Respiratory Aerosol Transmissible (RAT) Diseases Annex

Infectious Disease Emergency Response (IDER) Plan

I. BACKGROUND

A respiratory aerosol transmissible (RAT) disease is defined as an infectious disease that is transmitted by respiratory aerosols, which are particles of respiratory secretions from the nose or mouth.
Some diseases that are transmitted by respiratory aerosols may or may not manifest primarily with respiratory symptoms. Although there are many infectious diseases that may be transmitted by respiratory aerosols, this Annex is meant to address diseases that cause significant morbidity and mortality and represent a significant threat to the health of the community. Examples of diseases in this category include:

- Pandemic Influenza
- Pneumonic Plague
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox (Variola)
- Viral Hemorrhagic Fevers
- New diseases or syndromes not previously recognized

For RAT disease emergencies that are suspected to be due to a terrorist event, responders should consult both this annex and the Bioterrorism Annex.

II. ORGANIZATION

A. Leadership

The IDER Command Post will be a lead organization in a respiratory aerosol transmissible disease emergency.

B. Participating Agencies

For small scale RAT emergencies, the IDER Command Post may be the only activated entity. For complex and/or larger infectious disease emergencies that include large numbers of affected people, overload of the healthcare system, mass prophylaxis, restriction, exclusion, clearance, isolation, and/or quarantine, multiple city agencies may be required for a response. The following San Francisco organizations will likely have key functional responsibilities:

Department of Public Health

- Communicable Disease Control and Prevention
- Community Health Network
- Environmental and Occupational Health
- Emergency Medical Services
- Occupational Health and Safety
- Office of Policy and Planning
- Behavioral Health

City & County of San Francisco

- City Attorney's Office
- Department of Emergency Management
- Department of Public Works
- Human Services Agency
- Medical Examiner
- Office of the Mayor
- San Francisco Fire Department
- San Francisco Police Department
- San Francisco Sheriff Department

Partner Agencies

- Red Cross
- San Francisco Unified School District

III. PURPOSE & OBJECTIVES

A. Infectious Disease Emergency Response Command Center

For all infectious disease emergencies consider the following objectives:

- Confirm the existence of a respiratory aerosol transmissible disease and obtain lab confirmation if possible.
- Obtain more information about the incident (e.g. source of the outbreak, duration, who is at risk, geographic extent, how many people are affected).
- Provide guidance to clinicians on diagnosis, treatment, and prevention.
- Provide guidance to the public on prevention and when to seek health care.

For respiratory aerosol transmissible disease emergency special emphasis will need to be placed on the following objectives:

- Implement disease control measures to prevent transmission.
- Recommend appropriate infection control actions and protective guidelines.
- Provide appropriate infection control resources to responders.
- If indicated, request treatment for patients with RAT diseases.
- If indicated, and if prophylaxis is available, operationalize the mass prophylaxis POD(s) and mobilize prophylaxis.

B. Participating Agencies

Depending on the scale and scope of the response the DOC or EOC may activate plans to initiate the following activities (see the IDER Introduction for descriptions):

- Continuity of City Services
- Health Care Surge (hospital surge, alternate care)
- Community Disaster Response Hubs
- Mental Health Support
- Mass Fatality
- School Dismissal

IV. ACTIVATION & NOTIFICATION

A. IDER Activation

See the IDER activation and notification protocol for guidance on when to activate an IDER response for a respiratory aerosol transmissible disease.

B. Scale and Scope of the Response

A respiratory aerosol transmissible disease may have the ability to spread from person to person and cause significant morbidity and mortality in the population if disease control measures (e.g. prophylaxis, social distancing, respiratory protection, isolation, quarantine) are not taken. However, an aggressive

public health response should be balanced with the escalation of mental health issues, infringement of personal liberties, adverse effects of prophylaxis, disruption of infrastructure, and essential services (including social services).

The scale and scope of the response will depend on characteristics of the disease (if known) and the duration of the activation could be a few days or several months. Key factors that could increase the scale and scope of the response include:

- Multiple modes of transmission (contact, airborne, and/or droplet)
- The disease is infectious before symptom onset (people infect others before they know they are ill)
- A high basic reproduction number (mean number of secondary cases caused by a typical case)
- Minimal or no existing immunity in the population either due to previous infection or vaccination
- Minimal or no availability of effective post exposure prophylaxis and/or treatment
- Minimal or no availability of appropriate personal protective equipment
- Significant morbidity and/or mortality
- Minimal or no availability of regional or federal mutual aid

The above information may not be available for new or emerging respiratory aerosol transmissible diseases (e.g. pandemic influenza). An aggressive approach should be used until further information becomes available.

