

## **INTRODUCTION AND OVERVIEW**

Contra Costa Health Services (CCHS) has overall responsibility for protecting the public's health during a health emergency. Currently, the potential exists for an influenza pandemic to cause serious illness and death to a large number of people throughout the world. In response to this public health threat, CCHS has developed this Plan to prepare for, respond to, mitigate, and recover from a potential influenza pandemic in the Contra Costa County Operational Area. CCHS, through its Public Health Division (CCPHD), will be the lead agency coordinating the local response with State and federal agencies and other local health care providers to a pandemic influenza (pandemic flu) outbreak in Contra Costa County.

The response will be carried out in accordance with this Pandemic Influenza Preparedness and Response Plan (Plan), and under the authority of the Local Health Officer. All emergency operations will be conducted in accordance with the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). The overriding goal of the public health response will be to minimize morbidity (illness) and mortality (death) due to all causes during the influenza emergency.

### **Concept of Operations**

This Plan serves as a reference and guide to facilitate the CCHS response to the health care needs of county residents if confronted by the impact of an influenza pandemic. The scope of this Plan includes actions defined in each of the plans mentioned below specific to the pandemic influenza context.

The Plan is an annex to the CCHS Emergency Response Plan, CCHS Public Health Division Emergency Response Plans, and the Contra Costa County Emergency Operations Plan (Op Area) plan. It will be implemented in coordination with the Regional Disaster Medical Health Coordinator Interim Emergency Plan, the San Francisco Bay Area Regional Medical and Health Coordination Plan, the San Francisco Bay Area Regional Mass Care and Shelter Plan, and the State mutual aid mass fatality plan.

Several CCHS Public Health Division Emergency Response Plans are particularly relevant to pandemic flu response and they are referenced in this Plan. These include:

- Crisis and Emergency Risk Communication Plan
- Epidemiology and Disease Surveillance Plan
- Strategic National Stockpile Plan that includes the Mass Prophylaxis Plan
- CCHS Communication Go-Kit

This Plan has three primary purposes: to serve as a planning guide for public and private sector entities throughout the Op Area, including Contra Costa Health

Services; to provide guidance and tools to the many partners in the community who will be affected by the outbreak and involved in the response; and to guide activities to educate and prepare the general public regarding this public health threat. It is designed to engage other government entities, schools, businesses, families, individuals, and other community partners to learn about, prepare for, and exercise components of the Plan. The development, refinement, and exercise of a pandemic influenza plan by all stakeholders are critical components of preparedness.

The primary objectives of this Plan are to:

- Limit the number of illnesses and deaths due to pandemic influenza by promoting public and private sector partnerships to help ensure cross-agency coordination in the planning for and responding to an outbreak of pandemic influenza;
- Provide guidance for cities and Municipal Advisory Committees in unincorporated areas, and to coordinate their responses within the Contra Costa County Operational Area;
- Preserve continuity of essential government functions and minimize social disruption and economic losses.

### **Pandemic Severity – The driver of local response**

To better predict the impact of a pandemic and to provide local decision-makers with recommendations that are matched to the severity of an influenza pandemic, the Centers for Disease Control and Prevention (CDC), has developed a Pandemic Severity Index. This index uses the case fatality ratio (the proportion of deaths among critically ill persons) as the critical driver for determining the severity of a pandemic. The categories range from a 1 to a 5, with 1 being the least severe and 5 being the most. A severe pandemic may indicate the need for more extreme measures to help prevent the spread of disease and loss of life. (See Sect. 7 for CDC Severity Index)

### **Description and History of a Pandemic**

An influenza pandemic is a worldwide outbreak that occurs when a new influenza virus appears or “emerges” in the human population that may cause serious illness or death and spreads easily from person to person worldwide. Pandemics may be categorized from mild to severe depending upon the number of people who become ill or die from the disease.

Pandemics are different from seasonal outbreaks of influenza that are caused by subtypes of influenza viruses that already circulate among people. Pandemic outbreaks are caused by entirely new subtypes to which the population has no immunity because the subtype has either never circulated among people, or has not circulated for a long time. Seasonal influenza occurs routinely worldwide each year, causing an average of 36,000 deaths annually in the United States. Nearly 40 years have passed since the last influenza pandemic.

Influenza viruses experience frequent, slight changes to their genetic structure. Occasionally they undergo a major change in genetic composition. It is this major genetic “shift” that creates a “novel” virus and the potential for a pandemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunity. A new vaccine must be developed to protect the population from the new virus strain, a process that takes 6-9 months.

