and initial victims. If additional supply needs are anticipated requests for external supplies should begin immediately (see below for details).

- **Homeland Security (HLS) Cache.** Contents are located at a secure location in San Francisco. They are primarily packaged in bulk and will require repackaging into individual dosage units. Once the contents are readied for distribution they will need to be transported to designated locations.
- **Hospital Facility Caches.** One or more security carts are kept on site at each hospital under the supervision of the institution's Director of Pharmacy. Each hospital pharmacy is responsible for repackaging their cache into individual unit of use dosing using the labeled envelopes provided. Patient drug information sheets are included in each cart. Once the Facility Caches are exhausted, the hospital can request additional resources through the hospital emergency ICS process.

External Caches. Requests for external pharmaceutical and medical supply resources should be made immediately (or a minimum of 12 hours prior to desired delivery) through the DOC via the California SEMS/NIMS process to State and Federal Partners. Immediate preparations should begin at the Receipt, Store, and Stage (RSS) Warehouse to receive shipments. Potential external pharmaceutical and medical sources include:

- **Strategic National Stockpile (SNS) 12 Hour Push Package.** Contents include individually packaged doses of pre-defined pharmaceuticals, antidotes, and medical supplies. 130 numbered and color coded containers will arrive and will need to be broken down for distribution.
- **SNS Managed Inventory.** If non-formulary items are requested, re-packaging of supplies into individual doses at the RSS may be necessary until CDC and/or State re-packaging firms engage.
- **Wholesale Supplies.** Wholesale goods may arrive in various forms and may need to be organized, pre-packaged, staged and stored.
- **Donations.** Donations may arrive in various forms and may need to be organized, pre-packaged, staged and stored.

Functions

- Forward authorization for pharmaceuticals and/or medical supply use to leadership (e.g., hospital pharmacy directors) responsible for on-site maintenance of the caches.
- Track inventory and distribution.
- Ensure the security and appropriate environment for the pharmaceuticals at the storage facility and throughout deployment and transfer of materials.
- Request activation of the RSS warehouse.
- If RSS is not activated, repackage pharmaceuticals into individual doses, arrange for the safe transport of local cache pharmaceuticals to designated PODs or treatment centers, load/unload pharmaceuticals.

a.1.2. Receipt, Store, and Stage (RSS) Warehouse

The RSS Warehouse is a location where large amounts of pharmaceuticals and medical supplies can be delivered, opened, broken down into smaller amounts and/or re-packaged into individuals doses, and packaged for deployment to points of distribution (e.g. mass prophylaxis PODS, hospitals). Preparations to open the RSS should begin immediately or 6 to 12 hours prior to expected receipt of supplies.

Transportation assistance for pharmaceutical and medical supplies should be arranged. Check with city attorney via liaison officer to see if it is required that a pharmacist accompany pharmaceuticals to the distribution site and oversee the unloading and dispensing of supplies during the emergency.

Functions

- Prepare RSS warehouse for delivery.
- Receive pharmaceuticals and/or medical supplies.
- Ensure the integrity, proper storage, and maintenance of supplies (e.g. temperature control).
- Repackage supplies as needed.
- Ensure security for staff and supplies.
- Maintain updated inventory.
- Respond to ongoing inventory needs of PODs, treatment centers and other pharmaceutical and medical supply distribution entities.
- Collect unused inventory for return to State.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Supplies Unit Leader	Assigns responsibilities, reviews and approves all supply requests, contact for Supplies Unit at DOC, work with Finance Section Procurement & Cost Unit to purchase supplies	Materials management experience	1	DOC
Supplies Unit Staff	Compile and fulfill supplies requests, clarify requests, check-in/out supplies, track items, update the Inventory and Resource Tracking System or log, service reusable equipment, coordinate transportation of supplies to site.	Materials management experience		DOC
Supplies Unit Runner	Delivers supplies, note delivery disposition	No essential skills	1	DOC

Staff Roster: Pharmaceutical & Medical Caches				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Pharmaceutical & Medical Cache Leader	Coordinates the deployment of local and external pharmaceutical and medical caches.	Pharm tech or Immunization Coordinator	1	DOC

Staff Roster: RSS Warehouse				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Site Manager (Incident Commander)	Supervises the warehouse and assumes responsibility for receipt, repackaging, and distribution of SNS assets and the return of unexpended resources.		1	RSS
Security Officer	Responsible for providing site and transportation protection.		4+	RSS
Pharmacy Liaison	Create pharmaceutical dispensing plan.		1	RSS

Logistics Section Chief	Manages Logistical function of warehouse.		1	RSS
Operations Section Chief	Manages operational function of warehouse.		1	RSS
Inventory Control Specialist	Management of SNS assets delivered to the warehouse from the state.		1	RSS
Inventory Control Supply Officer	Management of assets apportioned and returned from dispensing sites.		1	RSS
Data Entry Coordinator	Assist Inventory Control Specialist and Supply Officer in data entry of SNS assets received and apportioned to dispensing sites.		2	RSS
Communications Specialist	Responsible for warehouse and transportation communication capabilities.		1	RSS
Transportation Coordinator	Ensure adequate transportation assets are available to move SNS assets from the warehouse to dispensing sites.		1	RSS
Vehicle Dispatch	Works with Transportation Coordinator to deliver SNS assets to dispensing sites.		1	RSS
Warehouse Team Leader	Overall supervision of operational workforce group		1	RSS
Workforce Group	4 sections: inspection, staging/receiving, storage and distribution dock.		20+	RSS

E. REPORTING

The Supplies Unit Leader reports directly to the Logistics Section Chief.

F. DELIVERABLES

The Supplies Branch Director is responsible for producing the following:

- Inventory summary or supplies inventory list
- Pharmaceutical and Medical Supply Inventory Report
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Supplies	Appendix Kb
Inventory and Resource Tracking System	Appendix Kb1
DPH Inventory	Appendix Kb2

b. Office and Communication Supplies

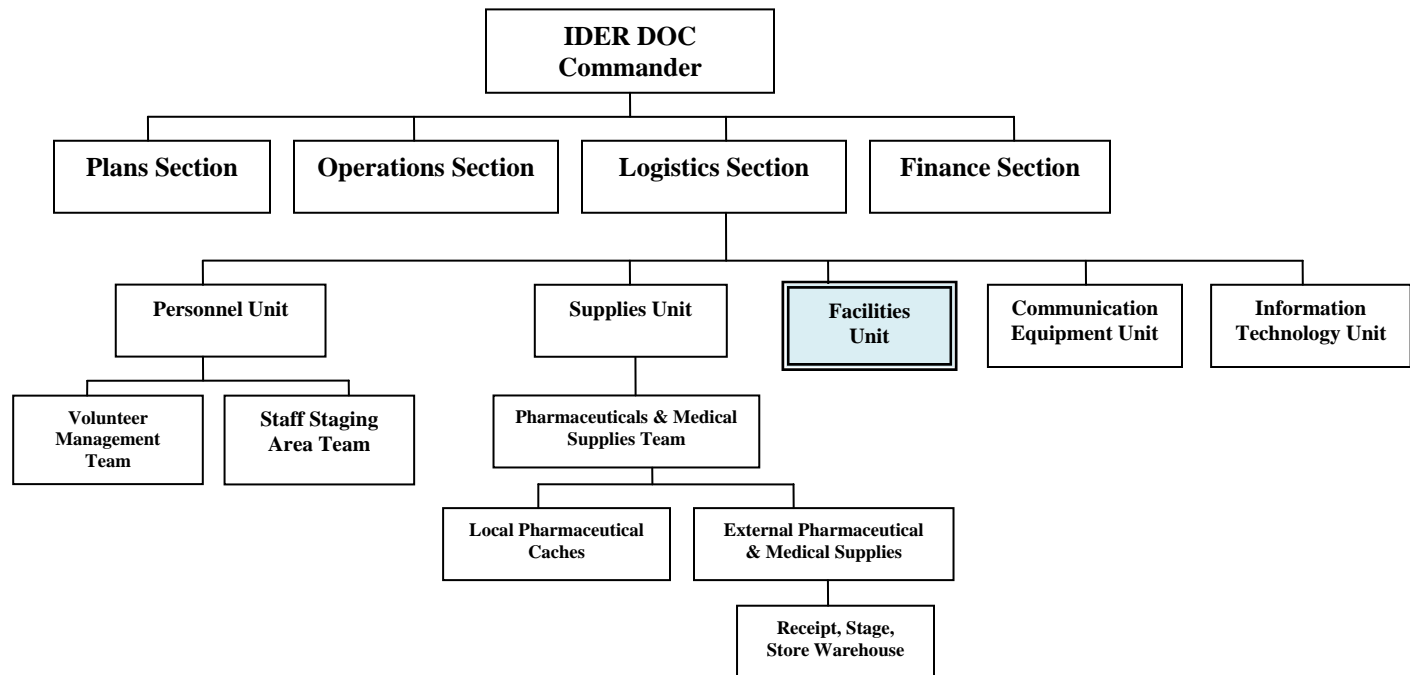
Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Copy machine access	1	Logistics

