



# Sonoma County Operational Area Emergency Operations Plan Annex:

## Pandemic Response Plan

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DEPARTMENT OF EMERGENCY MANAGEMENT

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## I. INTRODUCTION

### **Purpose**

This Annex establishes a common multi-stakeholder preparedness and response structure to an imminent threat of a disease outbreak or pandemic affecting the Sonoma County Operational Area (OA). It is a supporting document to the wider OA Emergency Operations Plan (EOP) and aligns with the State of California Standardized Emergency Management System (SEMS) as well as the National Incident Management System (NIMS). This Annex has been set forth to meet the following objectives:

- Serve as an update to the Sonoma County Department of Health's 2007 Pandemic Flu Plan
- Serve as an augmented operational structure to the Sonoma County Department of Health's (DHS) infectious disease plan
- Explain the pandemic threat and its potential to have a major impact in the community
- Define the various risk levels of a disease outbreak/pandemic and recommended actions
- Identify the OA partners involved and the critical operational response areas of coordination
- Limit the impact of a disease outbreak/pandemic in the community by:
  - reducing the potential morbidity and mortality rates
  - minimizing disruption of social and medical services
  - ensuring timely and appropriate information is disseminated to the public

As a living document and due to the known potential global emergence of new viruses and disease outbreaks, this Annex will be continuously revised and checked against other similar plans, annexes and relevant resource materials from state, government and academic sources to ensure the latest approaches and adjustments to a pandemic response are incorporated.

### **Scope**

This pandemic Annex will be activated based on the risk levels and epidemiological trends identified through global, national and local disease surveillance systems that may represent a threat to the Sonoma County OA. It does not alter or supersede other existing Departmental or OA stakeholder plans but rather supports their respective actions and addresses possible limitations based on previous planning discussions and exercises.

## **Preparing and Responding with the Whole Community Strategy**

The County of Sonoma strives to incorporate the Whole Community perspective in its emergency planning. By planning with the Whole Community, the County of Sonoma planning strategy incorporates the complexities in the diversity in Sonoma County.

Sonoma County defines disabilities and those with access and/or functional needs as:

***Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence and the ability to perform the activities of daily living, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.***

Having recognized the need to be inclusive in its emergency planning, the Op Area formed the Sonoma County Access and Functional Needs (AFN) Committee in 2017 to strengthen partnerships with the disability community and those with access and/or functional needs. This team includes representatives from county agencies, local jurisdictions and nonprofit organizations serving people with disabilities and those with access and/or functional needs in Sonoma County.

Furthermore, the County and Op Area are committed to maximizing compliance with the Americans with Disabilities Act and providing the best service to Sonoma County residents and visitors. As such, the County adheres to the guidelines outlined below:

- County services and facilities are equally accessible and available to all persons.
- All the benefits offered by the County are accessible and available to persons with disabilities and others with access and functional needs.
- The County will accommodate people with disabilities and those with access and/or functional needs in the most integrated setting possible.
- During all phases of disaster response, the County will make reasonable modifications to policies, practices and procedures, if necessary, to ensure programmatic and architectural access to all.
- The County will ensure that its shelters are accessible, both physically and programmatically, to afford people with disabilities and others with access and functional

needs the opportunity to remain with family and friends in the most integrated setting possible.

## II. SITUATION OVERVIEW

Despite a relatively modest population number compared to other major surrounding counties and jurisdictions in the North Bay Area, Sonoma County is not immune to a major disease outbreak or pandemic. In fact, the economic base of the County which include a world-renown viticulture industry that draws thousands of visitors each year, as well as the daily movement of people along State Hwy 101 and other major roadways – be it for commuting purpose or travel needs – create a perfect system of rapid human-to-human disease transmission that requires timely and efficient precautionary measures and containment actions established early on.

The Sonoma County Operational Area acknowledges this threat and understands that any virus or disease, whether already known or with a newly identified strain, has the potential to spread quickly and cause major disruptions across the County.

Prior planning efforts have noted the potential for significant population impacts and projected the following for planning purposes based upon a Sonoma County population of 473,000

- 122,000 symptomatic with range from 73,000 to 171,000
- 65,000 outpatient visits
- 1400 persons hospitalized
- 330 deaths with a range from 200 – 460

As defined by the World Health Organization (WHO), a pandemic is the worldwide spread of a new disease<sup>1</sup>. Pandemics have been typically been known to associated with influenza (flu) viruses such as the 1918 H1N1 (Spanish flu) and the 2009 H1N1 (swine flu), however, it may also stem from other agents such as coronaviruses (i.e. SARS-CoV, COVID-19). In past human infection occurrence, both have also registered a significant value in terms of case fatality ratio (CFR).

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<sup>1</sup> [https://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/pandemic/en/](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/)

For emergency planning and risk assessment purposes, it is important to understand some characteristics of these viruses as it will help guide preparedness efforts at the local and community level. The following is a summary of the similarities and differences between the flu and the coronavirus (COVID-19).

Influenza (flu) vs. Coronavirus (COVID-19) <sup>2</sup>	
Similarities	Differences
<ul style="list-style-type: none"> <li>• spread by respiration</li> <li>• originate in animals</li> <li>• cause fever and cough</li> <li>• can cause death by respiratory failure</li> <li>• spread via respiratory droplets</li> <li>• can be prevented with good hygiene and limited contact with those infected</li> <li>• can be contagious before the onset of symptoms**</li> <li>• will appear in multiple waves over time</li> </ul>	<ul style="list-style-type: none"> <li>• CFR: influenza = 0.1%; COVID-19 = 2%</li> <li>• antiviral medicine and vaccines exists for the influenza but not yet for COVID-19</li> <li>• influenza is seasonal and comes back every year; unknown for coronavirus</li> <li>• influenza incubation period is ~2 days (range 1-4 days); COVID-19 incubation period is ~5 days (range 2-14 days)*</li> <li>• experience to the virus causing COVID-19 is minimal, whereas influenza viruses have been around for at least 500 years</li> </ul>

\*preliminary estimates

The CFRs noted above are for known strains. Communities could be faced with a much higher CFR should a new (novel) strain that is unknown to human infection become present, thus raising concerns of a potential pandemic.