Several characteristics of an influenza pandemic differentiate it from other public health emergencies. Foremost, it has the potential to cause illness in a very large number of people, overwhelming the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, a pandemic, unlike many other emergency events, will last for months rather than days or weeks, disrupting supply chains for essential items such as food, water, and other essential provisions.

During the last century, there have been three influenza pandemics. The influenza pandemic of 1918 was especially severe, killing a large number of young, otherwise healthy adults. That pandemic caused more than 500,000 deaths in the United States and an estimated 40 million deaths around the world. Subsequent pandemics in 1957-58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death around the world.

### **Planning Approach, Format and Assumptions**

The World Health Organization (WHO) identifies six distinct phases of a pandemic and the Federal Government describes six response stages. This Plan incorporates all phases of the WHO model but organizes them by: Interpandemic / Pandemic Alert Period; Pandemic Period; and Post-Pandemic Period.

While the WHO Phases serve as a general planning guide and will trigger response actions in Contra Costa County, the primary driver for local response will be the severity of the pandemic as defined by the ***CDC Severity Index***. ***In response to a severe pandemic influenza outbreak – a CDC Severity Index category 4 or 5 - this Plan recommends specific actions that may take place during any of the WHO or Federal Government Response Stages outlined in the Pandemic Flu Phases table (see next page)***. A severe pandemic may indicate the need for more extreme measures to help prevent the spread of disease and loss of life while a less severe pandemic may not require the same response. (See Sect. 7 Non-Pharmaceutical Interventions and Sect. 10 Ethics)

World Health Organization Pandemic Phases	Federal Government Response Stages	Contra Costa County Operational Area Priorities	Contra Costa County Triggers for Action (Severity Index 4 or 5)
<p><b>Inter-Pandemic Period</b></p> <p><b>Phase 1</b> – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals, but the risk of human infection is considered low.</p> <p><b>Phase 2</b> – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</p>	<p><b>Stage 0 New Domestic Animal Outbreak in At-Risk Country</b></p>	<p><b>Interpandemic / Pandemic Alert Period</b></p> <p>No novel human infection.</p> <p>Strengthen pandemic influenza preparedness at all levels. Closely monitor human and animal surveillance data.</p> <p>Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.</p>	
<p><b>Pandemic Alert Period</b></p> <p><b>Phase 3</b> – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p><b>Phase 4</b> – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</p> <p><b>Phase 5</b> – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p><b>Stage 0 New Domestic Animal Outbreak in At-Risk Country</b></p> <hr/> <p><b>Stage 1 Suspected Human Outbreak Overseas</b></p> <hr/> <p><b>Stage 2 Confirmed Human Outbreak Overseas</b></p>	<p>Novel human infection.</p> <p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measure, including vaccine development.</p> <p>Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</p>	<hr/> <p><b>Stage 2 Small clusters overseas. Limited human-to-human transmission.</b></p> <hr/> <p><b>Stage 2 Large clusters overseas with localized transmission.</b></p>

World Health Organization Pandemic Phases	Federal Government Response Stages	Contra Costa County Operational Area Priorities	Contra Costa County Triggers for Action Severity Index 4 or 5
<b>Pandemic Period</b> <b>Phase 6</b> – Pandemic is declared. Increased and sustained transmission in the general population.	<b>Stage 3</b> <b>Widespread human outbreaks in multiple locations overseas</b>	<b>Pandemic Period</b> Minimize impact of the pandemic, while striving to maintain routine provision of public health and healthcare delivery.	<b>Stage 3</b> <b>Widespread outbreaks in multiple locations overseas</b>
	<b>Stage 4</b> <b>First Human Case in North America</b>		<b>Stage 4</b> <b>First human case in North America, with global outbreaks</b>
	<b>Stage 5</b> <b>Spread throughout United States</b>		<b>Stage 5a</b> <b>Spread throughout U.S. and/or first case in state/region</b>
			<b>Stage 5b</b> <b>Spread throughout state/region</b>
<b>Post-Pandemic Period</b>  Mitigation and Recovery	<b>Stage 6</b> <b>Recovery and preparation for subsequent waves</b>	<b>Post-Pandemic Period</b> Continue public health actions, evaluation and research, public communication, mental health activities, surveillance, and preparations for recurring or additional outbreaks.	<b>Stage 6</b> <b>Recovery and preparation for next phase or wave</b>

This Plan is divided into sections. Each section describes a set of actions that are critical for effective preparedness and response in the event of pandemic influenza. Each section provides a description of the critical capacity elements requiring specific actions and, where applicable, references tools to assist in implementing the recommended actions.

