# COUNTY OF SANTA CRUZ

## Healthcare Coalition

# INFECTIOUS DISEASE PLAN

***Revised: November 2023***

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# 1. Introduction

## 1.1 Purpose

This Plan aims to prepare and contain an outbreak of disease caused by an infectious agent or biologic toxin and respond to other infectious disease emergencies in the County of Santa Cruz (County). It guides the roles, responsibilities, and coordination between the Medical Health Operational Area Coordination Program (MHOAC), Health Officer (HO), the County Public Health programs, including the Communicable Disease Unit (CDU), Emergency Medical Services (EMS), Emergency Preparedness Unit (EPU), Health Services Agency (HSA), Environmental Health (EH) Division, Behavioral Health (BH) Division, Clinics Division, hospitals, private clinics, laboratories, and other emergency response partners within the Operational Area (OA) and Region II. This Plan serves as an operational, hazard-specific Annex to the County Healthcare Coalition (HCC) Emergency Operations Plans (EOP).

## 1.2 Scope

This document will be updated to reflect the most current guidelines from the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), and the California Department of Public Health (CDPH). This document is not meant to address every aspect of public health and medical operations that an outbreak will impact. For additional information not discussed in this document, readers are directed to ASPR, CDC, CDPH's websites, and the County HCC participating member facility's Infectious Disease Plans. This Plan applies to County HCC participating facilities, departments, and agencies within the geographical boundaries of the OA of the County of Santa Cruz, California.

## 1.3 Overview/Background of County HCC and Situation

The County HCC Infectious Disease Plan provides comprehensive guidance for coordinating, managing, and communicating public health and medical response to an infectious disease outbreak. The HO activates the Infectious Disease Plan at the advisement of the CDU. If there is an infectious disease outbreak or risk of an outbreak occurring in the County, that may have an extraordinary health impact on its population if not contained. Each participating member of the County HCC will activate its own facility Infectious Disease Plan under their Incident Command structure.

The County HCC Infectious Disease Plan is a dynamic document. It will be updated periodically to reflect developments in understanding novel and emerging diseases of concern, transmission, prevention, and treatment. In addition, the contents of the Plan will be exercised to identify operating challenges and promote effective implementation. The Infectious Disease Plan is an Annex of the County HCC and a component of the County OA EOP through Emergency Support Function (ESF-08). Plan updates will also incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts, After Action Review and Improvement Planning.

To facilitate optimal communication between healthcare facilities and related providers, the County established the HCC. The Coalition is a gathering of hospitals, clinics, skilled nursing facilities, EMS providers, community organizations, HSA, and any other interested entity that supports healthcare service delivery within the County. The County HCC serves as a planning, implementation, operational, and recovery coordination group during any event that impacts healthcare services.

## 1.4 Assumptions

- The language used in the Infectious Disease Plan assumes that the HSA Department Operations Center (DOC) may be activated at a stage of needed expanded support. However, this Infectious Disease Plan may be used independently of DOC and OA Emergency Operations Center (EOC) activation. When the EOC or DOC is activated, Infectious Disease personnel will work within the incident command system (ICS) principles embedded in the OA's emergency framework as identified by California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

  Users of this Plan are encouraged to complete basic Federal Emergency Management Agency (FEMA) ICS-100, ICS-200, ICS-700, and ICS-800 courses to establish ICS fundamentals and Incident Command position responsibilities. Healthcare facilities are also encouraged to train to the Hospital Incident Command System (HICS) as appropriate.

- This Plan is meant to be the overarching coordination document of County HCC member facility ID plans. Therefore, general DOC information and Job Action Sheet (JAS) duties addressing essential ICS functions are not included in this Plan.

- In an Infectious Disease event, many activities are likely to already be in progress for the County HO, CDU Public Health Nurses or Epidemiologists, and laboratory programs, as well as for the County Emergency Preparedness Unit and Public Information Officer (PIO). These functions form the core of an Infectious Disease response effort in the OA.

- Timeframes shown in this Infectious Disease Plan are approximate and should be adjusted to meet the dynamics of the incident. Actions in this Plan are arranged by timeframe and not prioritized within the timeframe. Furthermore, the timeframes indicate when a task should be initiated, not when it should be completed. Tasks, once started, may continue into the next response phase and are not repeated in this document in the subsequent time frames.