C. Modules to Activate

The modules checked in the table below should be activated immediately. See the guidance below regarding additional modules to consider activating:

IDER Module Activation Priorities & Minimum Staffing Levels Required for a Respiratory Aerosol Transmissible Disease

Module	Activate Immediately	Min # of Staff
EOC	*consider*[*]	1
DOC	*consider*[*]	1
IDER COMMAND		
• Incident Commander	✓	2
• Liaison Officer	*consider*[*]	1
• Safety Officer	✓	1
• Information Officer	✓	1
• Field Officer	*consider*[*]	2
PLANS SECTION	✓	1
• Situation Status Unit	✓	1
• Resource Status Unit	✓	1
• Documentation Unit	✓	1
• Technical Specialist Unit	*consider*[*]	1
• Demobilization Unit		
OPERATIONS SECTION		
Epi & Surveillance Branch	✓	1
• Investigation Group	*consider*[*]	1
• Surveillance Group	✓	2
Laboratory Branch	✓	1
• Laboratory Testing Group	✓	1
• Lab Resources Management Group	✓	1

Module	Activate Immediately	Min # of Staff
Disease Containment Branch	✓	1
• Infection Control Group	✓	1
• Restriction, Excl., & Clearance Grp	*consider*[*]	1
• Mass Prophylaxis Group	*consider*[*]	40-110/POD
• Isolation and Quarantine Group	✓	1
Infectious Disease Info Branch	✓	1
• Info Triage Group	✓	1
• Info Content Creation Group	✓	1
• Info Dissemination Group	✓	1
Data Branch		
• Data Analysis Group		
• Application Support Group		
Continuity of Operations Branch	✓	2
LOGISTICS SECTION	✓	1
• Personnel Unit	✓	1
o Staff Staging Area	✓	8+
• Supplies Unit	✓	1
o RSS Warehouse	*consider*[*]	36+
• Communication Equipment Unit	✓	1
• Info Technology Unit	✓	1
FINANCE SECTION	✓	1

* Consider activation of the following modules and their support modules under the suggested circumstances:

- **EOC.** Consider activating for complex and/or large responses, if mass prophylaxis is implemented, and if large scale isolation and quarantine is required.
- **DOC.** Consider activating for complex and/or large responses and/or if mass prophylaxis is implemented.
- **Liaison Officer.** Consider activating when the scale and scope of the response includes multiple agencies.
- **Field Officer.** Consider activating if a field command site exists and public health input is required.
- **Technical Specialist Unit.** Consider activating if the disease is rare or new.
- **Mass Prophylaxis Group.** Consider activation when: 1) Prophylaxis is available (e.g. Plague, Smallpox), AND 2) a true public health threat exists, AND 3) if the number of people to prophylaxis is 200 or more. Request assistance from the DOC/EOC to set up POD sites, transport prophylaxis, and provide support to the PODs.
- **Isolation and Quarantine Facilities.** Consider activating if isolation and/or quarantine will be recommended for cases and suspect cases who may not be able to stay in a healthcare or home setting.
- **Restriction, Exclusion, and Clearance Group.** Activate if a large number of cases and/or contacts in sensitive occupations or situations are anticipated.
- **Receipt, Store, and Stage Warehouse.** Activate if mass prophylaxis or mass treatment is required from external mutual aid.

D. Notification

Following a decision to activate IDER, at a minimum, the following parties should be notified (see Appendix B1, Activation and Notification Protocol, for contact numbers).

☑ **DPH Communicable Disease Control and Prevention Staff**
☑ **CDPH DCDC Duty Officer**

Request that CDHS make the following notifications:

☑ Local Bay Area Health Departments
(A regional conference call with Bay Area Counties may occur)

☑ **EMS Duty Officer**

Request that EMS or other parties make the following notifications:

☑ DPH Office of Policy and Planning
☑ DPH Public Information Officer
☑ SF Health Director/Officer
☑ SF Haz Mat Duty Officer
☑ DPH Laboratory
☐ DOC Activation Group
☐ DPH Personnel
☐ EMS Staff
☐ Medical Health Operational Area Coordinator (MHOAC)
☐ Weapons of Mass Destruction (WMD) Alert Group
☐ EOC Activation Group
☑ SF Department of Emergency Management (DEM) Duty Officer
☐ California Emergency Medical Authority (EMSA) Duty Officer
☐ Regional Disaster Medical Health Coordinator (RDMHC)/RDMHS (Specialist)

V. IMPLEMENTATION

The Core IDER Plan should be utilized as a guide for the response with the following modifications. For potential bioterrorism events also utilize the Bioterrorism Annex.