As appropriate, the actions are organized by Interpandemic/Pandemic Alert Period, Pandemic Period, and Post-Pandemic Period to more easily identify what actions need to occur in each period. The tools associated with the chapter are located in the appendices at the end of the document. ***However, in response to a severe pandemic influenza outbreak – a CDC Severity Index category 4 or 5 - this Plan recommends specific actions that may take place during any of the WHO or Federal Government Response Stages.***

### **General Planning Assumptions**

The Centers for Disease Control and Prevention (CDC) estimates that a severe influenza pandemic could infect up to 200 million people in the U.S. and cause between 100,000 and 200,000 deaths. Scientists and health officials throughout the world predict that more influenza pandemics will occur in the 21<sup>st</sup> century.

Planning Assumptions: Contra Costa County	
Total*	
Infected	337,630
Outpatient	168,815
Hospital	16,882
ICU	3,022
Ventilator	1,519
Deaths	3,950
<i>* Over 18 months based on CDC estimates</i>	

The following general assumptions apply to all parts of this Plan.

- Influenza is highly communicable from person-to-person. People may be asymptomatic while infectious and the incubation period may be as little as one to four days, the same as with seasonal influenza.
- During the early stages, there will be little or no effective vaccine, and limited supplies of antiviral medications. Antivirals may prove inadequate for prophylaxis and treatment against the pandemic flu strain.
- Residents will be encouraged to reduce contact with others (social distancing) and will look to CCHS and Health Care Providers for information on disease management as well as guidance on how to access food, medications and manage other basic needs.
- The epidemic is anticipated to occur in several waves over 18-24 months, and each wave is expected to last 12 weeks.
- There will be a window period between waves during which there will be a substantial decrease in the numbers of ill patients.
- Basic public and private infrastructure services will be disrupted and supply lines will be impacted.
- Widespread illness throughout the state and county will increase the likelihood of significant shortages of health care workers and first responders. Volunteers and retired professionals may be used to augment patient care in a variety of settings as available and appropriate but the demand for health care services will challenge the delivery system and limit medical mutual aid with California.
- The State Department of Public Health will issue guidance on the revision of treatment standards to achieve optimal benefit for the most people.
- Permission to exceed licensed capacity may be granted by the State Department of Public Health during an emergency, and Alternate Care Sites will be established to reduce the demand for inpatient care and provide supportive care.
- Health care facility surge capacity of 1 case to 2000 population will need to be revised as the emergency situation changes over time.
- Health care providers must be prepared to manage the surge of pandemic influenza patients presenting for care based on predictions developed from currently available data regarding influenza outbreaks:

## **Vulnerable Populations**

Preparing for pandemic influenza requires specific attention to vulnerable populations to ensure an effective response. CCHS is committed to providing health care services to those in need and most vulnerable, and actively seeks to do so as part of its Reducing Health Disparities commitment. Including vulnerable populations and the organizations that serve them in pandemic flu planning is consistent with CCHS' mission to reduce health and health care disparities and serve those most in need and vulnerable in Contra Costa.

The definition of vulnerable populations extends beyond the notion of preparing to meet the needs of culturally and linguistically diverse populations in Contra Costa County. CCHS and its partner agencies provide multilingual and culturally competent services that will be integrated into the pandemic preparedness and response efforts. (See appendix for Vulnerable Population Service Provider Contact List).

Vulnerable populations may also include individuals in the community with physical, mental or medical care needs that may require assistance before, during and/or after a disaster or health emergency after exhausting their usual resources and support network. In the context of pandemic influenza, vulnerable populations can also refer to:

1. Members of our community with little or no ability to successfully prepare for, implement, or be fully responsible for their own emergency preparedness, response and recovery needs.
2. People whose life circumstances leave them unable or unwilling to follow emergency instructions, as well as anyone unable or unwilling to fully access or use traditional disaster preparedness and response services.

Several categories of vulnerable populations have been proposed and are defined below. Although these categories provide a basis for planning, it should not be assumed that every person within the broad category would require an adapted response.

1. Physically disabled: Ranges from minor disabilities causing restriction of some motions of activities, to totally disabled requiring full-time attendant care for feeding, toileting and personal care.
2. Mentally disabled: Ranges from minor disabilities where independence and ability to function in most circumstances is retained, to no ability to safely survive independently, attend to personal care, etc. This also includes people whose mental illness makes them a danger to themselves or others.