- Activities noted in this Infectious Disease Plan are *suggestions only*. Not all activities may be necessary, or they may be required only at specific junctures. Similarly, new activities may be essential; these should be considered for addition into the Infectious Disease Plan after the incident if warranted. Because actions required will vary by specific circumstances, the staffing levels for Infectious Disease response must be flexible to meet the need.

- Infectious Disease incidents draw heavily upon the CDU program staff, which is extremely limited in capacity. This Infectious Disease assumes that there is adequate staff to continue normal program operations in addition to the Infectious Disease incident response. When staffing levels are not enough to support incident response, the CDU Manager may request that the County Public Health Division Chief or the Health Officer activate the County DOC if it has not been initiated already. Additionally, the DOC may request expanded staffing from appropriate agencies beginning within HSA and County staff, County Medical Reserve Corps (MRC) volunteers, and trained Disaster Service Workers (DSW).
- Infectious Disease response will involve protected patient confidential information. As such, incident documentation containing protected patient information must be de-identified and shared in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Staff shall be trained on the information-sharing principles of DOC operations.
- The County HCC will serve as the operational area medical-health planning and coordinating body for the broader healthcare system.
- The County will provide emergency response and emergency management services within the jurisdiction and its capabilities.
- Regional partners, via the Regional Disaster Medical and Health Coordination Program (RDMHC), will provide or augment emergency response services that exceed the capabilities of the County's government upon request.
- State government will provide or augment emergency response services that exceed the County's government or the Region's capabilities.
- If a suspected or confirmed case of highly pathogenic Emerging Infectious Disease (e.g., Ebola Virus Disease) in the County, CDPH would provide immediate consultation on appropriate patient management. Per CDPH, the state agency would immediately deploy a response team to provide on-site assistance to the OA. If regional and State resources are overwhelmed or exhausted, the County will deliver the emergency response and management services outlined in this Plan to the best of its capabilities.

## 1.5 Legal Authorities

**Federal** – (42 USC 264) The Public Health Service Act grants authority to the Secretary of Health and Human Services to make and enforce regulations "necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession."

**State** – (CA HSC §100180) CDPH "may take any necessary action to protect and preserve the public health…if the department determines that public health is menaced, it shall control and regulate the actions of the local health authorities."

**Local** – the Director of HSA, the County Executive, the executive heads of cities and towns, and the County HO can implement legal authorities within the scope of their jurisdiction to protect public health.

During an outbreak, the presence of overlapping legal authorities will necessitate close communication and coordination between elected leaders and the County HO to ensure decisions and response actions are clear and consistent. The HSA has the ability to invoke its legal authority to implement actions to limit the spread of disease. During pandemic influenza, the HSA may need to invoke such authority.

# 2. Concept of Operations

## 2.1 Activation

Activation of this Plan is suggested when there is a significant outbreak or exposure of communicable disease that impacts or is anticipated to impact public health or safety, or disrupts, or is anticipated to disrupt Public Health and medical and healthcare systems. The following table provides possible triggers and potential activation levels.

| TRIGGER AND LEVEL OF ACTIVATION | DESCRIPTION |
|---|---|
| Disease, syndrome, or outbreak suggestive of bioterrorism<br>• In the US or CA<br>• Monitor/Surveillance; County HCC ID Plan activated, pivot unit tasks, and consider additional resources.<br>• Prepare to activate DOC upon Health Officer direction. | • Rapidly increasing disease incidence.<br>• Unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal symptoms.<br>• Any suspected or confirmed communicable disease that is NOT ENDEMIC in California.<br>• Any unusual age distributions or clustering of disease.<br>• Simultaneous outbreaks in human and animal populations.<br>• Any unusual temporal or geographic clustering of illness. |
| Emerging infectious diseases<br>• Global outbreaks, disease migration to the US likely.<br>• Monitor/Surveillance; County HCC ID Plan activated, pivot unit tasks, and consider additional resources.<br>• Prepare to activate DOC upon Health Officer direction. | Examples:<br>• Novel Coronavirus<br>• SARS<br>• Avian Influenza<br>• Ebola<br>• Zika |

