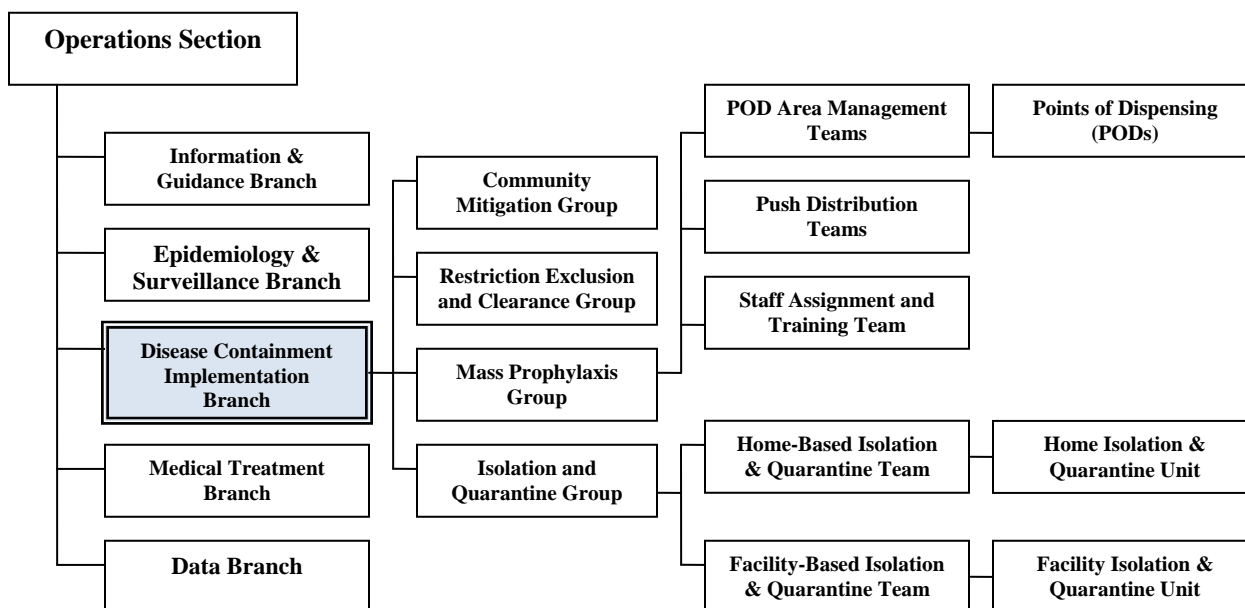


## 13. DISEASE CONTAINMENT IMPLEMENTATION BRANCH

### A. ORGANIZATION CHART



### B. DESCRIPTION

#### a. Purpose & Objectives

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

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

#### b. Methods

Disease containment methods include but are not limited to:

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

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

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

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

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

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

## **C. IMPLEMENTATION**

### **a. Disease Containment Implementation Branch**

Activate the Disease Containment Implementation Branch for all activations.