A. Command Staff

The following positions should be activated:

Safety Officer. During a RAT disease emergency there is a greater possibility that responders may be infected or exposed to the infectious agent and plans should be made for personal protective equipment (PPE), and in particular, respiratory protection. Responders who require respiratory protection may require medical screening, fit-testing, and training prior to being deployed.

Liaison Officer. This position will likely be activated for a large response.

B. Plans Section

The Plans Section, Situation Status Unit, Resource Status Unit, and Documentation Unit should be activated immediately. See guidance below for when to activate the Technical Specialist Unit.

a. Situation Status Unit

No modifications to the Core IDER Plan.

b. Resource Status Unit

Additional resources required for the response may include:

- Personal Protective Equipment (PPE) for responders if recommended by the Safety Officer (e.g. masks, PAPRS, gloves).
- Infection control supplies (e.g. hand sanitizer)
- Prophylaxis if recommended by the Incident Commander.
- If activated, location, equipment, and supplies for POD(s) and POD Staff Assignment and Training (SAT) Area.
- If activated, location, equipment, and supplies for the Isolation and Quarantine facility(ies).

c. Documentation Unit

No modifications to the Core IDER Plan.

d. Technical Specialist Unit

Consider recruiting a technical specialist with disease specific expertise in rare or new respiratory aerosol transmissible diseases.

C. Operations Section

Immediately activate the Epidemiology & Surveillance, Laboratory, Disease Containment, Infectious Disease Information, and Continuity of Operations Branches. See guidance below regarding Groups and supporting modules to activate or consider.

a. Epidemiology & Surveillance Branch

The Epidemiology and Surveillance Branch, Investigation Group (including the Contact Tracing Team, Case Investigation Team, and Laboratory Liaison Team), and Surveillance Group (including the Surveillance Team) should be activated immediately.

a.1. Investigation Group

Case investigation is the highest priority in the early stages of a respiratory aerosol transmissible event. Obtain laboratory confirmation, clinical characteristics, pathogen characteristics, and information about source, duration, and location of exposure. See Appendix Eg and Eh for items related to a respiratory aerosol transmissible disease.

Contact Investigation Team. In a large outbreak it will be important to consider the usefulness of contact tracing. See Core Plan for guidance.

Field Investigation Team. Obtain PPE and specimen collection recommendations from the Safety Officer and Laboratory Branch prior to field team deployment.

Laboratory Liaison Team. No modifications to the Core IDER Plan.

a.2. Surveillance Group

No modifications to the Core IDER Plan.

b. Laboratory Branch

Immediately activate the Laboratory Branch to confirm cases.

b.1. Laboratory Testing Group

When the suspected agent is considered to be respiratory aerosol transmissible, the Laboratory Testing Group shall make additional considerations with regard to safety. See Appendix J11.

Considerations for Conventional Testing of RAT agents: RMix, Cell Culture-Based Method. The primary method for conventional testing of suspected viral RAT agents includes culturing human specimens with eukaryotic cell lines in vitro. The cell lines utilized at DPH are included in the product "RMix" (provided by Diagnostic Hybrids, Inc., Athens, Ohio). RMix is a mixture of cell lines, capable of facilitating the propagation of a wide variety of viral species from human specimens. As such, the use of RMix can result in culture fluids containing highly concentrated solutions of viral RAT agents. Because of this, the laboratory must eschew the use of RMix as a confirmation test for H5 ("Avian") influenza. Moreover, when viral hemorrhagic fevers are suspected, RMix shall not be utilized.

b.2. Laboratory Resources Management Group

The Laboratory Safety Officer will provide guidance and oversight regarding procedural modifications associated with the reception, processing, and testing of specimens associated with RAT agents. The Laboratory Safety Officer should request the procurement of proper safety equipment through the Logistics Section.

Specimen Receiving Documentation Team. No modifications to the Core IDER Plan.

