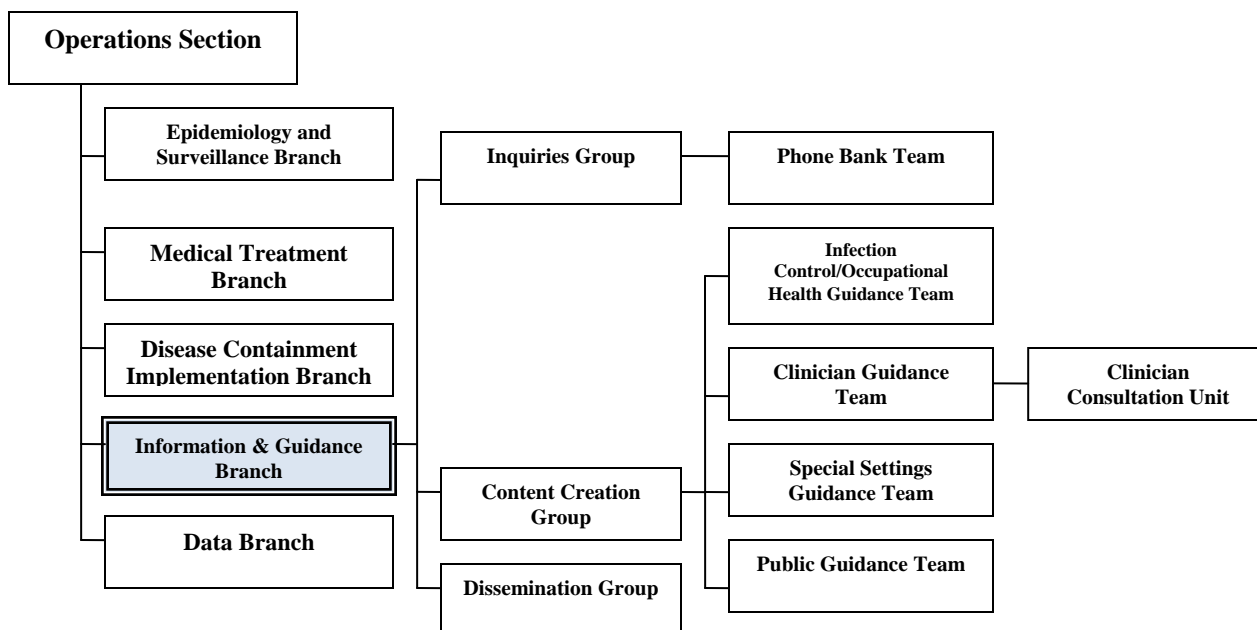


9. INFORMATION & GUIDANCE BRANCH

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

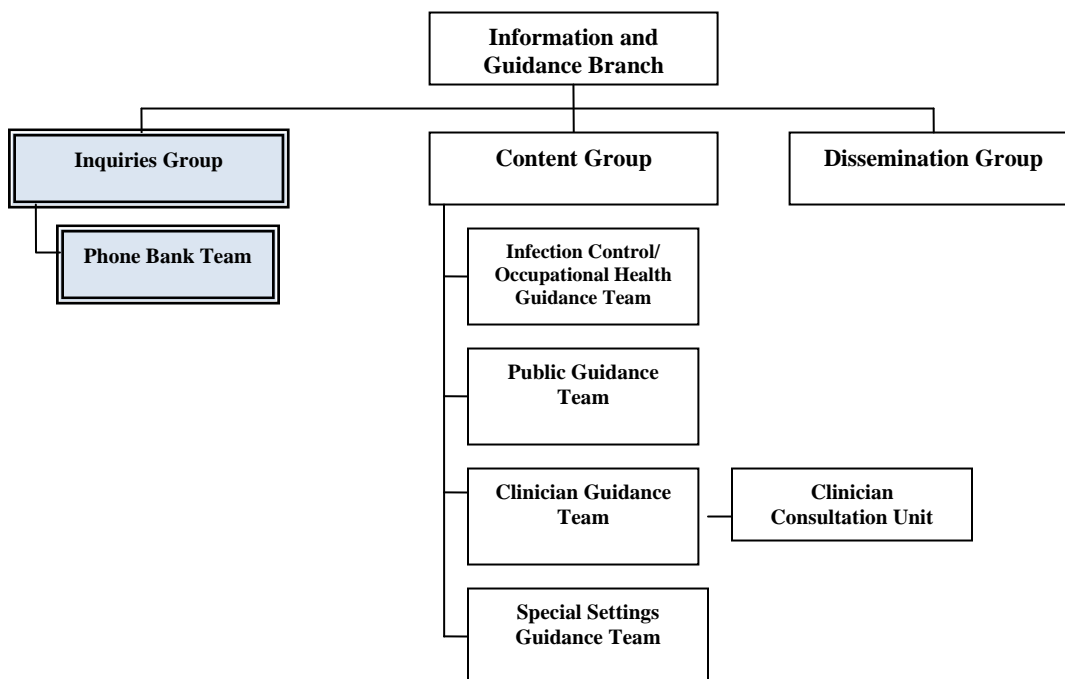
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Inquiries	Appendix Fa
Content Development	Appendix Fb
Public Guidance	Appendix Fb1
Fact Sheets	Appendix Fb1.1
Clinician Reference Documents	Appendix Fb2.2
Decontamination	Appendix Fb4.3
Respiratory Aerosol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