c. Supply Unit Resources

Items	No. Required	Location or Request From
Transportation (if supplies must be deployed to other sites)		Logistics/DOC
Dolly for deliveries	1	Logistics

32. FACILITIES UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Facilities Unit is to manage facilities used by the IDER Departmental Operations Center (DOC). The Unit's objectives are to:

- Provide overall management of facilities operated by the IDER DOC (e.g., isolation and quarantine facility, warehouse).
- Coordinate with necessary city services and/or vendors to ensure that facility services are operational.
- Ensure that DOC facilities have all necessary supplies and equipment.
- Ensure that the facility is returned to its original state.

The procurement of equipment and/or supplies used at facilities operated by the response occurs in the Supplies Unit (except for communications and IT equipment, which occur within the Communications Equipment Unit and IT Unit, respectively.) Management of facilities operated by alternate care sites or shelters during the response occurs within the Alternate Care Sites/Shelter Team within the Medical Branch.

b. Methods

The Facilities Unit will be responsible for managing any building facilities operated or used by the DOC.

- **Supplies management and requests.** Obtain necessary supplies from designated locations within the DOC facility and ensure they are set-up as needed and operational. If needed supplies are not available, request supplies from the Supplies Unit.

- **Service management and requests.** Ensure that necessary services are provided at facilities operated by the DOC. This may include sanitation, lighting, and janitorial services. The Facilities Unit may need to coordinate with those who already perform these services at the facility on a regular basis, or may need to contract with outside vendors for services when department resources are exceeded.
- **Record keeping.** Develop and implement accountability and security measures to track facility supplies, services and maintenance.

C. IMPLEMENTATION

a. Facilities Unit

Consider activation of the Facilities Unit for all IDER response activations.

The Facilities Unit is responsible for overall management of building facilities used as part of the DOC response. If regularly used DOC or other facilities are damaged or inoperable, locate an alternate facility through city resources.

Supplies, services and/or maintenance needed at DOC facilities may include:

- | | |
|-----------------------|--|
| • Building security | • Sleeping/rest quarters for DOC staff |
| • Janitorial services | • Meals for DOC staff |
| • Sanitation services | • Potable water |
| • Lighting needs | • Emergency generators |
| • Building repairs | • Clean-up services |

Prior to use, the Facilities Unit should assess the existing state of the location. Unit staff should prepare layouts of incident facilities for distribution to DOC responders and/or those providing supplies and services to the facility (emergency exists should be clearly marked). At the end of the operational period, the facility should be returned to its pre-response state and any expendable items should be replaced and damage should be addressed.

The Facilities Unit should receive and document requests for facility services, supplies and/or maintenance. If supplies or services need to be purchased to ensure that facilities remain operational, requests can be made to the Supplies Unit following approval from the Logistics Section Chief.

During snow/ice conditions, ensure that public sidewalks adjacent to the DOC facility are kept clear. Facility roofs may need to be kept clear of heavy snow accumulation during severe storms.

Functions of the Facilities Unit

- Ensure that the DOC facility is operational. If it is not, locate an alternate site for the DOC.
- Prepare assessment and layouts of DOC facilities.
- Coordinate with facility maintenance services such as sanitation, lighting, and janitorial staff.
- Ensure that security measures and services are present at the DOC as needed.
- Ensure operations of emergency power at DOC facilities if needed.
- Ensure that facilities remain operational under severe weather conditions such as snow/ice.
- Contract with vendors for building repairs if needed.
- If needed, coordinate meals, potable water and rest quarters for DOC staff.
- Receive and document requests for facility services, supplies and maintenance.
- Ensure that the facility is returned to its pre-response state.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Facilities Unit Leader	Assign responsibilities, review and prioritize requests for supplies, services and maintenance.		1	DOC
Facilities Unit staff	Set-up necessary facility supplies. Coordinate and manage facility services and maintenance.			DOC

E. REPORTING

The Facilities Unit Leader reports directly to the Logistics Section Chief.

F. DELIVERABLES

The Facilities Unit is responsible for producing the following:

- Facility assessment prior to use
- Facilities Supplies and Services Log
- Facility Layout
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Facilities	Appendix Kc
IDER Set Up Manual	Appendix Kc1

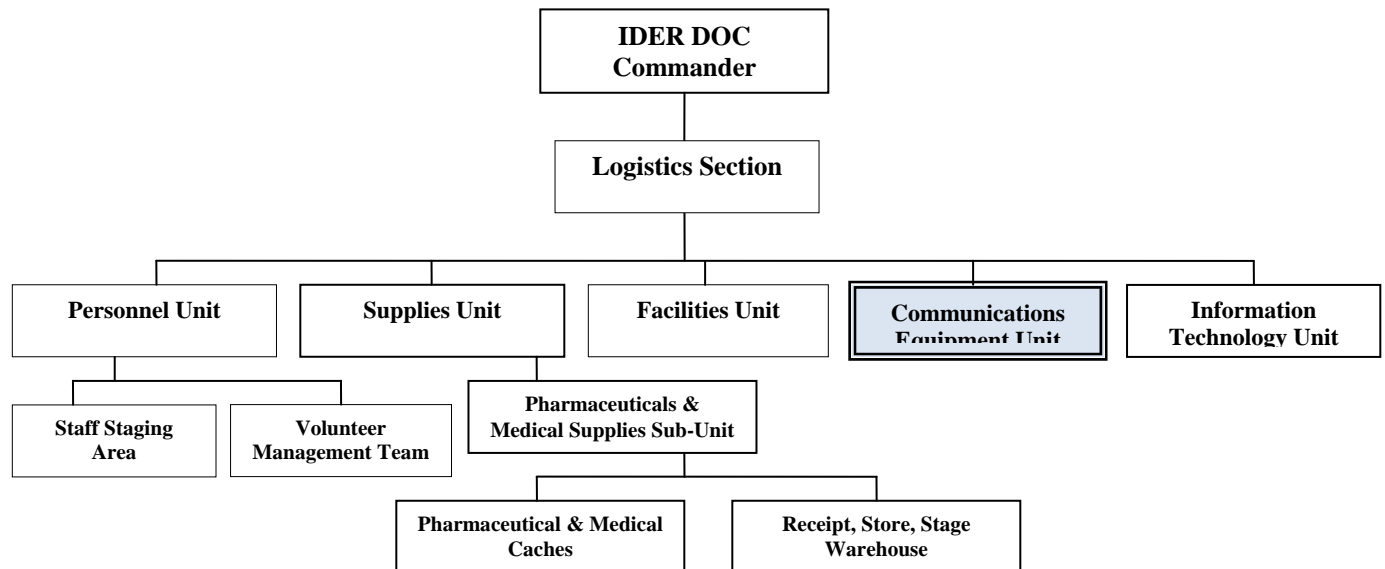
b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics

Copy machine access	1	Logistics
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33. COMMUNICATION EQUIPMENT UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Communications Equipment Unit is to ensure that all communications equipment deployed for the emergency response functions properly. The Unit's objectives are to:

- Ensure that DOC operations have multiple communication tools.
- Coordinate the repair of malfunctioning communications equipment.