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

#### *Functions of the Disease Containment Implementation Branch*

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

## D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

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

## E. REPORTING

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

## F. DELIVERABLES

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

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

## G. RESOURCES

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

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

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

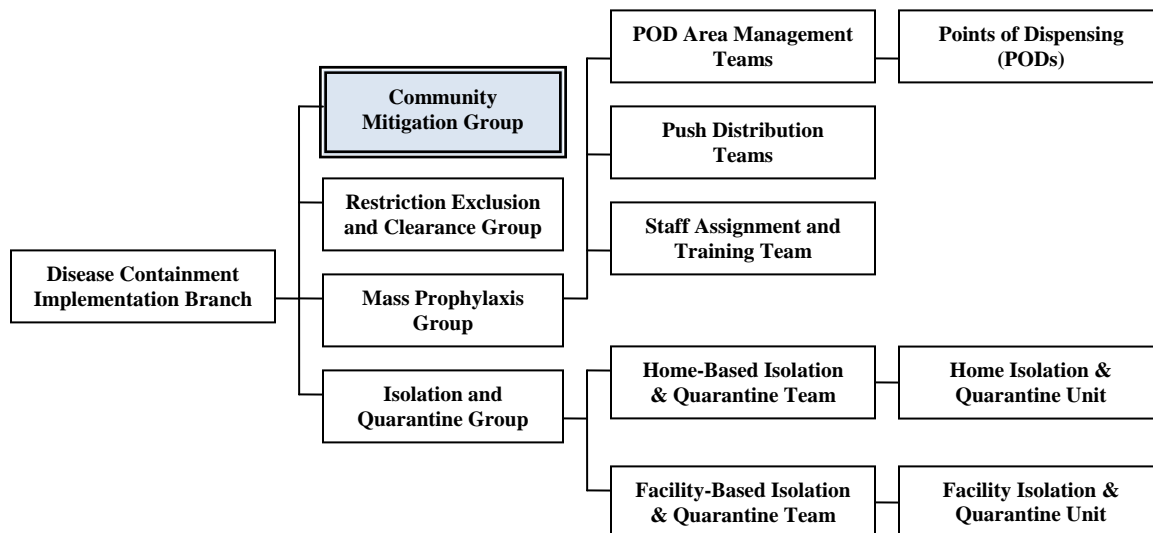
<b>Isolation &amp; Quarantine</b>	<b>Appendix Gd</b>
<b>Home and Facility Isolation and Quarantine</b>	<b>Appendix Gd1</b>
<b>Home Based Isolation and Quarantine</b>	<b>Appendix Gd2</b>
<b>Facility Isolation and Quarantine</b>	<b>Appendix Gd3</b>

**b. Office and Communication Supplies**

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

## 14. COMMUNITY MITIGATION GROUP

### A. ORGANIZATION CHART



### B. DESCRIPTION

#### a. Purpose & Objectives

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

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

#### b. Methods

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

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

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

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

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

## **C. IMPLEMENTATION**

### **a. Community Mitigation Group**

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

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

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

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

#### *Functions of the Community Mitigation Group*

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

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

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

#### D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

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

#### E. REPORTING

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

#### F. DELIVERABLES

The Infection Control Group is responsible for producing the following:

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

#### G. RESOURCES

The following resources can be utilized to implement operations:

##### a. Protocols, forms, and guidelines, and MOUs

<b>Items</b>	<b>Location</b>
<b>ICS Forms</b>	<b>Appendix B</b>
<b>Job Action Sheets</b>	<b>Appendix C</b>
<b>Disease Containment Implementation</b>	<b>Appendix G</b>

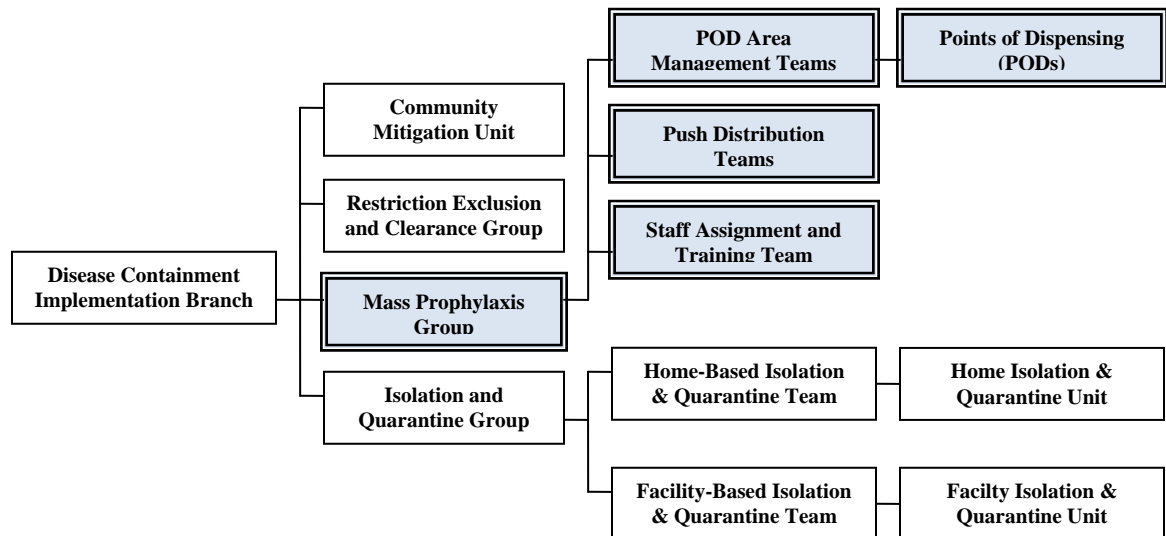
**b. Office and Communication Supplies**