Surge Capacity Team. The Surge Capacity Team will ensure that proper packaging materials are available and utilized for the preparation of transferring RAT specimens to alternative testing sites. This shall include the procurement and utilization of sealable biohazard bags and sealable plastic shipping containers with rubber gasket lids. See Appendix J9 for forwarding procedures and acceptors.

c. Disease Containment Branch

The Infectious Disease Containment Branch, Infection Control Group, Isolation and Quarantine Group, and Restriction, Exclusion, and Clearance Group should be activated immediately. See below for guidance on when to activate the Mass Prophylaxis Group.

c.1. Infection Control Group

The primary goal of the Infection Control Group is to prevent exposure when avoidable.

When the disease is known. When the infectious disease is known, consult Appendix G for disease specific infection control recommendations for the public, first responders, field situations, healthcare workers, home settings, and congregate living situations.

When the disease is new or unknown. When the organism or the mode of transmission is new or unknown, but may include a respiratory component, assume that the organism can be transmitted via all modes: standard, droplet, contact, and airborne (for details see the IDER Core Plan, Infection Control Group). For making infection control recommendations when the disease is unknown see Appendix Gb9.

c.2. Restriction, Exclusion, & Clearance Group

Suspect or confirmed cases in sensitive occupations or settings (SOS) should be restricted or excluded even if isolation and/or quarantine is implemented and enforced.

c.3. Mass Prophylaxis Group

Only the Incident Commander can activate mass prophylaxis dispensing. Consider activation when:

1. At least 200 people need prophylaxis in a timely manner; and
2. It is known what types of prophylaxis may be effective; and
3. When prophylaxis can be obtained.

Push dispensing strategies (providing pre-identified organizations and/or businesses with instructions and antibiotics so they can dispense to groups unable or unwilling to use PODs) will be very limited in a RAT scenario (with the exception of Pneumonic Plague), if they are implemented at all.

Considerations for POD distribution of mass prophylaxis in a respiratory aerosol transmissible event include:

- **Determine the number of prophylaxis recipients.** For point source exposures it may not be necessary to provide prophylaxis to the entire population.
- **Infection Control.** If recommended by the Safety Officer, request personal protective equipment for POD staff from the Logistics Section. Ensure that infection control and PPE guidelines are also covered as part of staff training at the Staff Assignment and Training (SAT) and that hard copies of all recommendations exist at all operating PODs. Ancillary staff such as security, transportation and traffic control must also be aware of all standards.
- **Triage**. Special triaging activities should be used in RAT emergencies to keep infectious people out of the POD. Focus resources and attention to the front door of a POD to ensure that disease does not enter and spread within (e.g., add door monitoring staff). Triage guidelines should be sought from the Communicable Disease Information Branch and may include taking temperatures of anyone who feels they have a fever.
- **Contact Tracing.** Consider activation of surveillance stations (e.g. contact interviewing/tracing station) at a POD.

- **Data Collection.** Data on whether smallpox vaccines take or do not take, as well as data on adverse events will be collected. The immunization registry is able to accommodate this information, but it should also be entered into a national adverse event tracking system, Vaccine Adverse Event Reporting System.
- **Smallpox Vaccine Actions and Adverse Reactions.** For smallpox, separate lines will exist at all PODs for vaccine recipients to return one week later and have their vaccination site checked to ensure that the vaccine "took." Instructions for how and when to set up these lines exist in POD Playbooks. Patients whose vaccines did not take will have to be revaccinated. Return visit instructions will also be part of public messaging and will be posted at PODs. Return patients can also use this site-checking line for advice about how their vaccination site is healing.

c.4. Isolation and Quarantine Group

Isolation. In most cases, suspected and confirmed cases, with signs and symptoms of a respiratory aerosol transmissible disease, should be isolated as soon as possible. Infected persons can be isolated at home or at a non-healthcare facility if there is no acute medical care need. The appropriateness of home isolation or quarantine should be assessed (See Appendix Fb3, Evaluation for Home Suitability for Isolation or Quarantine), and the potential risks for care-givers and household contacts. Considerations include the number of household members and their ages, medical conditions, and/or language barriers, number of rooms, available bathroom facilities, etc. The Infection Control Group should provide recommendations for individuals in isolation and their caregivers.