3. Blind: Includes the range of visual challenges and impairments—low vision, night blindness, color blindness, depth perception challenges, situational loss of sight, etc.
4. Deaf or hard-of-hearing: Includes late-deafened, hearing impaired, hard-of-hearing and the range of hearing challenges and impairments such as situational loss of hearing, limited range hearing, etc.
5. Medically dependent/fragile: Includes people dependent on life sustaining medications such as with HIV/AIDS and diabetes, or dependent on medications to control conditions and maintain quality of life such as pain or seizure control medications, as well as the medically compromised which includes people with multiple chemical sensitivities or weakened immune systems, and those who cannot be in (or use) public accommodations for a variety of reasons.
6. Seniors: Includes frail elderly, aged, elder citizens, older persons and the range of people whose needs are often determined by their age and age-related considerations.
7. Clients of the criminal justice system: Includes inmates, parolees, people under house arrest, registered sex offenders, etc.
8. Limited English or non-English speaking: Includes monolingual individuals as well as those with limited ability to speak, read, write or fully understand English.
9. Homeless or shelter-dependent: Includes those marginally or temporarily housed or in shelters for abused women and children.
10. Culturally isolated: Includes people with little or no interaction or involvement outside their immediate community. This is the broad meaning of the words 'culture' and 'community', including religious, ethnic, sexual orientation, etc.
11. Chemically dependent: Includes substance abusers and others who would experience withdrawal, sickness or other symptoms due to lack of access, such as methadone users.
12. Children: Includes babies, infants, unattended minors, runaways and latchkey kids—any minor.
13. Single parents: Includes lone guardians, others with formal or informal childcare responsibilities—especially those with no other support system.

14. Low income: Includes extremely low-income, without resources, without political voice, limited access to services and limited ability to address their own needs.
15. Geographically isolated: No access to services or information, limited access to escape routes, or those for whom geography overwhelmingly determines lifestyles, habits, behaviors or options.
16. Persons distrusting of authority: Includes people without legal documentation, political dissidents, and others who will not avail themselves of government, American Red Cross or other traditional service providers for a variety of reasons.
17. Animal owners: Includes owners of pets, companion animals or livestock — especially those who will make life and death decisions based on animals, such as refusing to evacuate or go to a shelter if it means separating from an animal.
18. Emergent special needs: Includes those developing special needs because of the disaster, such as spontaneous anxiety/stress disorders, or recurrence of a dormant health condition, etc.
19. Transient special needs: Includes people temporarily classified as special needs due to a temporary condition or status—such as tourists who will need care until they can leave, those who can't see until glasses are replaced, etc.

In responding to a pandemic influenza, some special needs will be obvious while others may be more difficult to detect. (See Appendix for Tips for First Responders)

### **Response Management and Coordination**

The County Health Officer has authority to enforce State statutes and regulations and County and City orders and ordinances. The California Government Code, Section 101040, states " ... the County Health Officer may take any preventive measure that is necessary to protect and preserve the public from any public health hazard during any 'state of war emergency,' 'state of emergency,' or 'local emergency' as defined by Section 8558 of the Government Code, within his or her jurisdiction." A local emergency can be declared due to health-related reasons. (See Sect. 8 Health Authority and Legal Issues).

A variety of local planning processes are occurring to ensure as comprehensive a process as possible to respond to pandemic influenza. This document identifies processes managed under the auspices of the Health Officer, and provides guidance for agency and individual planning processes necessary to implement a response to pandemic flu.

In an influenza epidemic, Contra Costa Health Services will institute a command and control structure based on the Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS) and the Incident Command System (ICS). SEMS, NIMS and ICS are described in detail in the Contra Costa Health Services Emergency Plan.

The Health Services Director will activate the Department Operations Center (DOC) when the first human case of pandemic influenza, Severity Index, Category 4 or 5, is confirmed in North America with global outbreaks worldwide. If the epidemic continues to spread throughout the United States and/or the first case is documented in California or the region, the Health Services Director will request the Emergency Operations Center (EOC) be activated and will report to that Center. The County Administrator is responsible for the overall management of the EOC but the CCHS Director, who is also the County Health Officer, will lead the response in his role as Medical/Health Branch Chief within the Operations Section. The Public Health Director or other designee of the CCHS Director will continue to direct the activities of the DOC.