| TRIGGER AND LEVEL OF ACTIVATION | DESCRIPTION |
|---|---|
| Pandemic Influenza identified at World Health Organization (WHO) Phases 4-6<br>• Global influenza outbreaks, travel to US likely.<br>• County HCC ID Plan activated, pivot unit tasks, and consider additional resources.<br>• Prepare to activate DOC if in Region II upon Health Officer direction. | • **Phase 4**: human to human transmission of an animal or human-animal influenza reassorting virus able to sustain community-level outbreaks has been identified.<br>• **Phase 5**: the same identified virus has caused sustained community-level outbreaks in two or more countries in one WHO Region.<br>**Phase 6**: In addition to the criteria in Phase 5, the same virus has caused sustained community-level outbreaks in at least one other country in another WHO region. |
| • Any disease, syndrome, outbreak, pandemic, or any overt threat thereof that warrants investigation per the Health Officer or that may utilize department-wide resources. | • Other naturally occurring outbreaks (i.e., measles, mumps, meningococcal disease). |
| Category A Disease<br>• An outbreak in other countries (Monitor/Surveillance)<br>• Located in CA, Region II consider immediate DOC activation upon Health Officer direction | • Anthrax<br>• Botulism<br>• Plague<br>• Smallpox<br>• Tularemia<br>• Viral hemorrhagic fevers |

## 2.2 Notifications

The purpose of this section is to outline the communication and notification procedures between medical health partners, County Public Health staff and programs, community stakeholders, and the public. Normal procedures for Public Health communications may change when the EOC or DOC are activated. A timely and effective response to an outbreak necessitates clear delineation of roles and responsibilities and strong lines of communication. The table below compares the different communication channels when a DOC is and is not activated.

| COMMUNICATIONS WITH: | NO DOC ACTIVATION | DOC ACTIVATION |
|---|---|---|
| Healthcare Providers | • Health Advisories and Updates<br>• Emails to provider groups<br>• Website postings<br>• CDU line during business hours: 454-4114<br>• Health Officer | In addition to normal channels:<br>• Conference calls, including video conferencing<br>• WebEOC<br>• HSA webpages<br>• Dissemination of guidance from WHO, CDC, CDPH, or others<br>• Health Alerts |
| Public | CDU and HO work with PIO | • DOC HO and PIO work with EOC PIO<br>• DOC PIO work more closely with CDU to develop public information |

| COMMUNICATIONS WITH: | NO DOC ACTIVATION | DOC ACTIVATION |
|---|---|---|
| Internal County HCC members | See HCC member facility ID plans.<br>For guidance and approvals, ordering supplies, requesting additional staff, and other needs, public health programs typically work through supervisors and accounting to meet requirements. | • When DOC or Incident Command Post (ICP) are activated, the positions are established to support ID with resource and response needs |

## 2.3 Roles and Responsibilities

The HSA Public Health Division County Public Health is the lead County agency for infectious disease incident planning, investigation, surveillance, and information dissemination. In addition, the County Public Health and MHOAC serve as the coordinating entity to ensure all partners are working together to communicate needs and resources during an outbreak.

In response to smaller disease outbreaks, the CDU public health nurses and epidemiologists, partnering public health labs, and the PIO manage response activities within their programs. These programs form the core of the infectious disease response effort. For more significant incidents, the DOC is established to provide direct and rapid support to incident response needs. Normal supervisory reporting procedures, information sharing processes, and resource requesting procedures are changed or expanded.

## 2.4 Operational Mission Areas

### 2.4.1 Surveillance

Individuals with travel or exposure history for Emerging Infectious Disease (EID) should be evaluated by CDU to determine their risk of exposure. California's SEMS requires reporting to the MHOAC of any unusual event – such as an infectious disease outbreak. California's reporting guidance Confidentiality Morbidity Report (CMR) provides reporting instructions to healthcare providers. CDU conducts case investigations and surveillance that will inform public health actions such as monitoring, movement restrictions, and isolation/quarantine orders. For those who have recently been in an area experiencing widespread transmission of EID and anyone who is deemed a contact to a suspected or confirmed case of EID, the CDU is prepared to conduct public health surveillance Active and Direct Active Monitoring. Contact tracing is the systematic identification and monitoring of all persons who might have been exposed to a person diagnosed with or under investigation for any highly pathogenic EID.