Quarantine. Quarantine of contacts (persons exposed to a case but with no signs or symptoms of the disease) can be an effective disease containment strategy for certain RAT diseases (e.g. SARS, smallpox). Consider quarantine when it has the potential to substantially curtail or reduce the number of cases. These conditions may include:

- Cases and contacts are few and are identified early in the outbreak
- The disease is infectious at or after symptom onset
- Humans are the principal source of infection (the infectious microbes have no, or limited, viability in the environment or on inanimate objects)
- The infectious dose is high (transmission requires a larger dose of microbes to produce infection)
- There are available resources to implement a quarantine strategy
- When a contact is unable or unwilling to receive preventive treatment/prophylaxis
- There is little immunity to the RAT disease in the general population
- Efficacy of prophylaxis is low or unknown

Quarantine may not be effective and appropriate when:

- The outbreak is already affecting a large portion of the population, or
- The disease is infectious before symptoms onset and has a short incubation period and/or long infectivity period (disease can spread from infected to uninfected person unknowingly and to many people within a short period of time), or
- The infectious dose is low; (the uninfected can easily be infected), or
- Resources are limited, or
- Prophylaxis and/or treatment is available and effective.

Quarantine should be at home, or if the person does not have a place of domicile, at a non-healthcare facility. Legal enforcement may be required (see protocol in Appendix Fa6) and should be coordinated through the DOC/EOC. The Infection Control Group should provide infection control recommendations, clear guidelines, and instructions if symptoms evolve for individuals in quarantine and their caregivers and to the isolation and quarantine facility.

d. Infectious Disease Information Branch

The Infectious Disease Information Branch, Information Triage Group, Info Content Creation Group (including the Treatment and Prophylaxis Team, Document Development Team, and Clinician Consultation Team), and Info Dissemination Group should be activated immediately.

d.1. Information Triage Group

No modifications to the Core IDER Plan.

d.2. Information Content Creation Group

Treatment and Prophylaxis Guidance Team. For situations when the disease is known consult Appendix Dd for treatment and prophylaxis recommendations. When the disease is unknown, or there are no existing treatment and/or prophylaxis recommendations, monitor CDC, CDHS, and other sources for evolving recommendations. Consider consultation or recruitment of a technical specialist. The team may be responsible for drafting prophylaxis protocols, POD triage protocols, and self-care and support guidelines for individuals in home isolation or quarantine.

Document Development Team. The RAT disease emergency may be regional and may generate fear among the public, city responders, and medical community. Risk communication should be coordinated regionally and should be clear, accurate, and timely. Important risk communication documents may include:

- **Health Alert** (for clinicians)
  - Pre-written Disease Specific Health Alerts, (Appendix Db)
- **Fact Sheets**
  - Pre-written Disease Specific Fact Sheets (Appendix Dc)
- **Mass prophylaxis**
  - Directions to POD(s) (Appendix Ha17)
  - What happens at a POD Fact Sheet (Appendix Hd3)
  - Ciprofloxacin and Doxycycline Fact Sheets in multiple languages (Appendix He - Hp)
- **Telephone Scripts**
  - Public Health Information Line Scripts (Appendix Da4)
- **Press Releases/Talking Points**
- **Website Content**

d.3. Information Dissemination Group

No modifications to the Core IDER Plan.

e. Data Branch

e.1. Data Analysis Group

As an outbreak progresses:

- Consider conducting an analytic study. Particularly consider if the source of the infection is unknown and is continuing to cause disease and if the pathogen is previously unknown. Analytic studies will be less useful when RAT disease is widespread in the community (e.g., later stages of pandemic influenza).

- Determine who is a primary case and who is a secondary or tertiary case. Alter the working case definition, particularly when the disease is spread person to person and the serial interval is short. (Serial interval: for diseases that are spread person to person, the time period between successive generations).
- Continue describing the outbreak in terms of person, place, and time.
  - Revise epidemic curve
  - Consider plotting/re-plotting cases on a map
  - Consider creating/revising a population pyramid of cases

f. Continuity of Operations

No modifications to the Core IDER Plan.

D. Logistics

The Logistics Section Personnel, Supplies, and Communication Equipment, and IT units should be activated immediately. If the Mass Prophylaxis Group is activated the Pharmaceutical and Medical Supplies Sub-Unit should be activated.

a. Personnel Unit

At the Staff Staging Area all responders should be educated and trained on what is known about the RAT disease, the situation, and given respiratory protection guidelines as provided by the Safety Officer. PPE may be distributed at the Staff Staging Area. The Personnel Unit will track responders who have been fit-tested and/or trained for PPE and will share this information with the Safety Officer.

If the Mass Prophylaxis Group is activated, immediately request personnel via the DOC/OPP to staff the POD(s) and Receipt Store, and Stage (RSS) Warehouse.

b. Supplies Unit

Additional supplies required for the IDE response may include personal protective equipment for responders. If the mass prophylaxis POD is activated, immediately activate the Pharmaceuticals & Medical Supplies Sub-Unit (and supporting modules) and obtain antibiotics/antivirals/vaccines through the local cache or request them via the DOC/EOC.

c. Communication Equipment Unit

No modifications to the Core IDER Plan.

d. Information Technology Unit.