The procurement of communications equipment occurs in the Supplies Unit.

b. Methods

The Communications Equipment Unit will be responsible for installing and maintaining the following telecommunication equipment and systems. See Inventory and Resource Tracking System, Appendix Kb, for detailed equipment descriptions and storage locations:

- **Landline telephones.** The San Francisco Department of Public Health owns telephones for day to day operations plus an additional cache of telephones that may be set up during a response.
- **Cellular telephones, pagers, and smartphones (e.g. Blackberry).** The San Francisco Department of Public Health has issued cellular telephones to on-call duty officers and other select staff for day-to-day use. These may be reassigned to response staff if necessary.
- **Go-Phones.** The Communicable Disease Control and Prevention Section has cellular Go-Phones for use during an emergency.
- **Conference call equipment (i.e. "Octopus").** The San Francisco Department of Public Health owns conference call telephones.

- **800 MHz radios, associated accessories and operators.** The San Francisco Department of Public Health has procured a cache of 800 MHz radios, spare batteries, belt clips and earpieces for emergency use. The Emergency Medical Services (EMS) Section has assigned a tracking number to each radio and configured them to operate on the appropriate encrypted channels. The health department has been assigned the channel A-2 for general communication. The Communications Equipment Unit will provide support of radio communications including requests for additional radios, radio operators, radio channel assignments, provision of radios and forwarding malfunctioning radios for service.
- **Two-way radios.** A cache of two way radios have been purchased for use at the PODs and are pre-positioned in the POD go-kits (trailers). These are intended for intra-POD communication between responders at each POD or for short range communication between members of field investigation teams.
- **Phone bank.** The DOC has access to an automatic call distribution system at 30 Van Ness that may be used as a Public Information line. (The Clinician Consultation Unit and Surveillance Team will receive calls from clinicians). This phone bank can support up to 20 simultaneous call agents. See Appendix F for location and procedure for activating the Phone Bank.
- **Strategic Telephone Automatic Response System (STARS).** The Communicable Disease Control and Prevention Section has access to a second automatic call distribution system that primarily supports the section's disease control and reporting activities. This system is based at 101 Grove and can support up to 50 simultaneous call agents. The system was programmed to function in semi-automatic mode in day-to-day operations and allow for a switch to fully automatic mode in emergency operations. See Appendix Kd for the call structure used during an activation. The Communications Equipment Unit will be responsible for providing training on how to log into STARS and for setting up additional handsets and phone accessories if it is necessary to increase the number of call center agents.
- **Analog and digital phone line ports.** Offices and meeting rooms at 101 Grove are equipped with analog and digital phone line ports. Not all ports are activated under normal operations. See Appendix Ka for a diagram of the location of these ports and instructions for their activation. The Communications Equipment Unit, in conjunction with 101 Grove Facilities Management, is responsible for reassigning private branch exchange (PBX) lines to different locations within 101 Grove and reassigning voicemail boxes.
- **Auto-attendant mailboxes.** A number of topic-specific information lines with auto-attendant voicemail boxes exist. These are intended to be used with pre-recorded messages that answer commonly asked questions or inform the public with a consistent message. There are auto-attendant mailboxes for seasonal flu, avian flu, BDS activation for United States Postal Service employees, and mass prophylaxis community Push partners. Recorded messages will be updated by the Information and Guidance Branch.
- **Fax Machines.** The San Francisco Department of Public Health owns fax machines that may be used for the response. Four fax lines function with the Blast Fax system.

C. IMPLEMENTATION

a. Communication Equipment Unit

Activate the Communication Equipment Unit for all activations.

The Unit is responsible for setting up, maintaining and servicing all communications equipment and systems used as part of the DOC response including field operations. Equipment and systems may include:

- Strategic Telephone Automatic Response System (STARS) and Monitoring
- Conference call

- Set-up of call routing system
- Monitoring of calls
- Landline telephones and voicemail
- Cellular telephones
- Pagers
- Satellite Telephone
- Radios (800 MHz, two-way)
- Phone bank
- Fax machines

Refer to Appendix Kb for an inventory and instructions on communications supplies.

Receive and document requests for assistance. If new equipment needs to be purchased to ensure ongoing communications and computer function, requests can be made to the Supplies Unit following approval from the Logistics Section Chief.

Functions of the Communications Equipment Unit

- Set up and test all communications equipment and telephone lines.
- Respond to requests and inquiries for communications equipment from response staff.
- Provide updated phone/contact list for emergency response staff working throughout the response.
- Provide multiple modes of communication for response staff to ensure redundancy.
- Maintain and service all communications equipment and arrange for equipment to be sent to other city departments for repair.
- Maintain a list of equipment service provided during the response and the disposition of each request.
- Consult the 101 Grove Facilities Management and Department of Technology as necessary.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Communication Equipment Unit Leader	Assign responsibilities, review and prioritize requests for equipment, service support.	Experience with phone systems, 800 MHz radios, PBX lines	1	DOC
Communication Equipment staff	Set-up and maintain communications equipment. Manage service equipment, consult with EOC/EMS staff regarding the use of 800 Mhz radios. Monitor STARS. Coordinate equipment repairs/replacements.	Experience with phone systems, 800 MHz radio operations, PBX lines		DOC

E. REPORTING

The Communications Equipment Unit Leader reports directly to the Logistics Section Chief.

F. DELIVERABLES

The Communication Equipment Unit is responsible for producing the following:

- Equipment Service Log
- Personnel and Communications List, ICS Form 205 (for each Operational Period)