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



## 15. MASS PROPHYLAXIS GROUP

### A. ORGANIZATION CHART



### B. DESCRIPTION

#### a. Purpose & Objectives

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

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

#### b. Methods

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

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

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

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

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

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

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

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

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

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

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

## **C. IMPLEMENTATION**

### **a. Mass Prophylaxis Group**

Activate the Mass Prophylaxis Group when:

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

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

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

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

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

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

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

#### *Functions of the Mass Prophylaxis Group*

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

#### **a.1. POD Area Management Team**

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

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

#### *Function of the POD Area*

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

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

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

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

General tenets of POD operations include:

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

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

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

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

*Functions: POD Operations*

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

*Functions: POD Logistics*

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

## **a.2. Push Dispensing Team**

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

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

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

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

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

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

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

#### *Functions of the Push Dispensing Team*

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

### **a.3. POD Staging Area Team**

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

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

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

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



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

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

*Functions of the POD SAT Area Team*

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

**D. STAFF POSITIONS**

The following positions are required for minimum staffing levels.

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

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

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

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

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

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

### Staff Position Roster: Push Distribution Team

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

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

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

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

## E. REPORTING

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

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

## F. DELIVERABLES

The Mass Prophylaxis Group is responsible for producing the following:

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

- Screening Forms

## G. RESOURCES

The following resources will be required to perform response operations:

### a. Protocols, forms, guidelines, and MOUs

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

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

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

**b. Mass Prophylaxis Group Office and Communication Supplies**

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

**c. POD Supplies**



The following items are required for each POD.

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

**d. Staff SAT Supplies**

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

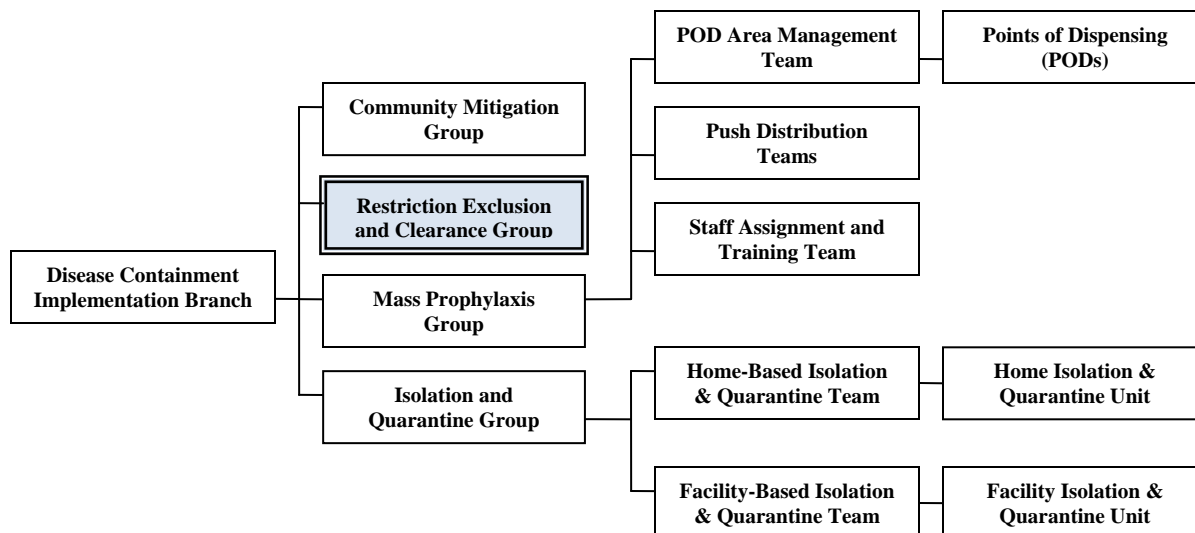
Computer with internet access	1	POD SAT, Logistics
Printer access	1	POD SAT, Logistics
800 MHz Radio/cell phone/pager	1	POD SAT, Logistics
Copy machine access	1	POD SAT, Logistics
Badge software, camera, printer	1	Logistics
LCD Projector	1	Logistics
VCR/DVD player with projection screen	1-2	Logistics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

**e. PUSH Supplies**

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

## 16. RESTRICTION, EXCLUSION, AND CLEARANCE GROUP

### A. ORGANIZATION CHART



### B. DESCRIPTION

#### A. Purpose & Objectives

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

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

#### B. Methods

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

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

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

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

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

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

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

## **C. IMPLEMENTATION**

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

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

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

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

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

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

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

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

#### *Functions of the Restriction, Exclusion, & Clearance Group*

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

## **D. STAFF POSITIONS**

The following positions are required for minimum staffing levels.