- **Cross-References**
  a. Epidemiology and Surveillance Response Plan (under development)
  b. CMR Link
  c. SEMS Link

### 2.4.2 Safety and Infection Control and Prevention

Infection control strategies are vital to moderate morbidity and mortality in the County. After an infectious disease begins circulating in the community, individual and community cooperation with implementing disease control measures will be necessary to limit the spread of disease. These measures include adherence to infection control guidelines, social distancing strategies such as school closures and cancellation of large public gatherings, and travel restrictions. Isolation of ill persons and quarantine of those exposed may also be useful measures, but only during the alert period or early in the outbreak before the virus is circulating widely in the local area. All these measures are designed to slow the spread of disease and limit cases to the extent possible, particularly when a vaccine is unavailable.

The most critical concept in preventing the spread of an outbreak is to prevent the direct and indirect inoculation of the respiratory tract. There are four significant ways to accomplish this:

1. Limit contact between infected and uninfected persons.
2. Contain infectious respiratory secretions of the ill.
3. Protect the well with Personal Protective Equipment (PPE) and hand hygiene.
4. Promote air circulation and keep environment clean.

- **Cross-References**
  a. CDC
  b. CDPH
  c. Pandemic Influenza Plan
  d. Infectious Disease Incident Response (IDIR) Plan
  e. Isolation and Quarantine Plan

### 2.4.3 Non-Pharmaceutical Interventions

1. Isolation and quarantine are examples of non-pharmaceutical interventions to control the spread of infectious diseases. Isolation and quarantine orders can be fulfilled voluntarily or legally mandated by an official HO Order.
2. A general overview of isolation and quarantine, including authority and limitations of the HO, can be found in the County Public Health EOP Plan.
3. *Isolation* separates and confines individuals known or suspected to be infected with a contagious disease to prevent them from transmitting the disease to others.
4. *Quarantine* separates and restricts the activities of healthy individuals who have been exposed to communicable disease and are therefore at high risk of being infected and transmitting the disease to others.
5. CDU Supervisor or authorized designee may assume responsibility for the request of legal intervention and contact the HO, who will determine if legal orders are necessary.

- **Cross-References**
  a. EOP Plan
  b. Isolation and Quarantine Plan
  c. Medical Countermeasures (MCM) Plan

### 2.4.4 Surge Staffing

The County's Medical Surge Plan provides guidance and direction on staffing during a surge event, such as an infectious disease outbreak.

1. Support readiness plans in place at all healthcare agencies and facilities, including clinical and non-clinical staff that last throughout an EID event.
   a. Assess healthcare system staff needs.
   b. Deconflict, develop and disseminate information to the healthcare system regarding staff risks; set realistic expectations of County Public Health role.
   f. Provide timely, accurate, regular updates to the healthcare system regarding surveillance reporting. Ensure healthcare facilities have up-to-date outbreak info.
   g. Pre-designate staff in charge of making ethical decisions while providing care.
   h. Facilitate credentialing of healthcare staff as appropriate (e.g., SARS, Pandemic Influenza).
2. Coordinate the fulfillment of critical staffing resources throughout an EID event.
   a. Activate DOC to assist with surveillance of staffing ratios.
   b. Deconflict, develop, disseminate staffing guidelines to healthcare facilities.
   c. Establish communication with healthcare facilities regarding staffing needs and facility status.
   d. Leverage mutual aid.
   e. Coordinate using MHOAC (e.g., SARS, Pandemic Influenza).
   i. Deconflict, develop, disseminate unified Crisis Standards of Care (e.g., Pandemic Influenza).
   j. Provide cross-training or JIT training to providers, as necessary.
   k. Identify retired personnel available to augment County Public Health response.
3. Facilitate the request for relaxation of staffing ratios, cross credentialing, or modification of the scope of practice, as necessary.
   a. Communicate healthcare system challenges proactively with regulatory agencies, including CDPH and Cal-OSHA.
   b. Assist in credentialing and vetting of surge staff.
   c. LVNs as RNs (e.g., Pandemic Influenza).
   d. EMS providers augmenting facility staffing, as permitted.
   e. Staff to patient ratios (e.g., Pandemic Influenza).