If telecommuting is recommended as a distancing strategy this unit may encounter challenges due to system overload.

E. Finance

No modifications to the Core IDER Plan.

VI. RESOURCES

A. Respiratory Aerosol Transmissible Disease-Specific Documents

Items	Location
Plans	
Guidance for the Scale and Scope of a Pandemic Flu Response	Appendix C6
Infectious Disease Information: Health Alerts	
Plague Pre-written BT Health Alert	Appendix Db10
Smallpox Pre-written BT Health Alert	Appendix Db11
VHF Pre-written BT Health Alert	Appendix Db13
Infectious Disease Information: Fact Sheets	
Plague FAQ's	Appendix Dc5
Smallpox FAQ's	Appendix Dc6
VHF FAQ's	Appendix Dc8
Avian Influenza One Page FAQ.	Appendix Dc9
Avian Influenza One Page FAQ. Spanish	Appendix Dc10
Avian Influenza One Page FAQ. Chinese	Appendix Dc11
Avian Influenza in Chickens/Animal Care and Control FAQ	Appendix Dc12
Pandemic Flu - San Francisco City & County Preparedness FAQ	Appendix Dc14
Epidemiology and Surveillance: Laboratory Related Forms and Tools	
SFDPH Influenza Specimen Collection Instructions	Appendix Ef6
SFDPH VZV Smallpox Specimen Collection Instructions	Appendix Ef8
Epidemiology and Surveillance: Respiratory Aerosol Transmissible Forms	
Avian Influenza Screening Form	Appendix Eg1
SARS Screening Form	Appendix Eg2
Smallpox Screening Form	Appendix Eg3
Pneumonic Plague Screening Form	Appendix Eg4
Template General Respiratory Questionnaire – phone interview	Appendix Eg5
Template General Respiratory Questionnaire – self-administered	Appendix Eg6
Template General Respiratory Contact Tracing Line List	Appendix Eg7
Avian Influenza Contact Monitoring Form	Appendix Eg8
Pneumonic Plague Contact Monitoring Form	Appendix Eg9
Smallpox Contact Monitoring Form	Appendix Eg10
SARS Contact Monitoring Form	Appendix Eg11
Avian Influenza Case Report Form	Appendix Eg12
CDC Plague Case Investigation Report	Appendix Eg13
CDHS Anthrax (Human) Case Report Form	Appendix Eg14
CDC SARS Case Report Form	Appendix Eg15
CDC Form 1. Smallpox Post-Event Surveillance Form	Appendix Eg16
CDC Form 1. Smallpox Post Event Surveillance Form Instructions	Appendix Eg17
Epidemiology and Surveillance: BT Forms	
Viral Hemorrhagic Fevers Screening Form	Appendix Eh4
VHF Questionnaire – phone interview	Appendix Eh12
VHF Questionnaire – self-administered	Appendix Eh13
VHF Contact Monitoring Form	Appendix Eh17
Infection Control: Respiratory Aerosol Transmissible Diseases	
Pandemic Influenza- Phase 6 Infection Control Recommendations	Appendix Gb1
Pandemic Influenza- Phase 4 & 5 Infection Control Recommendations	Appendix Gb2
Self-Monitoring Log for Exposed Workers to Known Respiratory Disease	Appendix Gb3
Personal and Family Preparedness Kit Contents for Pandemic Influenza	Appendix Gb4
Worksheet on Health Officer's Considerations for Pandemic Flu Non-pharmaceutical interventions - Extended Dismissal of Students for School	Appendix Gb5
Severe Pandemic Influenza Public Health Response Matrix	Appendix Gb6
High Hazard Procedure Respiratory Protection Recommendations	Appendix Gb7
Algorithm for Extended Dismissal of Students from Schools as part of response	Appendix Gb8

to an Influenza Pandemic	
Infection Control Strategies for an Unknown RAT Disease	Appendix Gb9
Restriction, Exclusion, and Clearance: Clearance Disease-Specific Recommendations	
Avian Influenza (H5N1) protocol	Appendix Ib2
SARS Protocol	Appendix Ib11
Laboratory	
Lab Influenza Testing Capabilities and Supplies	Appendix J11
Laboratory Guidance for a RAT Disease	Appendix J17