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

## **E. REPORTING**

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

## **F. DELIVERABLES**

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

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

## **G. RESOURCES**

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

### **a. Protocols, forms, and guidelines, and MOUs**

<b>Items</b>	<b>Location</b>
<b>ICS Forms</b>	<b>Appendix B</b>
<b>Job Action Sheets</b>	<b>Appendix C</b>
<b>Disease Containment Implementation</b>	<b>Appendix G</b>
<b>Restriction Exclusion &amp; Clearance</b>	<b>Appendix Gc</b>
Amebiases Protocol	Appendix Gc.1
Avian Flu Flowchart	Appendix Gc.2
Avian Flu Infection Control Recommendation Checklist	Appendix Gc.3

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

**b. Office and Communication Supplies**

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

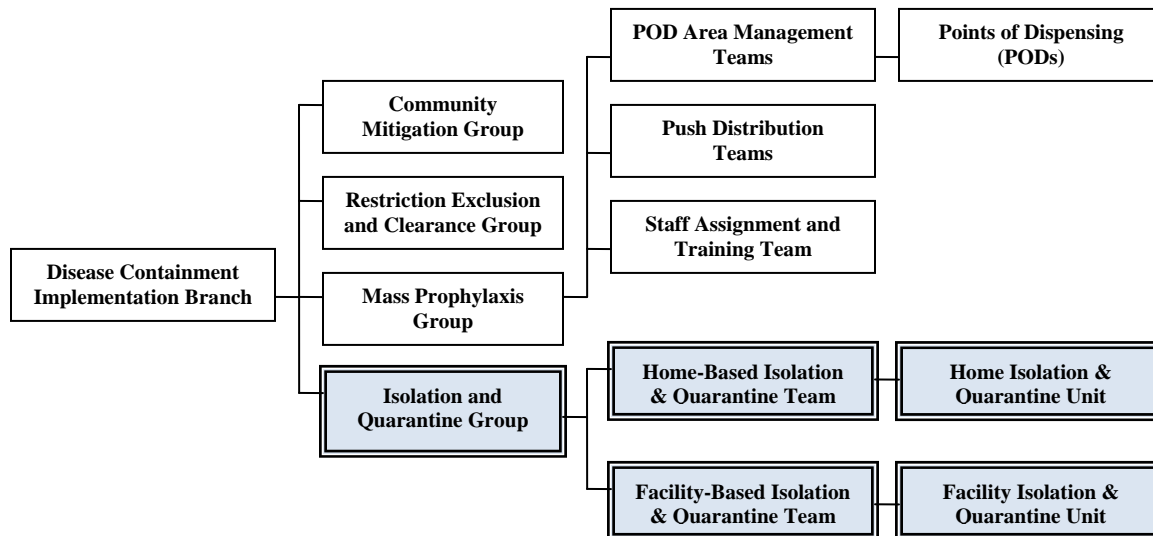
**C. Material Resources**

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



## 17. ISOLATION AND QUARANTINE GROUP

### A. ORGANIZATION CHART



### B. DESCRIPTION

#### a. Purpose & Objectives

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

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

#### b. Methods

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

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

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

## C. IMPLEMENTATION

### a. Isolation and Quarantine Group

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

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

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

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

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

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

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

#### *Functions of the Isolation and Quarantine Group*

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

#### **a.1. Home Isolation & Quarantine Team**

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

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

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

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

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

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

#### *Functions of the Home Isolation & Quarantine Team*

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

#### **a.2. Facility Isolation & Quarantine Team**

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

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

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

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

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

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

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

*Functions of the Facility Isolation & Quarantine Team*

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

**D. STAFF POSITIONS**

The following positions are required for minimum staffing levels.

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

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

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

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

## **E. REPORTING**

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

## **F. DELIVERABLES**

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

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

## **G. RESOURCES**

The following resources will be required to perform response operations:

**a. Protocols, forms, guidelines, and MOUs**

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

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

**b. Office and Communication Supplies**

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

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

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