- **Cross-References**
  a. County Medical Surge Plan

### 2.4.5 Supply Chain, Supplies, Personal Protective Equipment

Safe response to a suspected or confirmed case of a highly pathogenic EID necessitates following appropriate infection control procedures and proper use of PPE. Healthcare providers caring for EID patients and family and friends in close contact with EID patients are at the *highest* risk of getting sick because they may contact infected blood or body fluids. In healthcare settings, an EID is spread through direct contact with blood or body fluids of a person who is already sick with an EID or with objects (e.g., bathroom surfaces, medical equipment) that have been contaminated with infectious blood or body fluids. The virus in blood and body fluids can enter a person's body through broken skin or unprotected mucous membranes like the eyes, nose, or mouth.

Obtaining PPE during an outbreak of national scope can be challenging. It is recommended to maintain 30 days of PPE supplies, which are rotated effectively to prevent expiration. HCC partners should identify alternate supply chain providers when primary vendors are unable to meet PPE needs. When PPE cannot be obtained through normal means, requests shall be made through the process approved by the MHOAC. The State has identified Salesforce as the platform to make these resource requests. HCC stakeholders are expected to learn and utilize Salesforce.

- **Cross-References**
  a. CDC
  b. CDPH
  c. SalesForce Resource Request Link
  d. Infectious Disease Incident Response (IDIR) Plan

### 2.4.6 Support Services

Support services may include any healthcare or non-healthcare staff or material resources required to support the care of acute infectious disease patients. These services may consist of dialysis providers, blood banks/blood product providers, laboratory services, infection prevention/control, waste and material management, food and dietary services, and environmental services.

1. Support service providers will work with local healthcare providers and County Public Health to prepare and respond by assisting healthcare organizations in caring for infectious disease patients.
2. County Public Health will work with healthcare organizations to coordinate testing of infectious disease patients with the County, State, and CDC laboratories, as appropriate.
3. The HCC will work with the County Public Health and other healthcare organizations to provide recommendations on standardized patient care protocols, practices, and support services across the Region. County Public Health will issue guidance to healthcare organizations and providers concerning these issues.

#### 2.4.6.1 Laboratory

The timely diagnosis of an infectious disease patient is critical to a coordinated and efficient response. Relevant healthcare organizations and County Public Health should coordinate with appropriate laboratories to test specimens and communicate laboratory testing results. The

State laboratory may be responsible for testing or coordinating specimens to the CDC based on the suspected pathogen. Healthcare organizations and laboratories should coordinate closely concerning specimen collecting and the timing of testing needs. If a healthcare organization's incident command structure has been activated, laboratories should report all testing results through the healthcare organization's response structure, as well as to the patient's attending physician directly. Additionally, laboratories should communicate testing results to CDU.

#### 2.4.6.2 Waste Management, Decontamination

Healthcare organizations will work through their usual vendors and channels to ensure all waste produced in the screening and care of infectious disease patients will be handled and disposed of appropriately. If needed, the County Public Health may guide waste handling and disposal. Where necessary, County Public Health may coordinate or contract with specific waste management contractors for the safe handling and removal of waste associated with healthcare for infectious disease patients and coordinate with the appropriate utilities as needed. Waste management agencies will maintain protocols for the handling of waste from infectious disease patients.