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

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

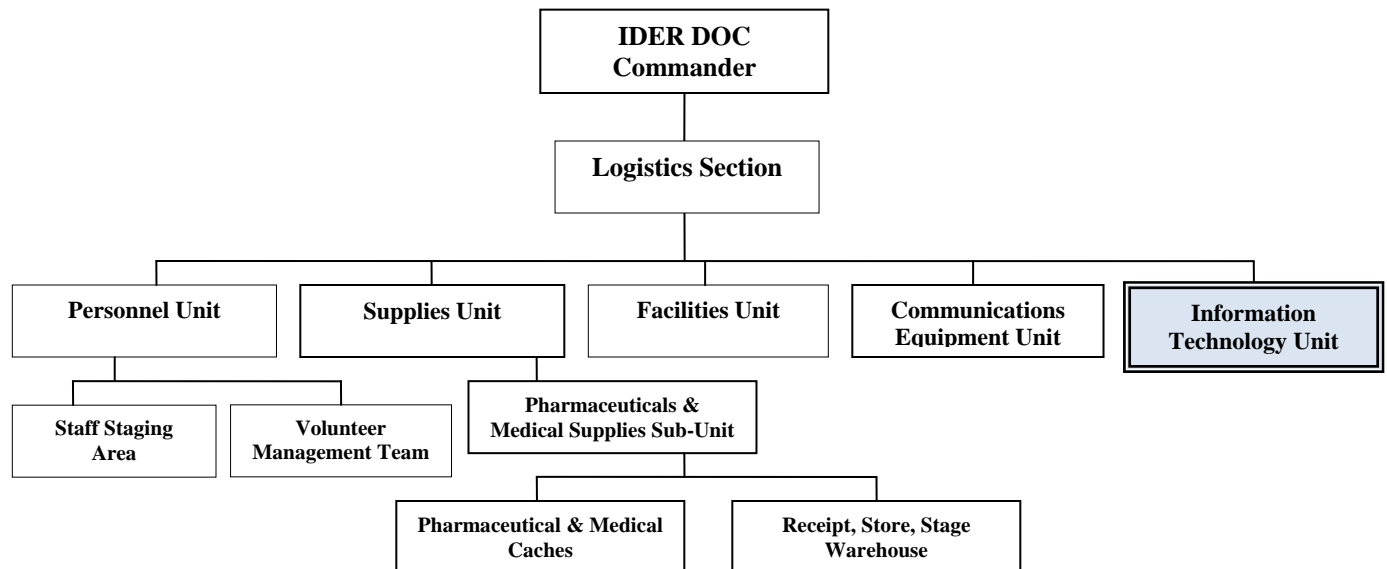
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Communication Equipment	Appendix Kd
STARS Operation Manual	Appendix Kd1
800 Mhz Radio Operating Instructions	Appendix Kd2
Creating and Sending Group Vociemails	Appendix Kd3
AT&T Conference Call Instructions	Appendix Kd4
Language Line Instructions	Appendix Kd5
J-Blast Fax Instructions	Appendix Kd6
Protocol and MOU for contacting 311	Appendix Kd7
HAND instructions	Appendix Kd8
Telephone Information Line Instructions & Scripts	Appendix Kd9
311 Communication Plan	Appendix Kd10
911 Communication Plan	Appendix Kd11
911 BDS Protocol	Appendix Kd12

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio	1	Logistics
Copy machine access	1	Logistics

34. INFORMATION TECHNOLOGY UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Information Technology (IT) Unit is to ensure that computer, network-related equipment, and applications deployed for the emergency response function properly. The Unit's objectives are to:

- Provide a stable and secure IT infrastructure.
- Create a flexible IT infrastructure to allow operations to scale up and down.
- Manage inventory of IT equipment and supplies used for the response.
- Ensure optimal function of specialized application systems (e.g., CDCP Website, HAND)
- Manage user accounts.
- Make website updates.

The procurement of IT equipment occurs in the Supplies Unit.

b. Methods

The IT Unit is responsible for the following IT resources:

Desktop computers. The San Francisco Department of Public Health has an existing inventory of desktop computers that are used on a day-to-day basis but which can be deployed for a response. The IT Unit will ensure that these machines are functional.

Laptop computers. Field and on-site laptops have been procured and pre-positioned for an emergency event and are listed in the Inventory and Resource Tracking System (Appendix Kb). There are two caches of field laptops.

- **IDER Field Laptops.** Field investigation laptops are a component of the Epi Go-kits used by the Epidemiology and Surveillance Branch.

- **IDER POD Laptops.** POD Laptops are reserved for the Mass Prophylaxis Group if activated.
- **IDER On-site Laptops.** On-site laptops are reserved for the DOC and ancillary work areas.
- **San Francisco Department of Public Health laptops.** Some staff have been assigned laptops for day-to-day use. The IT Unit will evaluate all resource needs of the response and prioritize deployment of these laptops as needed.

Server maintenance. The IT Unit will be responsible for maintaining the functionality of file and application servers that impact DOC operations. The majority of disease control/outbreak management protocols and application databases used for outbreak management reside on health department servers. In addition, DOC operations rely on fax and FTP servers housed in the DPH data center at 1380 Howard. The ability to run outbreak management activities, disseminate health alerts via blast fax, receive transmissions of case investigation field data and other critical tasks all depend on the functional status of DPH servers.

LCD and overhead projectors. The San Francisco Department of Public Health owns various LCD projectors which may be deployed. Priority is given to the DOC Command Center.

Printers and copy machines. The San Francisco Department of Public Health owns printers and copy machines that may be deployed for a response.

Software installation and configuration. While all The San Francisco Department of Public Health desktops and laptops are equipped with general software such as Microsoft Office, email, web browser, and Adobe Acrobat Reader, a subset of laptops has been configured for more specialized use. The IT Unit will oversee software installation on computers used in the response and assist users with application configuration issues that require Administrator privileges. Consult the Inventory and Resource Tracking System in Appendix Kb to determine which computers have specialized software installed (e.g. statistical analysis software, GIS software, Disease Control Management System, etc.). The IT Unit is responsible for installing Virtual Private Network (VPN) client software and certificates onto approved field laptops to allow responders to access the health department network remotely.

Digital certificate installation and maintenance. Response staff may need to access communication networks (e.g., Epi-X, Biosense) with the California Department of Health Services, Centers for Disease Control or the Department of Homeland Security.

Alerting, messaging, and information sharing systems. Several systems may be used to enable the sharing of information with partner agencies.

- **EMSystem.** EMSystem is an alerting/notification and bed-tracking system managed by DEM EMS section. The system facilitates the bi-directional dissemination of EMS data, including patient data and bed availability, between EMS and hospital EDs. EMSystem may also be used to notify key responders of critical information in the initial stages of an emergency.
- **California Health Alert Network (CAHAN).** CAHAN is a web-based statewide system managed by the California Department of Public Health. CAHAN allows for inter-jurisdictional sharing of information and electronic data in large-scale emergencies that may involve multiple counties or operational areas.

Network connection. DOC operations will be run out of San Francisco Department of Public Health offices and conference rooms. The IT Unit will assist with connectivity issues by activating data ports and assigning appropriate bandwidth to computing resources on the network that are essential to the response. See the Set-up Manual, Appendix Kc, for a diagram of the location of data ports at 101 Grove and instructions for their activation.

User account management. Computer and e-mail user accounts may need to be created, assigned, modified, and maintained. Due to the sensitive nature of health information, users' baseline access pre-incident and post-incident must be taken into consideration before group assignments are made.

Website. The San Francisco Department of Public Health websites will become critical tools for information dissemination to the public. See Appendix Ke for instructions.

Health Alert Notification Database (HAND) and blast fax system. A multi-user accessible database application that manages the dissemination of Health Alerts/Advisories/Updates to San Francisco's clinical community including physicians, EMS providers, clinical laboratories, and allied health professionals. This tool is a critical component of the emergency response's public information and communications system. Health Alerts or other guidelines may be disseminated to clinicians using HAND in conjunction with multiple fax servers. See Appendix Kd for instructions.

Virtual Private Network (VPN). VPN is required for remote network access. Software and certificates must be installed.

C. IMPLEMENTATION

a. Information Technology Unit

Activate the Information Technology (IT) Unit when the response requires the set-up of IT and/or assistance with IT infrastructure.

The IT Unit is responsible for:

- Setting up and testing computer equipment, peripherals and network connections at all locations.
- Maintaining and repairing all malfunctioning IT equipment and network issues.
- Setting up, maintaining, and troubleshooting general software applications and systems used by responders.
- Managing user accounts and access privileges for responders.
- Setting up, maintaining, and troubleshooting external alerting, messaging, and information sharing systems (e.g., EMSytem, CAHAN).
- Website posting
- Sending out Health Alerts and other materials through the Health Alert Notification Database (HAND) and blast fax system.
- Managing Virtual Private Networks (VPN)

See the Inventory (Appendix Kb) for detailed descriptions of IT equipment and storage locations. See Appendix Ke for a list of DOC email accounts and passwords. If additional equipment (e.g., replacement parts, cables and switches) is not internally available, the IT Unit should forward the request to the Logistics Section's Supplies Unit.