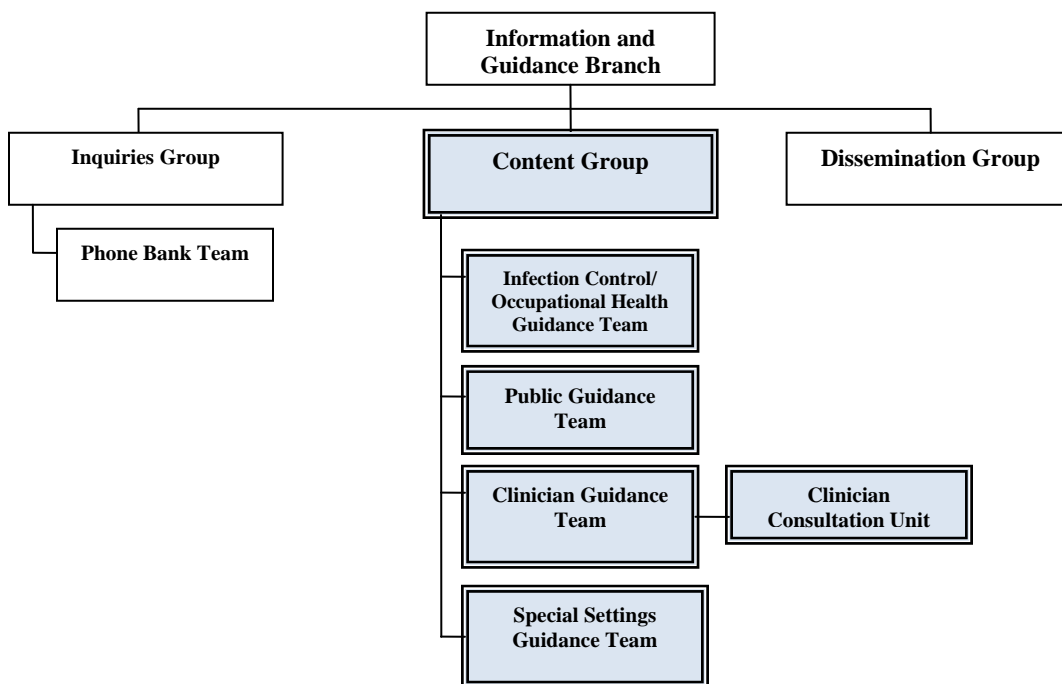
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Information and Guidance	Appendix F
Inquiries	Appendix Fa
Information Request and Assignment Form	Appendix Fa.1
Log of Requests, Assignments and Disseminations	Appendix Fa.2
Phone Bank Manual	Appendix Fa.3
Phone Bank Site Layout	Appendix 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 CDCControl@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)
- Fact sheets
- Website text
- Telephone Information Line scripts
- 311, phone-bank, or 911 scripts
- Social media (e.g., Twitter, Face Book)
- Recommendations or position papers for public health decision makers
- Talking points for press releases
- Emergency event news updates
- Presentations to key partner organizations
- Other documents as needed

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

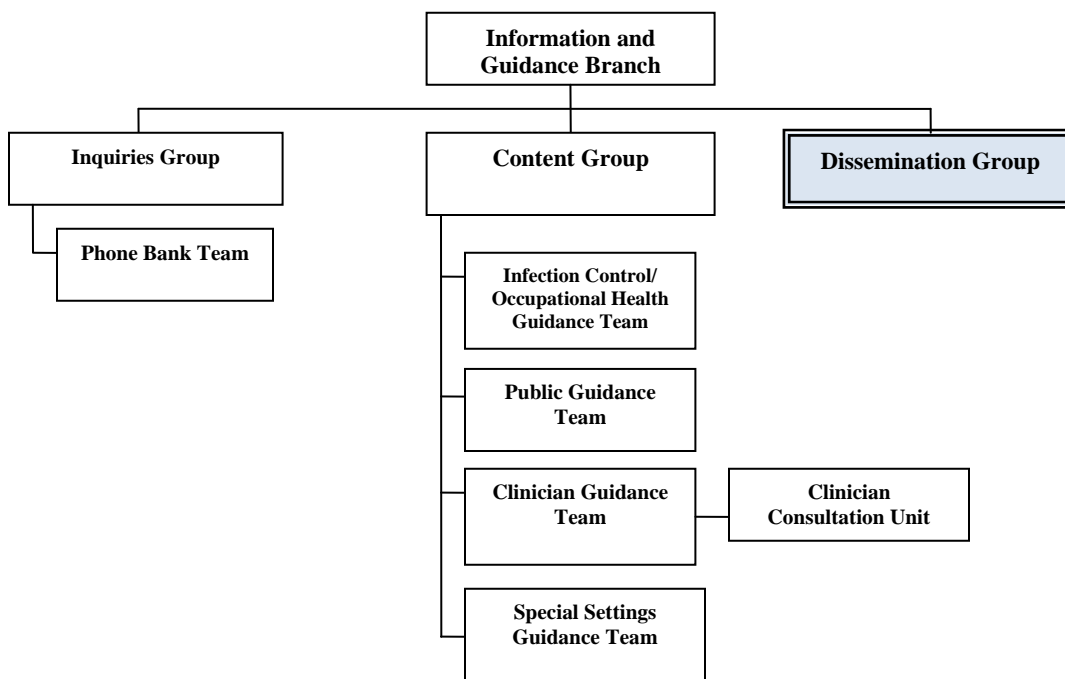
Environmental cleaning checklist	Appendix Fb4.2.4
Infection Control and Social Distancing Strategies Overview	Appendix Fb4.2.5
CDC Educational instructions on how to don and remove PPE	Appendix Fb4.2.6
Instructions on Hand Hygiene	Appendix Fb4.2.7
Guide for Developing Infection Control Recommendations	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.sfdcp.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