### 2.4.7 Patient Care/ Management

1. Outpatient Clinics should maintain awareness of evolving information about highly pathogenic EID and countries currently impacted. Outpatient staff should be prepared to perform early recognition of patients with EID. CDPH and County Public Health advise healthcare providers to screen for recent travel on all patients presenting with infectious disease symptoms (e.g., fever, rash, acute respiratory symptoms).
2. For An emerging infectious disease, Outpatient Clinic staff should be able to:
    a. ***Identify****:* Recognize a patient reporting a positive travel history within the past 21 days to a country currently affected by an emerging infectious disease *and* has any signs and symptoms of an emerging infectious disease.
    b. ***Isolate***: The patient should be isolated in a single room with a private bathroom (if possible) and a closed door. Access to the patient room should be restricted. Only essential healthcare personnel wearing appropriate personal protective equipment (e.g., standard, contact, and droplet precautions) should enter. Close contact with the patient should be avoided when possible, and a minimum of three-foot distance should be maintained.
        1. If the Outpatient Clinic does not have an isolation room or an exam room with a private bathroom, the patient should be isolated in an exam room with a closed door, and a covered commode should be provided.
    c. ***Inform*****:** Follow the notification procedures to notify CDU immediately. For hospital-based outpatient and ambulatory care settings, notification should also include Infection Preventionist or designated EID planning lead.
3. For highly pathogenic EID, Outpatient Clinic staff should be able to:
    a. Perform **early recognition** of patients with highly pathogenic EID.
    b. ***Identify*** patient with travel/exposure history and signs and symptoms of EID.
    c. ***Isolate*** patient and implement infection control measures appropriately.
    d. ***Inform*** the CDU/HO immediately.

- **Cross-References**
  a. Infectious Disease Incident Response (IDIR) Plan

### 2.4.8 Medical Countermeasures

A public health emergency may require the provision of medical countermeasures (MCM) to reduce morbidity and mortality in an affected jurisdiction. MCM, including pharmaceuticals, medical equipment, PPE, and ancillary supplies, is available through many sources such as local caches, neighboring jurisdictions, state caches, commercial vendors, and the CDC Strategic National Stockpile (SNS).

MCM strategies may include the mass prophylaxis of the County by dispensing antibiotics during a bioterrorism event or dispensing vaccines during an infectious disease outbreak. During a public health emergency, such as a bioterrorism event, it is anticipated that the demand for prophylaxis will significantly exceed routine stocks available in the local health care system. In large-scale events affecting the population, local emergency caches will be inadequate, and the SNS will be needed.

The SNS is a federal resource of critical medical assets to supplement local resources during emergencies. The SNS is a cache of antibiotics, chemical antidotes, antitoxins, vaccines, and medical supplies to assist states in responding to a localized biological or chemical terrorism event and life-support supplies, including ventilators, intravenous (IV) fluid administration support, airway maintenance supplies. The CDC manages the SNS at the national level. The CDPH will distribute/transport SNS/MCM assets from predetermined state receipt, storage, and staging (RSS) warehouse(s) location to any delivery point in California. County HSA manages the distribution and dispensing of SNS within the County.

- **Cross-References**
  a. Medical Countermeasures Plan

### 2.4.9 Community-based Testing

When there is an infectious disease outbreak, the HCC may be utilized for community-based issues and decisions. These concerns may include school closures, social distancing orders, reducing or eliminating elective surgeries and procedures, the need for hospitals to implement additional testing to support the community, expanded testing, testing results follow-up, etc. This cooperative approach ensures community engagement and understanding of the decisions being made to protect the community.

### 2.4.10 Patient Transport

1. If a suspect or confirmed EID patient requires transportation to a healthcare facility, CDPH and RDMHC will be consulted. In most cases, they will recommend the patient be transported via a specialized EMS team deployed following activation of the Regional Emerging Infectious Disease Transportation Plan.
2. The MHOAC will provide the Region II RDMHC program with a situational briefing and medical/health resource request (verbal or written) to activate the Plan if necessary. The MHOAC will then maintain ongoing communications with all appropriate stakeholders throughout the activation.

- **Cross-References**
  a. Region II Regional Emerging Infectious Disease Transportation Plan

### 2.4.11 Mass Fatality

The County Sheriff-Coroner's Office leads the OA agency for the medical and legal investigative work related to unexpected, sudden, or violent deaths, including determining the cause and manner of death. Documented deaths occurring in the hospital or under the care of a physician do not typically fall under the jurisdiction of the Sheriff-Coroner and may not require an autopsy. However, deaths that occur outside of medical supervision, such as at home, but are highly suspicious for an EID or other viral hemorrhagic fever, should be handled with extreme caution. Sheriff-Coroner should consult with the County Public Health, who will consult closely with CDPH and CDC before proceeding.