In modern times, four influenza pandemics have occurred with significant health implications. They have also served as the basis for enhanced surveillance, epidemiological data analysis, planning and coordination of preparedness and response activities for recurring or potential new threats<sup>3</sup>:

Pandemic name and year of emergence	Area of origin	Influenza A virus subtype	Estimated reproductive number (Ro)	Estimated CFR	Estimated attributed deaths	Age groups most affected
1918 "Spanish flu"	Unclear	H1N1 (unknown)	1.2-3.0	2-3%	20-50 million	Young adults
1957-1958 "Asian flu"	Southern China	H2N2 (avian)	1.5	<0.2%	1-4 million	All age groups
1968-1969 "Hong Kong flu"	Southern China	H3N2 (avian)	1.3-1.6	<0.2%	1-4 million	All age groups
2009-2010 "influenza A(H1N1)"	North America	H1N1 (swine)	1.1-1.8	0.02%	100,000-400,000	Children and young adults

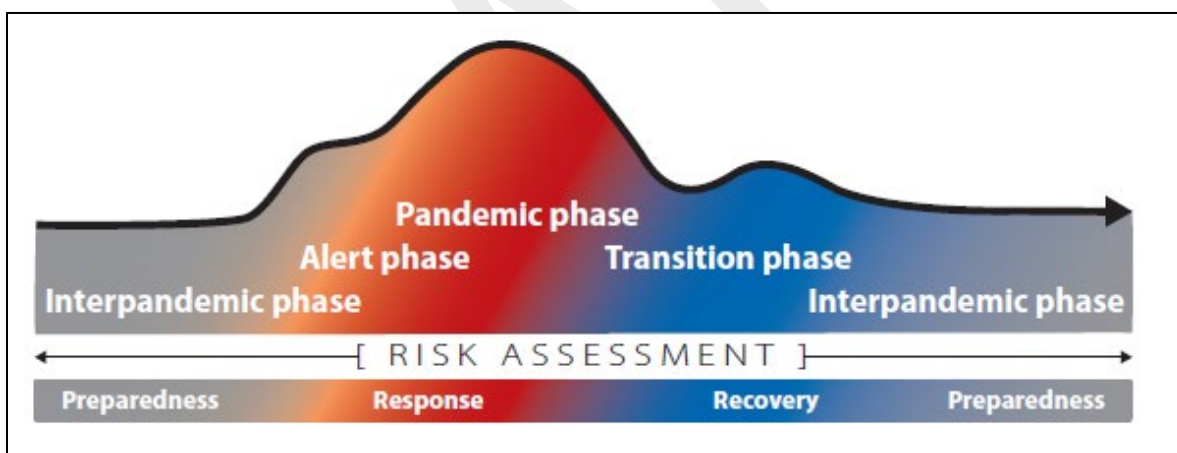
<sup>2</sup> <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-disease-2019-vs-the-flu>

<sup>3</sup> [https://www.who.int/influenza/preparedness/pandemic/GIP\\_PandemicInfluenzaRiskManagementInterimGuidance\\_Jun2013.pdf?ua=1](https://www.who.int/influenza/preparedness/pandemic/GIP_PandemicInfluenzaRiskManagementInterimGuidance_Jun2013.pdf?ua=1)

## The WHO Pandemic Phases and the HHS-CDC Pandemic Intervals Framework

In 1999, the World Health Organization (WHO) developed a global influenza preparedness plan that includes a classification or alert system based on a six-phase approach to help guide planning and response activities for an influenza pandemic. These phases were designed based on previous influenza statistics to address the global risk for a pandemic spread and provide benchmarks against which to measure global response capabilities. Over time, the WHO pandemic alert system has been revised, incorporating lessons learned from the recent 2009 H1N1 pandemic as well as recommendations from global experts to establish a pandemic alert system that would focus more on a potential disease risk assessment rather than its geographic spread.

The current WHO pandemic alert system referred to as the Continuum of Pandemic Phase comprises four phases<sup>4</sup>: *Interpandemic*, *Alert*, *Pandemic* and *Transition*. Each of these phases identify response measures and recommends actions for countries to follow. The risk assessment component incorporates three critical stages: *Preparedness*, *Response* and *Recovery*.