Responder requests for IT equipment set-up or service should be clarified at the beginning of a response by the Logistics Section Chief (e.g., requests made via email, telephone, form). All IT requests should be documented.

Functions of the Information Technology Unit

- Set up and test all IT equipment and network connections.
- Inform Logistics Section Chief if there are substantial changes to available communication mechanisms (e.g., loss of network).

- Provide updated user e-mail account list for staff throughout the response.
- Respond to requests and inquiries for computer equipment from response staff.
- Maintain and service all computer equipment and computer network and/or arrange for equipment to be sent to other city departments for repair as necessary.
- Maintain a list of services provided during the response.
- Maintain an inventory of all IT equipment deployed for the response.
- Set-up and troubleshoot application systems to support the response.

D. STAFF POSITIONS

This module can contain the following roles. The “Number of Employees” column indicates the minimum number of roles required to activate this module.

Staff Position Roster: Information Technology Unit				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Information Technology Unit Leader	Assign responsibilities, review, prioritize, and fulfill IT requests,.	Experience managing 101 Grove IS resources.	1	DOC
Information Technology Unit Staff	Set-up and maintain computer and network equipment for responders.	Experience managing IS resources. Administrative rights to network.	1-5	DOC
Website Poster	Post content to the SFDPH and/or SFCDCP website.	Website posting experience.	1	DOC

E. REPORTING

The Information Technology Unit Leader reports directly to the Logistics Section Chief.

F. DELIVERABLES

The Information Technology Unit is responsible for producing the following:

- Information Technology Service Log
- Information Technology Inventory
- Updated user account access list for computers and e-mails (for each Operational Period)
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, guidelines, and MOUs

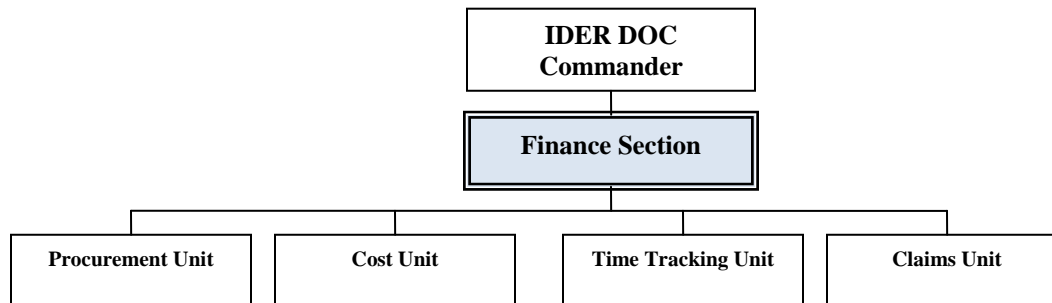
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Logistics	Appendix K
Information Technology	Appendix Ke
IDER e-mails	Appendix Ke1
CDCP Group E-mail Instructions	Appendix Ke2
IDER Email Password	Appendix Ke3
IDER Email Rules	Appendix Ke4
CDCP Website Manual and Protocols	Appendix Ke5
CDCP Website Vendor Contact Info & Passwords	Appendix Ke6
Bulk Email Instructions	Appendix Ke7

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access, administrative rights	1+	Logistics
Printer access	1	Logistics
800 MHz Radio, cell phone, or pager	1	Logistics
Copy machine access	1	Logistics
Extension cords	5+	Logistics
Broadband cables	5+	Logistics

35. FINANCE SECTION

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The Purpose of the Finance Section is to facilitate the purchase and reimbursement of resources utilized in the infectious disease emergency response. Finance Section objectives include:

- Track hours worked by response staff for local, state, and federal reimbursement.
- Facilitate purchasing of supplies necessary for the emergency response.
- Monitor multiple sources of funds.
- Track and report to the Incident Commander the financial cost of the IDER response.

b. Methods

The Finance Section utilizes the following methods to achieve objectives:

Procurement. All financial matters related to the purchase of supplies and services for the emergency event are managed by the Procurement Unit. The Unit will ensure that proper purchasing protocols are utilized throughout the response. The Unit will generate purchase requisitions, obtain purchase order approvals, manage vendor contracts, and conduct all financial transactions with vendors.

Cost Tracking. All financial tracking and reporting for the response are managed by the Cost Unit. The Unit will ensure that all incident-associated costs are captured using existing standard DPH methodologies as well as alternate response-specific mechanisms. The Unit will produce cost reports and projects to decision-makers in the IDER organization to help inform and shape the response objectives and strategies.

Time Tracking. The Time Tracking Unit is responsible for ensuring the accurate recording of personnel time and compliance with agency and donor reporting policies. The Time Tracking Unit will maintain time records for all personnel assigned to the incident in preparation for cost-recovery reporting after the response. The Unit will coordinate with the payroll departments to ensure that payroll processing for response staff occurs in a timely fashion.

Claims Processing. All workmen's comp, property damage, and other claims resulting from the activation will be received and processed by the Claims Unit. The Unit will ensure that proper procedures are followed.

C. IMPLEMENTATION

a. Finance Section

Always activate the Finance Section, Cost Unit, and Time Tracking Unit. Consider activation of other Units if it is necessary to purchase goods or services and/or if claims are received or anticipated.

The Finance Section is responsible for managing the direct financial needs of the incident. In an incident requiring EOC activation, some or all finance functions may be performed at the EOC. The Finance Section Chief will determine which Units are required for the response and will activate the appropriate Units, after approval by the Incident Commander.

Functions

- Manage all financial functions for the response.
- Regularly provide updated financial information on the cost of the response, cost analysis information, and projected expenditures at Command Staff meetings and as needed.
- Meet with assisting and cooperating agency representatives to ensure financial processes are adhered to.
- Maintain daily contact with the EOC on finance matters. This is particularly critical in proclaimed disasters where State and Federal reimbursement is likely.
- Ensure that all personnel time records are accurately completed and transmitted to home agencies, according to policy.
- Provide financial input to demobilization planning.
- Ensure that all claims, invoices, purchase orders, etc. are properly executed.
- Brief Incident Commander and EOC or DPH management personnel on all incident-related financial issues.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Finance Section Chief	Supervise finance activities, assign responsibilities, orient staff and serve as a resource for all staff. Carries out unit functions if they have not been activated.	Accounting or purchasing manager, FAMIS/ADPICS access and experience, authority to approve POs	1	DOC
Finance Section Deputy	Assists the Finance Section Chief in carrying out duties.	Accounting or purchasing manager, FAMIS/ADPICS access and experience, authority to approve POs		DOC
Administrative Assistant	Perform administrative duties. Take notes at meetings and other duties.			DOC

E. REPORTING

The Finance Section Chief reports to the Incident Commander.