### **Coordinated Responsibilities for Preparedness and Response**

The Contra Costa Health Services Public Health Division (CCPHD) is the lead agency involved in planning and preparing for pandemic influenza and responding to the pandemic when it occurs. To ensure a coordinated strategy aimed at protecting the public's health and minimizing the impact of the pandemic influenza in Contra Costa County, CCPHD:

- Conducts countywide surveillance to track the spread of the disease and its impact on the community and communicates with the Health Officer when surveillance data indicate the potential need for a Health Emergency declaration;
- Conducts laboratory testing for novel subtypes of influenza viruses and coordinates and communicates with clinical and hospital laboratories regarding procedures, specimen gathering and transportation, and novel strain identification;
- Prepares and activates the countywide Pandemic Influenza Response Plan, communicating with local, state, and federal partners, and overseeing public health response activities;
- Activates and implements Strategic National Stockpile (SNS) and Mass Prophylaxis Plans (See SNS and Mass Prophylaxis Plans);
- Coordinates the emergency public health response through the Department Operations Center (DOC);
- Educates the public, health care, businesses, response partners, community agencies, and elected officials about influenza and preventive measures;
- Implements disease containment strategies, such as social distancing;
- Participates in the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents;
- Directs mass vaccination efforts and plans for antiviral dispensing;

- Provides effective communications to the public, the media, elected officials, health care providers, law enforcement, first responders, and business and community leaders throughout public health emergencies;
- Monitors and reports on the state of readiness of critical partners (e.g., cities, schools, businesses as well as local, state and federal governments).

The Pandemic Influenza Working Group of the Association of Bay Area Health Officials (ABAHO) is the regional planning body developing specific information and core processes to guide the implementation of flu planning across the entire Bay Area. Key activities include:

- Define triggers to activate emergency response plans at various stages of the pandemic;
- Develop the ethical framework for decision-making and define triage guidelines for hospitalization, home care, long term care facilities, and referral to alternate care facilities;
- Develop policies, processes, or guidance for: enforcing isolation/quarantine, allocating vaccines, inventorying of essential health care items, assessing and expanding capacity of long term care facilities, infectious disease reporting, specimen transport safety, and developing administration systems for alternative facilities care;

The role of the Contra Costa Pandemic Flu working group, comprised of representatives from CCHS (including public health, EMS, environmental health, Contra Costa Health Plan, mental health, the public health laboratory, and Contra Costa Regional Medical Center), private health care providers, the American Red Cross, Employment and Human Services Department, local hospitals, schools, other licensed healthcare facilities, businesses, law enforcement, Office of Emergency Services, and jails, among others, is to:

- Review and refine reporting processes for managing acute infections, including: surveillance forms, hospital admissions and discharges, laboratory confirmation processes, bed capacity, staffing, supply needs, and other critical items;
- Develop a coordinated methodology to implement surge capacity response, including accelerating hospital discharge and deferring elective procedures;
- Identify processes to address food and waste management needs;
- Develop Memoranda of Understanding (MOUs) with In Home Support Services (IHSS), home health agencies, Skilled Nursing Facilities, hospitals, and other health care facilities in Contra Costa;
- Maintain ongoing coordination with law enforcement and other agencies with critical roles in emergency response.

### **Continuity of Government**

Contra Costa Health Services is developing a Continuity of Government (COG) plan that will describe the essential functions that must continue in the event of a severe pandemic influenza outbreak or other health emergency or disaster. The COG will describe how the following functions will be performed:

- control of communicable diseases
- control/investigation of food borne illnesses
- response to hazardous materials incidents
- conducting critical laboratory tests
- maintaining inpatient medical center functions
- operating the 24/7 advice nurse unit
- public information
- vital records and databases

### **Response Partners**

Effective preparedness and response requires the active participation of numerous parties whose responsibilities are summarized below. Specific responsibilities for key response partners are included to highlight points of coordination between agencies during a pandemic. It is expected that health care providers, essential service providers, schools, local government officials and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans.

### **Governor's Office**

The Emergency Services Act authorizes the Governor during a state of emergency to suspend any regulatory statute, or statute prescribing the procedure for conduct of state business, or the orders, rules, or regulations of any state agency, where the Governor determines and declares that strict compliance would in any way prevent, hinder, or delay the mitigation of the effects of the emergency. The authority to suspend statutes is unique to the Governor.