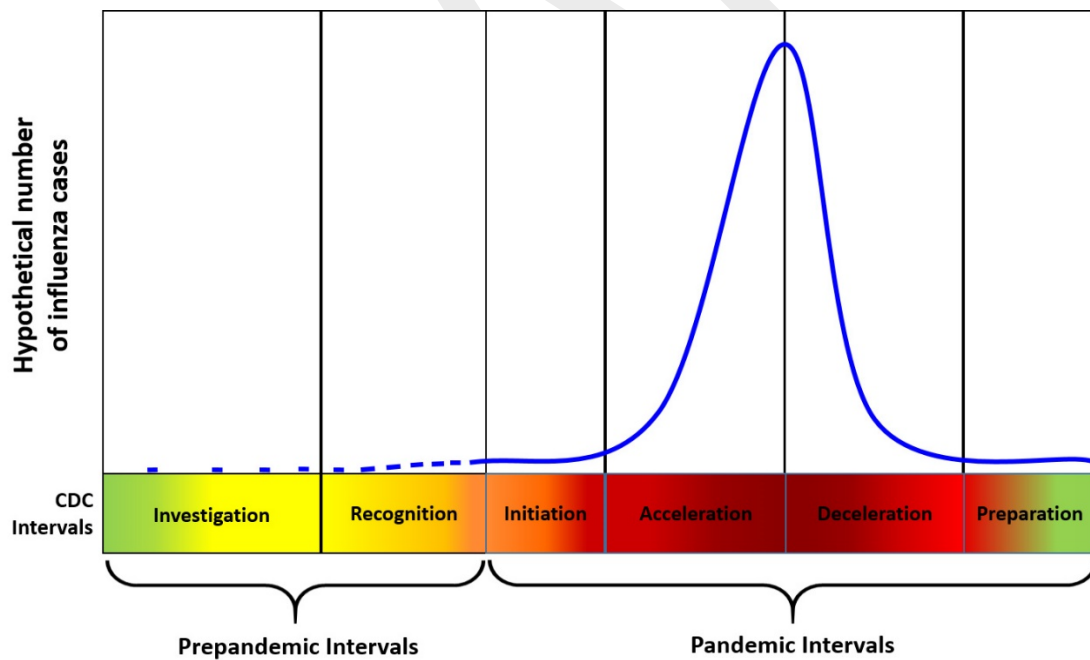


In this diagram, the global average of reported cases of infection greatly increase through the *Alert* and *Pandemic* phases, with the greatest global average of cases occurring in the *Pandemic* phase. Local planning efforts for a pandemic should anticipate and prepare for additional single or multiple waves of reported cases after the *Pandemic* phase or “peak” period. In the diagram above, this behavior is reflected with a short spike in the continuum curve during the *Transition* phase, indicating that – based on previous influenza statistics - the effect of influenza on communities has been relatively prolonged with multiple waves occurring.

<sup>4</sup> WHO Pandemic Influenza Risk Management Guidance, 2017.  
<https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=FF0E44DE342CCEF9F0A31E1EFB14C8E8?sequence=1>

In the United States, the Centers for Disease Prevention and Control (CDC), part of the Department of Health and Human Services (HHS), had originally developed the Pandemic Severity Index (PSI). This was a classification scale designed to resemble the Saffir-Simpson Hurricane Scale to report the severity of influenza pandemics in the United States, based on case fatality ratios (CFR). Although useful since its inception (2007), over time the CFR-driven classification system presented challenges, as it did not account for a number of factors, which led to difficulties in pandemic assessment processes. As a result, and with the purpose of harmonizing planning efforts with the revised WHO framework, the CDC introduced the Pandemic Intervals Framework (PIF); one of three pandemic planning tools used to guide influenza pandemic planning that provides recommendations for risk assessment, decision-making and action at local/community level<sup>5</sup>. The other associated tools developed by the CDC include the Influenza Risk Assessment Tool (IRAT) and the Pandemic Severity Assessment Framework (PSAF)<sup>6</sup>

The CDC's PIF comprises six pandemic intervals: *Investigation*, *Recognition*, *Initiation*, *Acceleration* and *Deceleration*. These intervals provide a common method to describe pandemic activity, which can inform public health actions. The duration of each pandemic interval might vary depending on the characteristics of the virus and the public health response.



<sup>5</sup> CDC Pandemic Intervals Framework (PIF)

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html>

<sup>6</sup> Further information on the three tools can be found on the CDC Pandemic Influenza Plan – 2017 Update

<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>



In accordance with the CDC's Pandemic Influenza Strategic Plan, the CDC will determine and communicate the pandemic interval for the U.S. The determination will be based on the global pandemic phase and the extent of disease spread throughout the country. The State and Local health authorities will abide by the CDC's recommendations. For Sonoma County, local pandemic preparedness and response efforts will be guided by the protocols stated in this annex as well as disease-specific assessments informed by the WHO and the CDC.

### III. PLANNING ASSUMPTIONS

#### **Impact and potential consequences in Sonoma County**

- A pandemic will result in the rapid spread of infection with outbreaks in multiple countries
- Communities across the state and the country may be impacted simultaneously
- The health impact of a pandemic event will be significant; up to 25-35% of persons may become ill in a major pandemic influenza wave.
- A pandemic may result in long-term and costly emergency response operations, thus coinciding with other seasonal threats in the county, such as wildfire season and potential Public Safety Power Shutoff (PSPS) events
- Seasonal vaccination may or may not offer some level of protection against a novel pandemic influenza or coronavirus strain
- Vaccine is likely to be in short supply initially which will require prioritization
- Once a vaccine is available, it is expected that individuals will need an initial priming dose followed by a second dose approximately 30 days later in order to achieve optimal antibody response and clinical protections
- The number of infected people requiring outpatient medical care and hospitalization will overwhelm the local healthcare system. To this end:
  - There will be tremendous demand for urgent care services.
  - Healthcare workers will be at higher risk of exposure impacting the system's ability to care for patients in traditional hospital or clinic settings.
  - The medical workforce itself will experience 25% to 35% absenteeism due to illness or caring for ill family members
  - Demand for inpatient beds and assisted ventilators could increase by ten-fold
  - Emergency Medical Service responders will face extremely high call volumes
  - Workforce impacts in general may be significant thereby interrupting public services, 911 call centers, law and fire response
  - The number of fatalities will overwhelm the resources of the Sheriff/Coroner's Office, morgues and funeral homes

- The demand for home care and social services will increase dramatically
- Supporting infrastructure for the health care delivery system i.e. supplies, services and transportation will be affected and impact the response capabilities of the system
- There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications; thus, planning for county continuity of operations is essential.
- High absenteeism levels may reduce available services within the community due to workers becoming ill, individuals staying home to care for sick family members, or those refusing to go to work due to fear of becoming ill
- Supply chain issues and shortages of medications, Personal Protective Equipment and mutual aid staff will occur when multiple Operational Areas across the state are impacted; in some cases the resource needs identified by partners will be delayed or go unfilled
- The closure of schools and childcare facilities may impact the workforce related to childcare. Any impact upon the workforce may have a negative influence on local, regional, and State economic communities
- Current resources for mass fatality care at all levels, including healthcare facilities, the county morgue and mortuaries, may be inadequate to meet the challenges posed by a pandemic
- The potential spread of disease and illness within correctional institutions is high due to the congregate nature of these facilities
- Some individuals may not believe the reality of the threat posed by a pandemic influenza incident, and may take actions counterproductive to the government response efforts to contain and treat people infected with the disease
- Depending on the disease, there may be concerns regarding infection in or from pets, or exposure of pets to infected persons
- There will be a significant surge in the need for public communication and outreach
- Secondary events such as public demonstrations, looting, and civil unrest during a pandemic event or a concurrent disaster, may lead to an increased need for law enforcement