F. DELIVERABLES

The Finance Section is responsible for producing the following:

- Summary of Costs
- Time Tracking Report
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

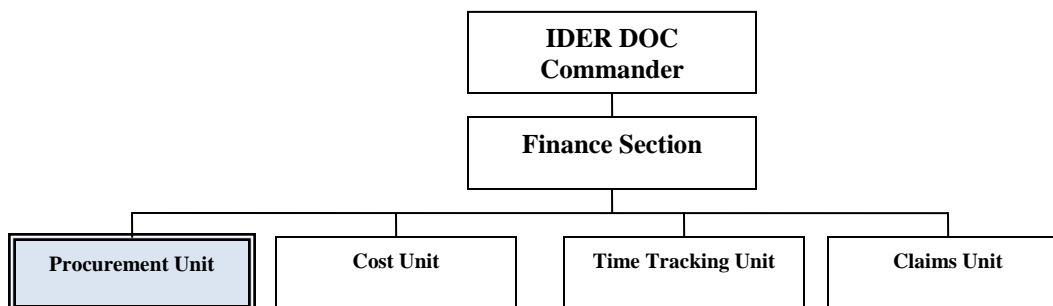
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Finance	Appendix L
Procurement	Appendix La
Flowchart of Procurement Mechanisms	Appendix La1
Procurement and Cost Unit Tracking Spreadsheet	Appendix La2
Instructions on completing blanket purchase orders and releases against term contracts	Appendix La3
Blanket Purchase Order and Release Against Term Contracts Form	Appendix La4
Instructions on completing one-time purchase orders	Appendix La5
One-time purchase order form	Appendix La6
Controller's Office Chart of Accounts	Appendix La7
References from CCSF Office of Contract Administration's Rules & Regulations Pertaining to the SF Admin code, Chapter 21 Acquisition of Commodities & Services	Appendix La8
Emergency Invoice List CDCP	Appendix La9
Time Tracking	Appendix Lc
Personnel Time Tracking Report Template	Appendix Lc1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

36. PROCUREMENT UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Procurement Unit is to ensure that supplies are procured through the appropriate protocols during a response. The Unit's objectives include:

- Ensure cost accountability of the response through the preparation of appropriate purchasing documents for supplies and equipment.
- Ensure the quick and efficient procurement of response supplies by establishing and managing vendor contracts.
- Support ongoing response operations through acquisition of scarce supplies via commercial sources.

b. Method

Procurement Unit methods and tools for procuring supplies include:

Blanket Purchase Order. DPH has established Department blanket purchase orders, renewed every fiscal year, with various vendors that allow the Department to purchase commodities from those vendors according to the terms of the contract. Due to the front-loaded fiscal approval mechanism required to set-up blanket purchase orders, purchases made against blanket purchase orders will be a reliably efficient means of procuring supplies in an emergency. It is possible to establish a blanket purchase order with a vendor during the incident response. The Procurement Unit will compile and maintain a listing of all known blanket purchase orders that may be relevant to the response. The Unit will collaborate closely with the Logistics Section's Supplies Unit to coordinate releases against blanket purchase orders.

One-time Purchase Order. If a purchase needs to be made from a vendor with whom the City and County of San Francisco does not currently have a blanket purchase order agreement, the Procurement Unit may requisition a one-time purchase order with the vendor, which must be approved by the appropriate DPH fiscal authority. The Procurement Unit will coordinate with the DPH Fiscal Section for expedited review and approval while ensuring compliance with CCSF's purchasing policies. Refer to Appendix L for Purchase Order form and instructions.

Term Contracts. For purchases of standard commodities from established vendors, purchase orders may be released against a term contract. The Office of Contract Administration establishes term contracts with qualifying vendors, thereby front-loading the approval mechanism similar to blanket purchase orders. A term contract is established between a vendor and CCSF, renewed every 3 years, that allows San Francisco Departments to purchase any, or specified items, up to a certain dollar amount, depending on

the terms of the contract. The Procurement Unit will research term contracts and maintain a listing of high-volume commodities relevant to the response.

Issuing emergency credit cards. In a large-scale emergency, the Controller's Office may activate a series of pre-identified credit cards (one per city agency) in the event the city's accounting system is unable to provide timely payments to vendors. If DPH's emergency credit card has been activated, the Procurement Unit may request to use the credit card. If appropriate, coordinate the use of the emergency credit card with the Logistics Section.

Purchasing during a declared emergency. In a large-scale emergency, the normal purchasing policies may be suspended following a declaration by the Mayor. The Controller's Office will issue emergency index codes (usually one per city agency) and provide guidance for their use. The Procurement Unit will coordinate with the EOC Finance Section on how to use the FEMA index code. When establishing the criteria for making purchases using the FEMA index code, the Procurement Unit will take into consideration all issues that relate to post-incident reimbursement claims.

Advanced Purchasing and Inventory Control System (ADPICS). The Advanced Purchasing and Inventory Control System is the online purchasing system for goods and services used by the City and County of San Francisco. The Procurement Unit may need to access the ADPICS system to create and track the approval path of purchase requisitions. The system also stores vendor information that will be important for Unit staff to utilize as part of their vendor relations responsibilities. If ADPICS becomes unavailable for any reason, the Procurement Unit must establish paper-based procedures for generating purchase orders and placing orders with vendors.

C. IMPLEMENTATION

a. Procurement Unit

Activate the Procurement Unit when it is necessary to purchase items for the response. The Unit should be staffed with individuals who have authority to generate purchase requisitions and expedite approvals.

The Procurement Unit will primarily receive purchase requests from the Logistics Section Supplies Unit and the Operations Section Chief. Purchasing procedures will vary depending on the scale of the response. Until a local emergency is declared by the Mayor's office, the Procurement Unit should adhere to all normal purchasing procedures. After a local emergency declaration, the Unit may adopt emergency procurement procedures as specified in Section 21.15 of the San Francisco Administrative Code. Refer to Appendix L for a flowchart of procurement mechanisms.

Steps for Filling a Procurement Request

1. Review and clarify all purchase requisitions with the Supplies Unit.
2. Identify multiple vendors to determine most efficient and cost-effective source of procurement.
3. Consult DPH Fiscal staff when necessary.
4. Determine the appropriate funding source to be used and match the correct index and character codes for the purchase.
5. Ensure that if grant funding is used for the purchase the guidelines of the grant allow for the expenditures.
6. Establish, understand, and troubleshoot contracts and agreements with supply vendors.
7. Issue the purchase order.
8. Communicate with vendors to assess availability and cost of commodities.
9. Establish blanket purchase orders during the response, if necessary.
10. Update the Supplies Unit on the status of purchase orders.

11. Coordinate with the Supplies Unit to ensure that supplies are delivered to the appropriate location.
12. Confirm that deliveries are accepted and invoices processed.
13. Maintain documentation of all supplies purchased during an incident.

Issuing purchase orders from term contracts or blanket purchase orders

See Appendix L for instructions on completing blanket purchase orders and releases against term contracts, respectively, and all associated forms.

One-time purchases

Instructions for making one-time supply purchases of less than \$10,000 are as follows:

1. Receive a quote, in writing, from the vendor detailing the item(s), quantities and their costs.
2. Create a requisition for this purchase, attaching the vendor quote, form, and appropriate funding codes (index and character codes).
3. Obtain a minimum of three separate vendor quotes if the total cost of the purchase requisition exceeds \$2,500.
4. Send completed forms to the DPH Fiscal at 1380 Howard Street.

Change of procedures during a declared local emergency

Once the incident has been declared a local emergency by the Mayor's Office, the Procurement Unit is responsible for switching over to emergency purchasing procedures. The Unit will confirm that purchases are charged to the appropriate emergency index codes. All documentation of purchases made must be submitted to the Cost Unit in preparation for cost-recovery reimbursement programs.

Cost tracking

Cost-tracking during an incident is done by the Cost Unit. Determine what information or documentation must be provided to the Cost Unit on a regular basis as the incident progresses. Submit in-progress and completed purchase orders to the Cost Unit.