### **California Department of Public Health (CDPH)**

The CDPH coordinates planning and preparedness efforts, surveillance activities, and disease containment strategies at the state level and across mutual aid regions within California. CDPH is also responsible for operating a biosafety level 3 laboratory, coordinating the receipt and distribution of pandemic information, distributing antiviral medicines and vaccines from the state and federal Strategic National Stockpile to local health departments, overseeing facilities and staff licensure and health care regulations, and informing the public on the course of the pandemic and preventive measures.

### **Centers for Disease Control and Prevention (CDC)**

The CDC is responsible for national and international disease surveillance, communicating direction and information from the Federal government to the State and local public health agencies, investigating pandemic outbreaks, and overall monitoring the impact of a pandemic. The CDC acts as the national liaison to the World Health Organization (WHO) and assumes a lead role in disease investigation.

### **U.S. Department of Health and Human Services (HHS)**

The responsibility of HHS is to provide overall guidance on pandemic influenza planning within the United States and coordinate the national response to an influenza pandemic. HHS works directly with State governments to ensure coordinated response efforts.

### **World Health Organization (WHO)**

WHO is responsible for monitoring global pandemic conditions and providing information updates. WHO facilitates enhanced global pandemic preparedness, surveillance, vaccine development and health response. WHO is the organization responsible for declaring a global pandemic phase and adjusting phases based on current outbreak conditions.

### **California Department of Fish and Game**

The California Department of Fish and Game plays a vital role in providing surveillance for novel influenza viruses in birds. The mission of the CA Department of Fish and Game is to manage California's diverse fish, wildlife, and plant resources, and the habitats upon which they depend, for their ecological values and for their use and enjoyment by the public. The Department of Fish and Game maintains native fish, wildlife, plant species and natural communities for their intrinsic and ecological value and their benefits to people. This includes habitat protection and maintenance in a sufficient amount and quality to ensure the survival of all species and natural communities. The department is also responsible for the diversified use of fish and wildlife including recreational, commercial, scientific and educational uses.

### **CCHS and Other County Government Agencies and Departments**

All Contra Costa County government agencies and departments have various important roles to play in preparing for and responding to an influenza pandemic. As an employer and provider of services, county government agencies and departments will need to develop continuity of operations plans to protect the health and safety of employees, patients, and customers, such as taking steps to limit the spread of flu within workplaces to minimize disruption for its delivery of essential services. They may also need to provide resources for the pandemic flu response (e.g., vacant space for Alternate Care Sites, critical services provision, staffing, equipment, etc.) and develop plans that address roads, air travel, and provision of critical County services, such as social services, health services and jail services. Finally, all County employees may be called upon to serve as Disaster Service Workers during the pandemic.

### **CCHS Public Health**

The Contra Costa Health Services Public Health Division (CCPHD) is the lead agency involved in planning and preparing for pandemic influenza and responding to the pandemic when it occurs. (See Coordinated Responsibilities for Preparedness and Response – above)

### **CCHS Emergency Medical Services (EMS)**

Facilitates and coordinates planning activities, including the identification of alternate care sites, prioritizing and providing patient transport, planning for surge

capacity needs due to increased demand for service combined with increased employee absenteeism, and preparing responders for effective infection control. EMS will need to plan for and train personnel in personal protective equipment and other disease and infection control measures.

### **CCHS Communications Office**

Informs the public and media about the status of emergency, mitigation steps, locations, and procedures for receiving vaccinations and/or anti-viral medications (See Section 8. Risk Communication and Public Information).

### **CCHS Environmental Health**

Supports the delivery of messages regarding infection control, especially in medical settings, food establishments, and alternate care sites, and assists in the planning for disposal of infectious waste.

### **CCHS Mental Health**

Develops and implements plans to address the psychosocial needs of health care workers, Disaster Service Workers, Contra Costa County employees, and the community at large, including maintaining essential workers and increasing staffing capacity as necessary. (See Sect. 10 Behavioral Health and Psychosocial Considerations)

### **Sheriff's Office (SO)**

Coordinates law enforcement mutual aid resources, enforces emergency directives of the Health Officer, and coordinates force protection for Strategic National Stockpile assets. The Coroner plans for the disposition of a surge in deceased persons in accordance with the Operational Area Mass Fatality Plan. Coordinates with local funeral homes and mortuaries to ensure plans and mutual aid agreements are in place.

### **Contra Costa Office of Emergency Services (OES)**

Operates the County Emergency Operations Center (EOC) according to SEMS/NIMS, coordinates responding agencies, ensures availability of adequate resources, and requests additional mutual aid resources in the event of a major disaster or health emergency within the Operational Area.