## **Response**

- A pandemic presents significant challenges with scaling a OA response up and down, with operational surge, and with the length of activation given several possible waves of occurrence/infection
- Pre-event planning is critical to ensure a prompt and effective response as a pandemic could also last for up to 12 to 24 months

- DEM and DHS staff in emergency management roles may experience staff reductions comparable to other sectors potentially hampering response efforts
- Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems
- The healthcare system will have to respond to increased demands for service and therefore:
  - Hospital infection control measures specific to management of large numbers of infectious patients will need to be developed and implemented
  - The health system will need to develop alternate care sites to relieve demand at hospitals
  - OA hospitals will be expected to maximize their medical surge capacity and capability, however, when hospital capacity is exceeded, specialized care centers will be needed for patients who can safely be managed outside of the acute care setting; hospitals will be reserved for patients needing the most sophisticated care
  - To maximize healthcare resources and achieve optimal benefit for the most people, traditional standards of care may need to be altered. “Sufficiency of Care,” which is medical care that may not be of the same quality as that delivered under nonemergency conditions but that is sufficient for the situation, may be the standard of care during a pandemic.
  - Strategies for caring for low-acuity cases at home when possible should be implemented.
  - Multi-Agency Coordination at local, regional and state levels will be required to develop process for scarce resource allocation of critical supplies and services that will be in high demand.
  - Increased communication and coordination between public safety, EMS, healthcare facilities, detention facilities, schools, and DHS will be needed in order to focus on surveillance
- Timely or effective mutual aid resources as well as State or Federal assistance to support local response efforts may be a challenge for Sonoma County
- Residents may be required to stay in their homes for a significant period during a pandemic
- Social distancing measures aimed at reducing the spread of infection, such as closing schools, community centers and other public gathering points and canceling public events, may be implemented during a pandemic
- Schools or other county facilities may be needed during a pandemic for other purposes such as vaccine/prophylaxis distribution sites (PODS), medical triage centers or mass care or mass feeding operations

- Emergency Risk Communication is critically important during all phases of planning and implementation of a pandemic response and therefore, information provided to the public from OA jurisdictions must come from a Joint Information Center and/or County and OA EOC, if activated
- Dissemination of information must be a coordinated effort with consistent messaging
- Law enforcement activities that may occur outside of normal duties may include situations of quarantine and/or isolation enforcement as well as security provision and support at sites of distribution of vaccinations and medications.
- Law enforcement will face the same staffing impact as other emergency services sectors and may be challenged to perform extra duties
- Under specific emergency conditions, volunteers, retired healthcare professionals and trained unlicensed personnel may be used to provide patient care in a variety of healthcare settings
- Legal and/or labor issues will arise related to altered standards of care, credentialing and licensing of individuals and facilities and worker safety

## IV. CONCEPT OF OPERATIONS

### **Direction, Control and Coordination**

At the Operational Area level, the Sonoma County Department of Health (DHS) will be the lead county agency for the OA pandemic response. DHS will work closely with the OA partners in coordinating the response and in consultation with the Department of Emergency Management (DEM), will have responsibility for activating the OA Pandemic Annex and, if needed, the OA Emergency Operations Center at the level appropriate to the current risk assessment and phase of the pandemic.

The triggers for implementation of the OA Pandemic Annex will be determined by the Health Officer in collaboration with regional and state health experts. Considerations will include: WHO phase, US government phase, and the first laboratory confirmed cluster in California or Sonoma County

Other County and OA plans that would support this Annex throughout a pandemic response include:

- Sonoma County Operational Area Emergency Response Plan (OA EOP)
- DHS Medical Health Response Plan (DOC Plan)
- Sonoma County Alternate Care Site (ACS) Plan
- DHS Crisis Emergency Risk Communication Plan
- Sonoma County Continuity of Operations (COOP) Plan

- Sonoma County Office of Education Infectious Disease Plan
- Animal Services Disaster Response Plan

### **Proclamation of Local Emergency**

During a pandemic, the Sonoma County Health Officer will exercise full authorities – including police power - for preventing the spread of disease in coordination and cooperation with law enforcement and the legal system. Orders for isolation, quarantine or area closure are examples of the use of police power. Further details on the Health Officer authority can be found in the Department of Health Services EOP.

Issuance of a Proclamation of a Local Emergency falls under the authority of the County Administrator. The Director, Department of Emergency Management may also proclaim a local emergency should circumstances allow. The Health Officer in consultation with the Director, Department of Emergency Management will determine when it is appropriate to activate this Annex. Moreover, the Sonoma County Operational Area Emergency Operations Center (EOC) will be activated in conjunction with this Annex to support the response operations at a wider scale.