- **Cross-References**
  a. Mass Fatality Plan

## 2.5 Special Considerations

### 2.5.1 Behavioral Health

When the County Public Health restricts the movement of persons through isolation and quarantine, it becomes County Public Health's responsibility to ensure that the basic needs of those individuals are met and behavioral health and well-being are considered. Studies have shown the duration of quarantine is significantly associated with an increase in symptoms of Post-Traumatic Stress Disorders (PTSD) and depression. In addition, lack of support services and poor communication with quarantined/isolated individuals, family members, workers, and the public can promote distrust and exacerbate such behavioral health symptoms.

Multi-agency collaboration will ensure that the physical, mental, social, educational, and psychological needs are met for individuals whose movement is restricted by isolation or quarantine orders. By recognizing the importance of maintaining a person's quality of life during such restrictions, disease containment strategies are likely to be more successful.

Caring for highly pathogenic EID patients can be stressful for healthcare workers as they are most at risk of contracting the disease since they are most likely to encounter blood or body fluids. PPE required to work with emerging infectious disease patients can increase a worker's core body temperature, contributing significantly to fatigue. Furthermore, long work hours may increase the risk of injuries and accidents and contribute to poor health, worker fatigue, and stress.

- **Cross-References**
  a. Infectious Disease Incident Response (IDIR) Plan

### 2.5.2 At-Risk Populations

There will be a part of the population that is proportionally at higher risk during an outbreak for any number of reasons (e.g., age, location, health condition, race). At the time of the outbreak, it will be essential to target these populations through pre-identified strategies. When an

incident occurs, resulting in a surge of at-risk patients that overwhelms local healthcare services and plans, HCC members should consider and assess the need for a regional response to at-risk populations.

To address equity considerations for at-risk populations, engaging with Community-Based Organizations (CBOs) is recommended as an opportunity for addressing equity towards overcoming barriers to reach underserved communities. CBOs are public or private not-for-profit resource hubs that provide specific services to the community or targeted population within the community. Examples include aging and disability networks, community health centers, childcare providers, home visiting programs, state domestic violence coalitions and local domestic violence shelters and programs, Adult protective services programs, homeless services providers, and food banks that work to address the health and social needs of populations. CBOs are trusted entities that know their clients and their communities, want to be engaged, and have the infrastructure/systems in place to help coordinate services during an outbreak.

### 2.5.3 Situational Awareness

The County will coordinate situational awareness information sharing with healthcare organizations throughout the Region during an outbreak. County Public Health will work with the HCC partners on all communication to local providers. The County Public Health (or DOC, if activated) will:

1. Provide situational awareness on healthcare operations to all healthcare, local, and State partners.
2. Assist healthcare organizations with communications.

- **Cross-References**
  a. Emergency Operations Plan
  b. Department Operations Center Plan

### 2.5.4 Communications

The Crisis and Emergency Risk Communication (CERC) Plan provides the County Public Health with risk communication processes and procedures to enable the department to share accurate and timely information with the public, partners, and stakeholders. The primary objectives include:

1. Delineate line and staff responsibilities.
2. Develop internal verification and information clearance approval agreements.
3. Develop procedures for information dissemination to the public, our partners, and stakeholders.
4. Identify communication processes for Persons With Disabilities (PWD) and Access and Functional Needs (AFN).
5. Establish a translation mechanism for Spanish-speaking residents.
6. Develop agreements and procedures for a Joint Information Center (JIC).

- **Cross-References**
  a. Crisis & Emergency Risk Communication (CERC) Plan

### 2.5.5 Jurisdictional-Specific Considerations

*The County participates in the Region II Association of Bay Area Health Officers (ABAHO). ABAHO contains multiple workgroups for functional needs during an outbreak for coordination, preparedness, response, and recovery.*

## 2.6 Training and Exercises

The County will conduct regular training on the Infectious Disease Plan to ensure a current understanding of new and emerging diseases of concern, transmission, prevention, and treatment. The contents of the Plan will be exercised to identify operating challenges and promote effective implementation. The ID Plan is a component of the Public Health EOP, which is a component of the County Operational Area EOP through Emergency Support Function (ESF-08). Public Health EOP is connected to the Operational Area EOP through the HSA DOC and supports the Medical-Health Branch. Plan updates will also incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts, After Action Review and Improvement Planning.