### **Contra Costa Legal Counsel (and Judicial System where applicable)**

Facilitates the development of Public Health orders for a Declaration of Emergency, Health Officer Orders, and other related disease containment orders. The Court System ensures that citizens are afforded due process as they are asked to comply with such orders. May assist in reviewing and resolving any legal issues that arise related to work place, occupational health, labor relations and overall medical response activities.

### **Buchanan Field Airport / Contra Costa Public Works**

The Contra Costa Public Works staff housed at Buchanan Field Airport will collaborate with CCPHD to prepare for evaluating and managing ill travelers taking off from and landing at the airport. Activities include distributing health

information for travelers; establishing enhanced surveillance at the airport during the early stages of the pandemic; and implementing the cancellation or limitation of nonessential travel to or from Buchanan Field.

### **Animal Services Department**

The Contra Costa Animal Services' Department plays a vital role in providing surveillance for novel influenza viruses in birds and other animals. They are also responsible for establishing pet shelters in response to a major disaster or emergency when people are being sheltered due to the disaster. Their mission is to protect the citizens of Contra Costa County from animal related disease and from animal injury, encourage responsible pet ownership and the humane treatment of animals, enforce State Laws and County Ordinances relating to the control of animals and animal welfare, minimize animal suffering, reduce the number of animals that are euthanized in the County, maximize the number of dogs licensed in the County, educate the public regarding responsible pet ownership and provide a high level of humane care for animals in our custody.

### **County Department of Agriculture**

The Contra Costa County Department of Agriculture under the direction of the California Department of Food and Agriculture, Department of Pesticide Regulations and Division of Measurement Standards, is responsible for conducting regulatory and service activities pertaining to the agricultural industry and the consumers of our county. The primary purpose and objective of this office is the promotion and protection of the county agricultural industry, the environment, and the citizens and to ensure a safe place to live and a fair marketplace for trade.

### **Employment and Human Services Department**

The Employment and Human Services Department (EHSD) is the lead County department responsible for coordinating emergency shelter and care. EHSD coordinates these activities with the Office of Emergency Services and the American Red Cross. EHSD will have a lead role in helping to establish and manage Alternate Care Sites in the event of a severe pandemic influenza outbreak.

### **Local Healthcare System Partners (Hospitals, Clinics, Providers)**

Healthcare partners will be instrumental in detecting influenza, limiting the spread of disease, and providing treatment to affected individuals. Healthcare partners should:

- Develop a pandemic flu plan that details surge capacity addressing staffing, bed capacity, and stockpiling of food, water, fuel, equipment and supplies;
- Conduct enhanced surveillance among patients, staff and visitors and comply with public health orders for detecting, preventing and reporting cases of pandemic flu;
- Implement appropriate infection control measures and develop/provide education and training to healthcare staff on recommended aspects of pandemic influenza;

- Comply with admission, triage, and Occupational Health guidelines provided by the CDC and/or CCPHD;
- Provide to CCPHD estimates of quantities of vaccine for healthcare staff and patients and develop a vaccination plan for own facility;
- Plan for additional site security for own facility;
- Develop a plan for Care of the Deceased and cooperate in fatality management with guidance from the County Coroner;
- Participate in the Hospital Disaster Forum convened by CCHS to maximize the health care system's ability to:
  - identify and prioritize response issues affecting the county-wide health system during a pandemic;
  - develop mechanisms to efficiently share information and resources between health system partners;
  - Identify and communicate policy level recommendations regarding the operations of the local health system to the local Health Officer for action.

### **American Red Cross**

During a pandemic flu event, the American Red Cross (ARC) will provide for feeding and bulk distribution for isolated and quarantined individuals, either directly or by convening and collaborating with others who are willing to provide these services. The ARC will not operate special, medical needs shelters, or alternate care sites, nor deliver direct medical care, but will provide significant support to these types of facilities.

The Red Cross is not able to commit Red Cross workers to local public health overflow facilities without appropriate worker protections, including liability coverage and worker safety measures. The Red Cross continues to explore the legal, risk and worker protection considerations for a possible Red Cross support role in these facilities. These efforts include seeking federal assistance for a variety of protections for workers, as well as similar assistance at the state level.

### **Businesses**

Local businesses should plan for continuity of operations in the event that infrastructure and other services are disrupted by employee absenteeism, a drop in customer base, and/or absenteeism in outside partners, services or other organizations. Business plans should prioritize activities and address how the critical activities will continue in the face of shortages in supplies, deliveries and staff.