### **Activation of the OA EOC**

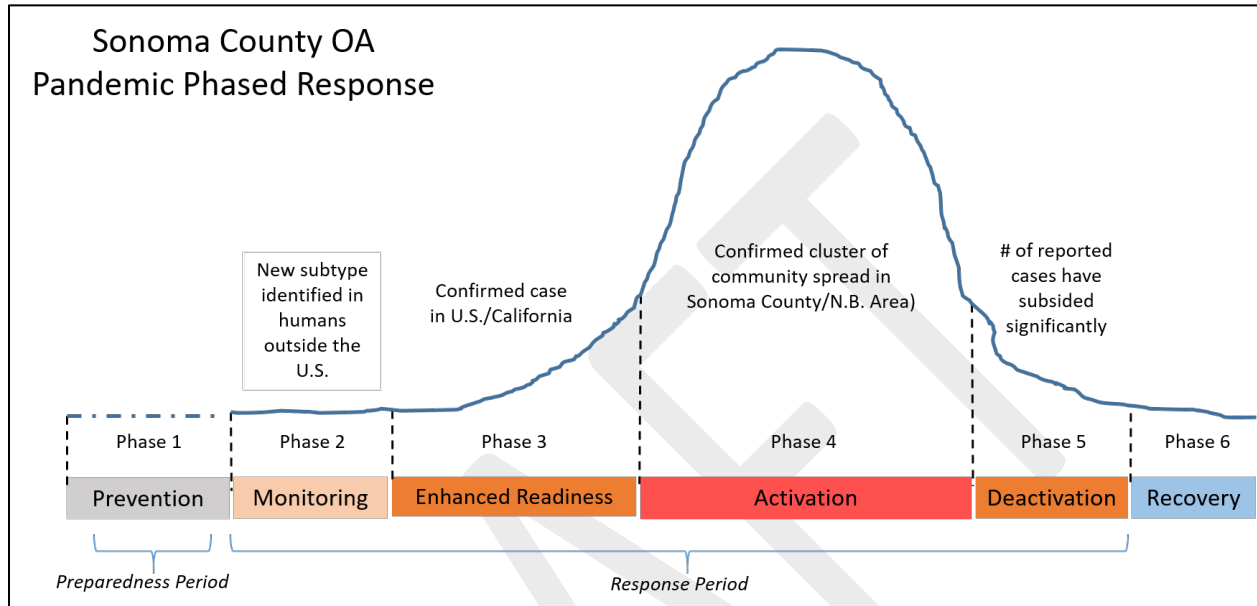
Activation of the OA EOC will occur in accordance with existing procedures described in the Operational Area EOP. As an augmentation of the Department of Health's EOC (DOC), the OA EOC positions will be filled according to the SEMS and NIMS.

Given the public health nature of a pandemic response, it is important to note that some functions within the OA EOC Sections would change/shift to ensure close coordination with the DHS DOC functions. For instance, under the OA EOC Logistics Section, procurement of essential medical supplies would need to be loosely coordinated with DHS DOC Supply Unit to avoid duplication of requests.

### **Phased Response Approach**

The Sonoma County Operational Area will plan for and respond to a pandemic using a phased approach. This allows for more efficient OA coordination by phases based on continuous risk assessment, ensuring that the appropriate planning and response protocols and resources are implemented and rolled out based on triggers and potential risks to the community. This response phase has also been designed considering the global (WHO) and national (CDC)

perspective of a pandemic sequence. The diagram below shows a clearer correlation between the Sonoma County OA phased approach and the WHO and CDC frameworks.



### **Phase 1: Prevention**

Period of no new virus or pandemic threat reported globally

- Update and maintenance of pandemic/infectious disease and continuity of operations plans
- Strengthen local epidemiological surveillance systems
- Community outreach/promotion of seasonal flu vaccinations
- Community outreach/promotion of protective measures (hand-washing and respiratory etiquette) during flu season

### **Phase 2: Monitoring**

An influenza or coronavirus disease caused by a new subtype has been identified in humans and the confirmed case is not in the U.S. or near Sonoma County

- Close monitoring of external surveillance systems and analysis of risk assessments
- If risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities may occur
- Operational Area briefings may take place
- Increased information sharing and coordination with Cal OES and CDPH/EMSA partners

### **Phase 3: Enhanced Readiness**

A confirmed case could exist in in the U.S., particularly in California with the potential to spread throughout the North Bay Area

- County Department of Health Services (DHS) activates Incident Management Team (IMT) and establishes coordination at regional, State and Federal level
- Operational Area public messaging and communication protocols are established
- Enhanced patient detection protocols for hospitals and medical service providers including EMS established
- Call screening protocols implemented at REDCOM Fire/EMS dispatch center
- Depending on threat, DHS Department Operations Center (DOC) activates with focus on surveillance and public messaging
- Operational Area briefings take place as needed
- Health Care Coalition briefings take place as needed
- Local Health alert is issued
- Regional Disaster Medical Health Coordination function may convene regular regional briefings to coordinate health activities between operational areas or the region.
- CDPH, EMS and Cal OES will collect situational awareness from local OA to incorporate into regular statewide updates and planning efforts
- Coordinate with local funeral directors to prepare for increased client activity
- Provide translations of all public information into Spanish and 14 other major languages using materials from CDHS DCDC.
- Issue guidance for first responders to increase protective measures

#### ***Phase 4: Activation***

Confirmed cluster of community spread of a disease in Sonoma County

- OA Pandemic Annex and OA EOC are activated to support county-wide response efforts
- County Continuity of Operations (COOP) Plan is activated
- Local Emergency and/or Public Health Emergency is proclaimed to facilitate coordination and prioritize public safety
- Isolation, treatment, and voluntary home quarantine of those with confirmed cases
- Voluntary or mandatory closure of nonessential county businesses
- Consider cancelling public gathering and implementing social distancing
- Prepare for issuance of vaccine when available including prioritizing who will initially receive
- Prepare for second wave

#### ***Phase 5: Deactivation***

Number of reported cases have subsided significantly and/or outbreak has been contained

- De-escalation of response
- Return to normal procedures and protocols

#### ***Phase 6: Recovery***

- Recovery operations based on Sonoma County OA Recovery Plan

## **Sonoma County OA Critical Response Focus Areas**

### Surveillance

Aggressive surveillance measures may ensure early detection and isolation of the pathogen responsible. Overall, surveillance data will drive the pandemic response. Surveillance activities may determine when pathogens are circulating, identify strains, assess the characteristics of circulating strains (such as transmissibility and virulence), detect changes in the micro-organisms, monitor influenza-like illness (ILI), and measure the impact of the disease.