Functions of the Procurement Unit

- Draft and process all supply purchase requisitions using appropriate procedures.
- Communicate with vendors to clarify quotes and invoices.
- Work closely with the EOC Finance Section to clarify procedures and index codes.
- Update procurement originator on the status of purchases.
- Ensure that supplies are received and invoices are processed for payment.
- Produce and submit to the Cost Unit all Purchase Order Summary Reports.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Procurement Unit Leader	Assign responsibilities, reviews and approves all purchase orders. Provide procurement updates to the Cost Unit	Experience with DPH/CCSF Finance	1	DOC

	Leader.	protocols, authority to approve purchase orders, access to ADPICS system		
Procurement Unit staff	Compile purchase order requests, research and assign index and character codes, execute purchase orders, organize and document all purchase orders.	Experience with DPH/CCSF Finance protocols, familiarity with ADPICS system		DOC

E. REPORTING

The Procurement Unit Leader reports directly to the Finance Section Chief.

F. DELIVERABLES

The Procurement Unit is responsible for producing the following:

- Purchase Orders
- Summary of purchase orders
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

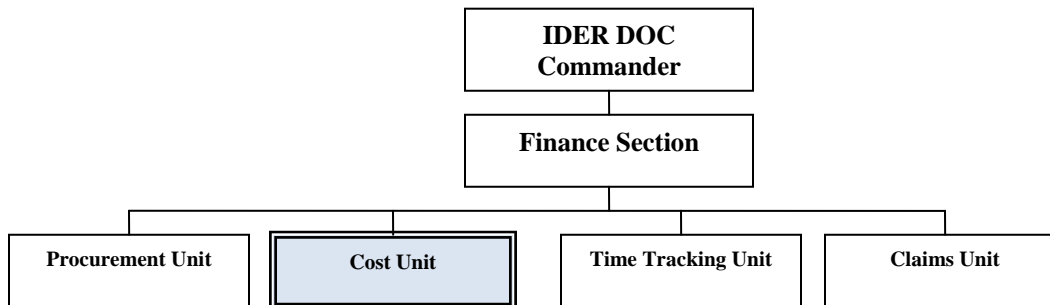
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Finance	Appendix L
Procurement	Appendix La
Flowchart of Procurement Mechanisms	Appendix La1
Procurement and Cost Unit Tracking Spreadsheet	Appendix La2
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Blanket Purchase Order and Release Against Term Contracts Form	Appendix La4
Instructions on completing one-time purchase orders	Appendix La5
One-time purchase order form	Appendix La6
Controller's Office Chart of Accounts	Appendix La7
References from CCSF Office of Contract Administration's Rules & Regulations Pertaining to the SF Admin code, Chapter 21 Acquisition of Commodities & Services	Appendix La8
Emergency Invoice List CDCP	Appendix La9
Time Tracking	Appendix Lc
Personnel Time Tracking Report Template	Appendix Lc1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

37. COST UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Cost Unit is to track, analyze, and project costs related to response operations. The Unit's objectives include:

- Provide cost accountability for effective management of the incident.
- Capture all financial transactions and expenditures to assist in post-incident cost-recovery efforts.
- Provide realistic and timely cost projections to inform decision-makers and shape response objectives.
- Maintain accurate financial records for incident-related compensation claims.
- Meet compliance and audit requirements of grant-funded incident response activities.
- Project financial resources needed to adequately sustain the response as well as continuity of operations.

b. Methods

Methods and tools used by the Cost Unit to support the IDE response include:

Expense tracking and cost summary. The Cost Unit will capture costs associated with the incident. The Cost Unit will maintain thorough paper-based and electronic records of accrued costs while ensuring that all regular accounting procedures are followed.

Financial Accounting Management Information System (FAMIS). The Financial Accounting Management Information System is the cost-accounting system used by the City and County of San Francisco for recording and processing financial transactions. The Cost Unit will need to access FAMIS to extract and input cost data during a response. CDCP staff will provide first-line support for querying FAMIS for cost tracking purposes. The Cost Unit will ensure that all financial transactions are eventually captured in FAMIS. The Unit will also be responsible for maintaining documentation to support the transactions when reimbursement claims are filed in the cost-recovery phase of the response.

Financial planning and projection. The Cost Unit will compile response cost data to develop financial projections. The availability of accurate and realistic financial expenditures and projections will help the Incident Commander and others make critical decisions regarding resource allocation. Financial projections will be generated with input from other Sections to capture anticipated resource needs.

C. IMPLEMENTATION

a. Cost Unit

Always activate the Cost Unit.

The Cost Unit is responsible tracking all costs and the balance on funding streams made available for the incident response. A summary of this information should be provided to the Finance Section Chief once during every operational period, and more often if requested. Documentation costs originate from multiple sources, and it will be the primary activity of the Cost Unit to compile them.

Personnel Costs. A summary of personnel costs will be provided by the Time Tracking Unit. The Cost Unit will review the guidelines of local, state, and federal grants and other funding sources to determine if the response is eligible for re-imbursement.

Material Costs. A summary of procurement costs will be provided by the Procurement Unit. Other costs will be tracked by the Cost Unit. If an emergency declaration has been made by CCSF governing officials, the Controller's Office will provide guidance on the usage of "FEMA index codes" pre-established for each city agency. In such cases, the Cost Unit will track incident-related expenses using the emergency index codes. If needed, the Cost Unit will request additional index codes from the Controller's Office.

Claims. A summary of claims costs will be provided by the Claims Unit. If the EOC has been activated, the Claims Unit will coordinate with, and refer claims against the city for damage of personal property as a result of the response or disaster service workers' personal injury claims. If the EOC is not activated, the Claims Unit will work with DPH, DEM and other appropriate CCSF officials.

If state or federal reimbursement will be pursued by the Controller's Office, the Cost Unit staff will provide supporting documentation to facilitate this process.

Functions of the Cost Unit

- Ensure that records of all funding sources supporting the incident are maintained.
- Collect and record all expenditures and financial data in a manner that allows for transparency to support state and/or federal cost-recovery claims at the end of the response.
- Compile cost reports and generate projections for the duration of the response.
- Coordinate closely with other Sections to reconcile financial and operational records.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Cost Unit Leader	Assign responsibilities, provide expenditure reports, provide cost projections, ensure documentation is maintained.	Experience with DPH and CCSF Finance protocols, experience producing cost projections, access to FAMIS	1	DOC

		system		
Cost Unit Staff	Collect, analyze and summarize cost data.	Experience with DPH and CCSF Finance protocols, familiarity with FAMIS system		DOC

E. REPORTING

The Cost Unit Leader reports directly to the Finance Section Chief.

F. DELIVERABLES

The Cost Unit is responsible for producing the following summaries during each operational period:

- Expenditure Report
- Cost projection Report
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

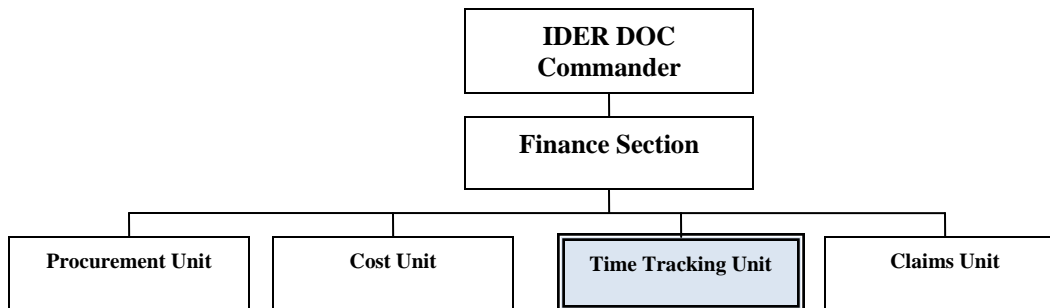
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Finance	Appendix L

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

38. TIME TRACKING UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Time Tracking Unit is to ensure that hours worked by response staff are accounted for in a manner that is consistent with local, state, and federal guidelines should the event qualify for cost-recovery reimbursement. The Unit's objectives are to:

- Track and document hours worked by all personnel involved in the response
- Ensure that payroll is not disrupted for personnel who are deployed in a response
- Adapt existing payroll procedures to report hours worked
- Produce a personnel time tracking report.

b. Methods

The primary responsibility of the Time Tracking Unit is to document all hours, including overtime, worked by response staff for the duration of the response. Multiple methodologies for personnel time tracking will be used to complement the different response activities at different sites.