Two important aspects, where applicable, will be to address providing essential products to the public (e.g., food, water, waste disposal, utilities, communications, and pharmacy merchandise) and planning for the potential suspension of public assembly business services (e.g., entertainment venues, hotels, restaurants, etc.). Local businesses will play a key role in protecting the health and safety of their employees and customers by instituting protocols to limit the spread of disease in the workplace, and may be asked to provide

resources for the pandemic flu response (i.e., space for Alternate Care Sites, critical supply provision, etc.).

### **Local Governments**

Local governments should have continuity of government plans that consider the likelihood of a flu pandemic; take steps to limit the spread of flu within their workplaces; and cooperate with CCHS to provide resources for the pandemic flu response (e.g., vacant space for Alternate Care Sites, critical services provision, etc.). Local government also has a direct role in coordinating emergency services, providing law enforcement and providing Disaster Service Workers in response to a pandemic influenza outbreak.

### **Local Law Enforcement**

The main responsibilities of law enforcement will be to maintain social order, provide security, and assist in the enforcement of Health Officer Orders as necessary. Security needs will be likely at pharmacies, hospitals, Alternate Care Sites, during closures of venues, and at point of dispensing (POD) sites once vaccines or other medications becomes available. Law enforcement personnel will need to plan for and train personnel in personal protective equipment and other disease and infection control measures. Law enforcement should have continuity of operations plans that consider the likelihood of a flu pandemic; take steps to limit the spread of flu within their workplace; and provide resources for the pandemic flu response.

### **Fire Services**

As critical first responders, City and County Fire Departments will need to plan for increases in employee absenteeism due to pandemic flu and an increase in demand for services. Fire Services will need to plan for and train personnel in personal protective equipment and other disease and infection control measures. Fire Services should have continuity of operations plans that consider the likelihood of a flu pandemic; take steps to limit the spread of flu within their jurisdictions (i.e., “no work while sick” and personal hygiene practices); and cooperate with CCHS to provide resources for the pandemic flu response.

### **Colleges and Universities**

Colleges and universities will need to incorporate some of the same responsibilities assigned to businesses, schools, and city government. Depending on their size, colleges may need to assign space for Alternate Care Sites and/or mass prophylaxis sites, address how to provide basic survival services to students isolated in dormitories, and make academic plans should the university/college need to be closed for several months. Colleges and universities should have continuity of business plans that consider the likelihood of a flu pandemic; take steps to limit the spread of flu within their institution; and cooperate with the CCPHD to provide resources for the pandemic flu response (e.g., space for Alternate Care Sites, critical supply provision, etc.). Colleges with health care and closely related educational departments will participate in workgroups discussing means to address staff shortages.

## **Community and Faith-based Organizations**

Community and faith-based organizations will be responsible for their own continuity of operations planning in the event of an influenza pandemic. These organizations play a key role in providing support services to individuals, neighborhoods and their customer/client base during a pandemic and may be called upon for assistance within their communities as appropriate.

## **Schools (Including Preschools, Child Care Centers, Family Day Care Providers)**

All school districts and preschool and other child care providers should take steps to limit the spread of flu within their settings (*see Contra Costa Pandemic Flu Toolkit for Schools and Toolkit for Child Care Providers at [www.cchealth.org](http://www.cchealth.org)*). Schools may need to be closed for as long as several months, and should have contingency options if ordered closed as part of a social distancing strategy (e.g., home schooling lesson plans for parents; catch-up school calendars, etc.).

## **News Media**

The news media have a primary role in providing public education during the alert period, as well as timely and accurate public information throughout the pandemic period. News media organizations will need to consider planning for their continued operations during a pandemic, addressing the issue of high absenteeism and, where indicated, providing personal protective equipment to personnel expected to work in a public setting. (See pandemic flu media checklist at [www.cchealth.org](http://www.cchealth.org))

## **Individual Residents**

Individuals and families, in order to protect themselves and limit the spread of the disease, will need to take responsibility for keeping informed about the risk for pandemic flu and take appropriate common-sense actions such as practicing good hygiene and preparing their own pandemic flu emergency kits. Individuals and families should also become familiar with isolation, quarantine and social distance measures they may be required to take during a pandemic.

As part of the overall emergency preparation plan, each household will need to discuss and plan for scenarios such as closure of daycare and school facilities, possible return of college-aged youth to the home, and care for elderly family members living alone. Health care and emergency responders may not be available to return home for periods of time. (See Append. XXX for a list of minimum emergency supplies, as well Append. XX for Home Care instructions.)