### Triage and Patient Care

Effective triage will direct individuals to the appropriate level of care according to their needs. This will direct the flow of patients into the healthcare system and ensure that limited resources are used in the most efficient manner possible. Triage should be utilized to:

- Identify persons infected with the disease
- Isolate these persons from others to reduce the transmission
- Identify the type of care they require (home care or hospitalization)

Depending on the scope and severity of the incident, community-based triage includes on-site locations at healthcare facilities, off-site locations in close proximity to healthcare facilities, and other community locations determined during the incident. Hospitals and outpatient facilities may need increased on-site triage/screening.

Home Care Providers may be unable to assist clients with disabilities, therefore, local health authorities should identify through In-Home Supportive Service, Home Health, Meals-on-Wheels, community-based organizations, etc., individuals that may need personal assistance services, access to medications and consumable medical supplies.

REDCOM Fire/EMS Communications Center may be directed to alter response plans for medical calls for service to limit exposure to responders

The Local EMS Agency may designate alternate destinations to receive ambulance transports, or provide additional patient care treatment protocols based on consultation with Public Health experts within DHS, State and federal partners.



## Hospital Operations

With an increased demand on resources, OA hospitals may need to implement their surge capacity plans. Bedding and staffing needs may be met by:

- Discharging current patients, as appropriate
- Transferring patients to long-term care facilities, as appropriate
- Eliminating elective admissions and canceling elective procedures
- Augmenting existing facility space
- Requesting that all ancillary staff report for duty
- Inventory critical supplies to identify anticipated shortages (gloves, safety needles, ventilators, etc.)

## Alternate Care Sites

If hospital surge capacities are near or in excess of capabilities, Alternate Care Sites (ACS) may be created to enable healthcare providers to provide medical care for injured or sick patients or continue care for chronic conditions in non-traditional environments. These ACS may include locations that need to be converted (e.g., schools and stadiums) or they may include facilities like mobile field hospitals.

Should conditions in pandemic response operations in the Sonoma County OA require setting up an ACS, either through local arrangements or mutual aid/external support, the following must be considered in planning efforts:

- Basic care provision (basic nursing, medications, oxygen, etc.)
- Patient documentation
- Public information
- American Disabilities Act (ADA) compliance

## Non-Pharmaceutical Intervention (NPIs)

NPIs (also known as community mitigation strategies) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic influenza. NPIs are implemented at community level and are likely to be very effective in limiting the spread of the disease, and reducing the number of deaths. NPIs are among the best ways of controlling a pandemic disease when vaccines are not yet available.

Depending on the severity of the virus and the level of exposure of the community to the virus, the following NPIs may be considered as community mitigation measures:

### *Individual Intervention*

- Hygiene and respiratory etiquette
  - frequent handwashing
  - covering coughs and sneezes
- Personal Protective Equipment (PPE)
  - specialized clothing or equipment to prevent contact with hazardous substances (gowns, gloves, masks and goggles)
- Maintaining distance
- Isolation
- Quarantine

### *Community Intervention*

- Social distancing - Children
  - close of schools and child care facilities
  - decrease children's social contacts outside of school
- Social distancing – Adults at the Workplace
  - allow/encourage sick employees to stay home
  - have employees work from home
  - hold conference calls instead of face-to-face meetings
  - modify work schedules
- Social distancing – Adults in the Community
  - Cancel/postpone public gatherings
  - Arrange for home delivery of food, medication or other goods
- Evacuation
  - immediate movement of individuals away from a particular building or geographic area

### *Environmental Intervention*

- Environmental surface cleaning
- Cleaning and disinfection of patient-care areas

### *Isolation and Quarantine*

Public health quarantine and isolation are legal authorities that may be implemented to prevent the spread of communicable diseases. Both are usually imposed by health officials on a voluntary basis; however, federal, state, and local officials have the authority to impose mandatory quarantine and isolation when necessary to protect the public's health.

*Isolation* is for people who are sick with a contagious disease. They are separated from others until they are no longer considered contagious. Hospitals isolate some patients so they do not

infect others with their illness. People in isolation may be cared for in their homes, hospitals, or in designated facilities.

*Quarantine* is for people who were exposed to a contagious disease but are not sick. They are separated from others as they could become sick and contagious. People may be asked to stay in their homes so they do not possibly spread the disease to others.

In the event of noncompliance with an isolation or quarantine order, the Sonoma County Health Officer may pursue civil or criminal legal actions against the noncompliant individual. Any person who fails to comply with an isolation or quarantine order issued by the Health Officer or their designee is guilty of a misdemeanor. The Local Health Officer will request assistance from the OA EOC, and request support from the Sonoma County Sheriff's Office to enforce a public health order.

### *Constitutional Considerations*

Closures of public gatherings as well as the use of quarantine or isolation powers may create sensitive issues related to civil liberties (i.e. freedom of assembly, Brown Act, freedom of speech, due process and equal protection rights). Individuals have rights to due process of law, and generally, isolation or quarantine must be carried out in the least restrictive setting necessary to maintain public health.

Before proceeding with an order for involuntary isolation or quarantine, the following must be considered:

- Provision for due process of law and fundamental fairness principles
- Ensure that there is adequate justification that is clearly stated in plain language; the order cannot be “arbitrary, oppressive and unreasonable”
- Reasonable grounds for the proposed action
- Order should be narrowly drawn and the process must provide for the constitutional safeguards of notice and an opportunity to be heard, e.g., pre- or post-confinement hearing
- The Health Officer order (i.e. quarantine, social distancing) serves as “notice”. The order may be initially oral, but should be confirmed in writing at the earliest possible opportunity
- The procedures made available for subjects of the order will depend on the scale of the event (numbers of people subject to the order) and the degree to which individual liberties are restricted. Examples of available procedures:
  - Phone number where a person can register their objection
  - Pre or post-confinement hearing

No single NPI is sufficient on its own to limit the spread of a pandemic. It is most effective to use individual-level and community-level interventions together. NPIs can also be used together with vaccines and anti-viral drugs, if these are available.