Sign-in/out sheets. Sign-in/sign-out sheets should be provided to the Staging Area and all facilities where response activities are carried out.

Timesheets. Time Tracking Unit staff will ensure that timesheets are available to all responders at the beginning of every operational period. Timesheets will be collected, reviewed for accuracy, compiled and stored, and summarized.

Personnel Tracking Software. A software program that allows employees to sign-in and out during each operational period by swiping their disaster service worker ID cards through custom card readers may be utilized. Time tracking data may be extracted from this system and summarized by the Time Tracking Unit staff.

C. IMPLEMENTATION

a. Time Tracking Unit

1. Always activate the Time Tracking Unit.

This Unit will work closely with the Plans Section Resource Status Unit and Logistics Section Personnel Unit to ensure that all personnel time documentation is completed and collected. The Unit will utilize sign-in/out sheets, timesheets, personnel tracking software, or other methods to capture personnel time spent on the response. Time-tracking-related information to be collected, documented, and summarized including:

- Responder name
- Responder Civil Service Classification number
- Responder's usual city agency and supervisor
- Hours worked during the operational period
- Assignment performed by each individual during this time
- Breaks and meal times

The Time Tracking Unit will provide summarized time tracking information for every operational period to the Finance Section Chief and Cost Unit. If the response qualifies for local, state, or federal reimbursement, all personnel time tracking data collected during the response needs to be summarized and all supporting documentation must be available for the cost-recovery claims submission.

Functions of the Time Tracking Unit

- Provide guidance to response on time tracking methods, overtime allowances, frequency, and forms.
- Track and document hours worked by all personnel involved in the response.
- Submit a personnel time tracking report for every operational period.
- Adapt existing payroll procedures to report hours worked.
- Maintain documentation.
- Summarize time tracking data and prepare cost-recovery claims submission.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification / Critical Skills	Minimum No. of Employees	Location
Personnel Time Tracking Unit Leader	Assign responsibilities to Unit staff, reviews time sheets for submission to payroll, provide time reporting guidance.	Experience with payroll procedures and policies, has acting authority to sign time sheets	1	DOC
Personnel Time Tracking Unit Staff	Collect and summarize time tracking information from multiple sources, produce reports, submit information to payroll.	Experience with payroll procedures and policies		DOC

E. REPORTING

The Personnel Time Tracking Unit Leader reports directly to the Finance Section Chief.

F. DELIVERABLES

The Personnel Time Tracking Unit is responsible for producing the following:

- Personnel Time Tracking Report
- Module Objectives and Update, ICS Form 202b (for each Operational Period)

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

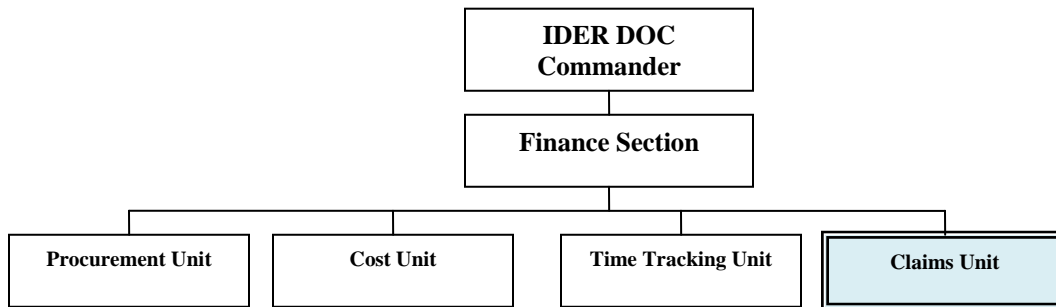
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Finance	Appendix L
Time Tracking	Appendix Lc
Personnel Time Tracking Report Template	Appendix Lc1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics

39. CLAIMS UNIT

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Claims Unit is to provide overall management and direction of all administrative matters pertaining to compensation for injury and other claims-related activities for the IDER event. The Unit's objectives include:

- Receive, investigate and document claims issued by employees and non-employees.
- Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained and available.
- Ensure that all Compensation for Injury and Claims logs and forms are complete and routed to the appropriate agency for post-incident processing prior to demobilization.

b. Methods

Methods and tools used by the Claims Unit to support the IDE response include:

Documentation. The Claims Unit will capture claims associated with the incident. The Claims Unit will maintain thorough paper-based and electronic records of all claims while ensuring that proper procedures are followed.

Investigation. The Claims Unit may investigate all claims except for personal injury.

C. IMPLEMENTATION

a. Cost Unit

Activate the Claims Unit if the IDER event has resulted in, or may result in, employees or non-employees filing compensation for injury claims, damaged property claims, or other claims against the city.

The Claims Unit is responsible for receiving, investigating and documenting all claims reported to the DOC during the emergency incident. Statements should be obtained from claimants and witnesses in a timely manner. A summary of this information should be provided to the Finance Section Chief once during every operational period, and more often if requested.

The Claims Unit will coordinate with the EOC (if activated) and refer claims against the city for disaster service workers' personal injury or damage of personal property as a result of the response. If the EOC is not activated, the Claims Unit will work with other appropriate city/county/regional officials.

The Claims Unit will provide a summary of claims costs to the Cost Unit once per operational period, or more often if requested.

Functions of the Claims Unit

- Receive, investigate and document claims issued by employees and non-employees. Use photographs or video documentation when appropriate.
- Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained and available.
- Compile and summarize final claims reports and submit to the Finance Section Chief once per operational period, or more if requested.
- Ensure that all Compensation for Injury and Claims logs and forms are complete and routed to the appropriate agency for post-incident processing prior to demobilization.
- Periodically review logs and forms produced by the Compensation/Claims Specialists to ensure that they are complete, entries are timely and accurate and that they are in compliance with agency requirements and policies.
- Provide a summary of claims costs to the Cost Unit.
- Coordinate a claims prevention plan with applicable incident functions.
- Initiate an investigation on all claims other than personnel injury.
- Ensure that site and property involved in an investigation are protected.
- Obtain witness statements pertaining to claims other than personnel injury.
- Document any incomplete investigations.
- Document follow-up action needs by the local agency.
- Keep the Compensation/Claims Unit Leader advised on the nature and status of all existing and potential claims.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Claims Unit Leader	Assign responsibilities, provide claims reports, ensure documentation is maintained.	Experience with Department/city Finance/claims protocols,	1	DOC
Claims Unit Staff	Collect, analyze and summarize claims data. Investigate claims as appropriate.			DOC

E. REPORTING

The Claims Unit Leader reports directly to the Finance Section Chief.

F. DELIVERABLES

The Claims Unit is responsible for producing the following summaries during each operational period:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Claims Cost Summary
- Claims Summary

G. RESOURCES

The following resources will be required to perform response operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Finance	Appendix L

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
800 MHz Radio/cell phone/pager	1	Logistics
Copy machine access	1	Logistics