- **Cross-References**
  a. Multi-Year Training and Exercise Plan (MYTEP)

## 2.7 Deactivation and Recovery

In consultation with the HCC, when the County Public Health determines that the need for advanced coordination with healthcare for the infectious disease response has passed, the decision will be made to demobilize and transfer any outstanding coordination back to normal operational channels.

Triggers and indicators for ending infectious disease response and monitoring:

1. If the level of county coordination necessary to manage existing patients is comparable to that of standard operating procedures.
2. If the immediate danger has passed and there is no longer a threat.
3. Completion of the monitoring period for all exposed persons.
4. The passage of at least two incubation periods without reported cases.
5. The healthcare system has sufficient resources and capacity to resume normal operations.
6. Emergency department volume decreases in general or drops to normal census levels (social and clinical measure of change).
7. Syndromic surveillance markers indicate a return to baseline.
8. School/childcare attendance return to ‘normal.’
9. Call center volume (911 and other call centers) returns to ‘normal’ threshold.
10. EMS call reports (type and volume) return to ‘normal’ threshold.
11. Community and social media concerns decrease.
12. Media requests for information decrease.

County Public Health will lead in notifying staff and partners of the demobilization. At that time:

1. All activations are demobilized.
2. Final situational awareness information is sent to all partners.
3. All partners were notified of the demobilization.

4. A debrief and after-action process is established for internal operations and all partners.

The following activities should be considered:

1. Return of any borrowed assets.
2. Debrief, local, regional, or State partners with after-action report and improvement plan and coordinated approach to incorporating recommendations into future planning.
3. Communication concerning payment and reimbursement for the response.
4. Communication of any screening or surveillance activities that need to be revised or maintained longer term.

- **Cross-References**
  a. Continuity of Operations Plan (COOP)
  b. Infectious Disease Incident Response (IDIR) Plan

# 3. Attachments

## 3.1 List of Acronyms and Abbreviations

| | |
|---|---|
| AFN | Access and Functional Needs |
| ASPR | Assistant Secretary for Preparedness and Response |
| BH | Behavioral Health |
| CBOs | Community-Based Organizations |
| CDC | Centers for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CDU | Communicable Disease Unit |
| CERC | Crisis and Emergency Risk Communication |
| CMR | Confidentiality Morbidity Report |
| COOP | Continuity of Operations Plan |
| County | County of Santa Cruz |
| DOC | Department Operations Center |
| DSW | Disaster Service Workers |
| EH | Environmental Health |
| EID | Emerging Infectious Disease |
| EMS | Emergency Medical Services |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plans |
| EPU | Emergency Preparedness Unit |
| ESF | Emergency Support Function |
| FEMA | Federal Emergency Management Agency |
| HCC | Healthcare Coalition |
| HICS | Hospital Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HO | Health Officer |
| HSA | Health Services Agency |
| ICP | Incident Command Post |
| ICS | Incident Command System |
| IDIR | Plan Infectious Disease Incident Response |
| IV | Intra-Venous |
| JIC | Joint Information Center |
| LVN | Licensed Vocational Nurse |
| MCM | Plan Medical Countermeasures |
| MHOAC | Medical Health Operational Area Coordination Program |
| MRC | Medical Reserve Corps |
| MYTEP | Multi-Year Training and Exercise Plan |
| NIMS | National Incident Management System |
| OA | Operational Area |

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| PIO | Public Information Officer |
| PPE | Personal Protective Equipment |
| PTSD | Post-Traumatic Stress Disorders |
| PWD | Persons With Disabilities |
| RDMHC | Regional Disaster Medical and Health Coordination Program |
| RN | Registered Nurse |
| SEMS | Standardized Emergency Management System |
| SNS | Strategic National Stockpile |
| WHO | World Health Organization |