Implementing certain NPIs (particularly social distancing policies) too early or before the pandemic has reached the community—or using them when the severity of the virus does not warrant their use, may result in unnecessary economic and social hardship without benefit to the public’s health. These consequences may stem from the decision to close businesses, close schools and daycare facilities which in term, would negatively contribute to workplace absenteeism.

#### Mass Vaccine/Prophylaxis Acquisition, Distribution, and Use

Prophylaxis in response to pandemic may occur with vaccine or antivirals. It is unlikely that sufficient quantities of either would be available at once in Sonoma County, so mass prophylaxis dispensing may occur multiple times and require prioritization at each occurrence. Multiple doses of new vaccine may also be required.

Prophylaxis shipments may occur through a slightly different system than other State or Strategic National Stockpile (SNS) assets, and may be staged, stored and distributed differently. It may not make sense to send antiviral to hospitals for treatment, if hospitals are reserved for the most critically ill. For effective treatment, patients need access to antiviral within 24-48 hours of symptom onset; transporting and setting up sites to dispense antiviral quickly may provide challenges. Expedited methods of distributing antiviral medications such as opened or closed points of dispensing (PODS) or mass prophylaxis clinics should be identified, i.e. cities readiness initiative and SNS protocols.

In the Sonoma County OA, medications may be provided by DHS directly to the public when an emergency prevails and normal community medication dispensing systems are not suitable. Mutual aid agreements among city jurisdictions, NGOs, the private sector, the State and the military would also be strategic in ensuring expedited distribution of medications where needed and when conditions allow.

#### Mass Care

An infectious disease may require residents and visitors to stay in their homes or lodging for significant periods, requiring advance preparations and/or accommodation to meet basic needs (e.g., food, water, prescription medications, and over-the-counter medications). Isolation and quarantine measures may also be in place to attempt to prevent further spread of the disease, even outside a hospital setting such as an ACS. Given these conditions, mass feeding operations may be needed through public-private partnerships to ensure food delivery to the affected population.

## Mass Fatality Management

Infectious disease outbreaks have the potential to cause more deaths than what is normally expected. This increase in fatalities may exceed the capacity of the Sonoma County Sheriff's/Coroner's Office, as well as those of hospital morgues and funeral homes.

Outreach to faith based groups to confirm culturally sensitive protocols for addressing fatalities will be needed

There may be multiple unattended deaths, which may require modification of routine processing procedures, especially in situations of critical personnel shortages. Issues with identification of the deceased and transport of deceased out of the area may also be encountered. There may also be a need for temporary storage of deceased. Preparations for a surge in fatalities will also be needed.

## Animal Care

A severe disease outbreak could result in an increase in strays, an increase in individuals unable to care for pets, and increased ectoparasites (e.g., fleas). Animal shelter capacity in existing facilities will likely be exceeded and infection control risks from ill animals will limit the ability to shelter some animals. The Animal Services Division of the Sonoma County Department of Health will coordinate any activity involving animal rescue, sheltering, quarantine, relocation and care during a pandemic response as delineated in the Animal Services Disaster Plan.

## Children

Depending upon the disease, there may be children orphaned by the death of their parents or caregivers. This may require an increased role for Child Protective Services.

## Behavioral Health & Incident Stress Management

An infectious disease outbreak, epidemic, or pandemic may pose physical, personal, social, and emotional challenges to the community as well as to healthcare providers, public health officials, emergency responders, and essential service workers.

The Sonoma County Behavioral Health Division has the ability to deploy a Mobile Support Team as part of their Community Response and Engagement Program. The Mobile Team is a community-based mobile crisis response team for those experiencing a psychiatric emergency in the community. The team is made up of qualified behavioral health professionals trained to

assist individuals in psychological distress during heightened emotional situations, such as a public health emergency.

As per OA responders, Sonoma County's Behavioral Health will implement enhanced workforce support activities and psychosocial support services to assist workers in managing emotional stress during response efforts.

### Communications and Public Education

When faced with uncertainty and unpredictability, early and transparent communication during a pandemic is critical to build trust and to ensure the credibility of public health advice. A common plan is needed to ensure consistent, coordinated and appropriate communication. For this reason, a virtual Joint Information Center (JIC) should be created to engage with regional partners and stakeholders to deliver consistent and factual information. Tools within the JIC should include Google docs, a dedicated Slack channel as well as weekly update calls.

Sonoma County's diversity in terms of its size, geography, languages and culture also requires a multifaceted approach so that the right message is delivered at the right time to the right person in the right format. All public-facing information will be delivered in English and Spanish through County social media channels, the website SoCoEmergency.org and the public information hotline 211. Additionally, there is consistent communication with media outlets including online and print news sources, regional radio outlets and bay area television news. Press conferences will be conducted as necessary.

Key topics included in public messaging include:

- General information concerning the infectious disease (including transmission, case numbers, morbidity, and mortality)
- Disease control efforts, including the availability and use of vaccines, antibiotics and anti-viral medications
- Infection control measures for implementation by the public
- Self-care messaging to ease anxieties and calm fears

The Sonoma County Department of Health Services (DHS) Crisis and Emergency Risk Communication (CERC) Plan provides detailed resource materials to assist the OA in developing a public health emergency communication plan and effectively managing and communicating during a pandemic.

### Continuity of Operations

In an emergency situation, county government services that are provided to the community may be heavily disrupted and it would be critical to identify the essential government functions that must be maintained should the County be affected by a disease outbreak or pandemic.

Mechanisms to monitor staff and volunteer absenteeism due to illness of self or a family member should be established given the possibility of a high level of absenteeism.

The Sonoma County Continuity of Operations (COOP) plan will be activated with certain modifications as needed to support response operations and enable continuity of essential government functions during a pandemic.

