INTRODUCTION

A BACKGROUND

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

B PURPOSE

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

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

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

C SCOPE

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

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

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

• Respiratory Aerosol Transmissible Diseases

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

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

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

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

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

D ASSUMPTIONS

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

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

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

E PLAN ACTIVATION

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

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

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

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

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

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

F NOTIFICATION

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

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

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

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

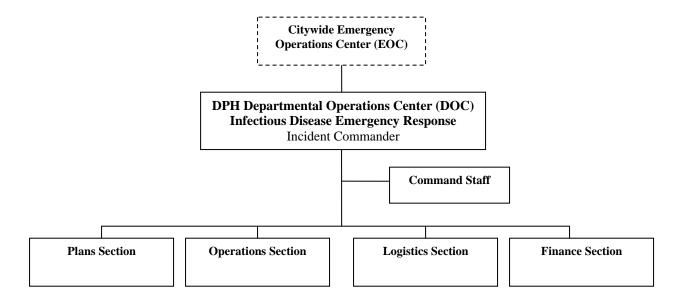
External partners potentially receiving notification include: San Francisco Department of Emergency Management (DEM), San Francisco City & County EOC Activation Group, Mayor's Office, Weapons of Mass Destruction Alert Group, Regional Disaster Medical/Health Coordinator (RDMHC), California Department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

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

G ROLES AND RESPONSIBILITIES

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

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



^{*} See organizational chart for fully expanded response modules.

H AUTHORITIES

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

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

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

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

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

Additional authorities and codes include:

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

I SUPPORTING ACTIVITIES

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

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

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

J PLAN MAINTENANCE

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

K IDER COMMUNICATIONS

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

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

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

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

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

L TRAINING

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

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

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

M IDER ORGANIZATIONAL OVERVIEW

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