Planning for continuity of operations should consider a potential 30 – 45% absenteeism of essential workers and therefore, the following should be taken into consideration:

- Personnel
  - primary and alternate staff; telecommuting
  - protocols for ill employees
  - infection control in the workplace
- Vendors/suppliers
  - critical and alternate vendors
- Critical resources
  - Technology
  - Inventory/supply stockpiling
- Sustainable service delivery

## Recovery

Transitioning from response to recovery to resiliency may be an on-going effort over several years. In a serious pandemic, the recovery will address both loss of life and property. Government may be inhibited in its ability to provide adequate services due to loss of revenues. Similar impacts may occur at the State and Federal levels. Additionally, medical providers and private insurance policies and coverage may be impacted if there are substantial losses of life and of business operations.

Short-term recovery activities can be undertaken immediately following a pandemic. These activities should include those that will help reduce fear and reestablish a sense of calm. Long-term efforts take place once a sense of normalcy has returned. These activities should include those that strengthen the resiliency of households and communities so that they are better able to manage future events, including subsequent waves of the pandemic. Attachment XYZ of this annex further details Sonoma County's recovery steps and activities to take immediately following a pandemic.

## V. Operational Area Stakeholder Roles and Responsibilities

### Department of Emergency Management (DEM)

- Acts as the lead coordinating entity during critical disease outbreak and pandemic response operations
- Staffs the Management section of the OA EOC, when activated
- Coordinates the OA conference calls as appropriate
- Identify any regulatory or ordinance issues that may need to be suspended
- Determine protocols for succession at all levels of Emergency Management

### Department of Health Services and Emergency Medical Services (DHS/EMS)

- Acts as the technical area lead in the response operation
- Activates the Department of Health Emergency Operations Center (DOC)
- Informs DEM and OA partners on epidemiological surveillance, resource needs and the evolution/progress of the outbreak/pandemic
- Staffs the Health and Medical Branch of the OA EOC and may act as Operations Section Chief, if needed; may staff the Logistics Section
- Advises leadership on critical decision-making situations

### Operational Area Public Information Officer (PIO)

- Coordinate public information with impacted local jurisdictions
- Post updates to County SoCoEmergency website
- Liaise with media partners and coordinate situational updates to elected officials

### Sheriff/Law Enforcement

- Participate in OA conference calls
- Provide safety and security support to critical medical supplies and facilities, and SNS if received or if Vendor Managed Inventory is pushed by CDC
- Provide enhanced safety and security in prisons and related facilities
- Enforce quarantine measures, if needed
- Coordinate mass fatality management under Coroner's office direction and protocols
- Staff the Law Enforcement Branch of the OA EOC
- Identify isolation and quarantine wards within detention facilities
- Identify temporary morgue facilities

### Fire/EMS

- Participate in OA conference calls
- Modify Fire/EMS dispatch protocols
- Respond to increased calls for medical assistance

### Human Services Department (HSD)

- Participate in OA conference calls



- Staff the Mass Care Branch of the OA EOC Operations Section
- Ensure AFN coordination and outreach

#### General Services Department (GSD)

- Participate in OA conference calls
- Manage COOP
- Staff the Logistics Section of the OA EOC
- Identify and assess potential county facilities and space for alternate medical treatment sites, mass feeding preparation, mass prophylaxis or CPOD distribution of antivirals
- May activate DOC to support OA EOC operations
- Implement janitorial and HVAC best practices to prevent or mitigate transmission

#### Human Resource Department (HR)

- Participate in OA conference calls
- Support Logistics Personnel Unit
- Coordinate occupational health protocols for county employees as part of COOP operations
- Reassign employees to essential duties
- Track sick employees Countywide
- Establish protocols for work from home job classifications

#### Animal Care Services

- Participate in OA conference calls
- Staff the Animal Care unit of the OA EOC Operations Section
- Provide guidance and coordination on animal care and shelter response as needed

#### Sonoma County Healthcare Coalition (HCC)

- Participate in OA conference calls
- An identified HCC may staff the Hospital Unit of the OA EOC Operations Section, if needed
- Identify and educate patients with access and functional need about preparedness planning, complications, and resources
- Identify gaps in resources and develop internal plans to mitigate impacts to individual healthcare facilities
- Establish MOUs with other healthcare facilities to coordinate patient transfers, medication storage, and resources
- Provide regular situational updates as needed/requested

#### ISD

- Expand VPN access capabilities
- Publish WebEx protocols for all meetings

#### Economic Development

- Support communication to area businesses regarding social distancing measures

#### Transportation and Public Works Department (TPW)

- Participate in OA conference calls
- Supports county health advisories and regulations on public transportation to support pharmaceutical and non-pharmaceutical interventions (NPI)
- Facilitate health response operations in the Sonoma County Airport and facilities

#### Sonoma County Office of Education (SCOE)/Education Partners

- Participate in OA conference calls
- SCOE activates departmental infectious disease response plan
- Universities activate their respective pandemic plans, if available
- Ensure public health guidance, recommendations and protective measures are communicated to schools staff, students and parents
- Support medical personnel surge capacity as appropriate (Universities)
- Activate internal EOC as appropriate (Universities)

#### Cities and Special Districts

- Participate in OA conference calls
- Coordinate public information
- Conduct public alert and warning messaging
- Activate local EOC
- Respond to increased medical aid and law enforcement calls for service
- Support transportation of individuals with access and functional needs
- Provide additional security to hospitals, jails, off-site treatment sites, staging and storage areas as needed
- Conduct continuity of operations

#### Tribal Governments

- Participate in OA conference calls
- Coordinate public information

## VI. Appendices and Attachments

- Acronyms
- OA EOC pandemic activation diagram
- OA EOC Positions and Checklist (?)
- Influenza and novel viruses
- Sample Public Information Messages (?)
- Government Staff Internal Messages (?)
- Matrix of reportable diseases and conditions for Sonoma County (?)
- Procedure for Order of Isolation or Quarantine (?)
- Public Health Infectious Disease Emergency Algorithm (?)

## VII. Record of Changes

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