

# CITRUS COMMUNITY COLLEGE DISTRICT GENERAL INSTITUTION

## **AP 3505                    EMERGENCY RESPONSE PLAN**

### **References:**

Education Code Sections 32280 et seq. and 71095;  
Government Code Sections 3100 et seq., 8558, 8559, 8600, 8605,  
and 8607(a);  
Homeland Security Act of 2002;  
National Fire Protection Association 1600;  
Homeland Security Presidential Directive-5;  
Executive Order S-2-05;  
19 California Code of Regulations (CCR) Sections 2400-2450

### **Purpose**

The Emergency Response Plan is the District's planned response to all hazards on or affecting the campus or surrounding community. The plan will be activated by the District Superintendent/President or his/her delegated representative. The emergency response plan details actions and responsibilities for all employees of the District including those on the Emergency Operation Center (EOC) staff.

### **Responsibility**

Government Code Sections 2100-3101 state that all employees of the District are declared civil defense workers during emergencies, subject to such defense activities as may be assigned to them. Federal and state regulations further state that all employees of the District must be trained and qualified in specified Federal Emergency Management Agency (FEMA) courses depending on an employee's emergency response responsibilities.

### **Emergency Operations Center (EOC)**

The Emergency Operations Center (EOC) will be activated during emergency situations that warrant a collaborative response. The Superintendent/President or his/her designated representative will activate the EOC. The EOC may be staffed by one or more key administrators depending on the situation and response. The EOC staff will direct the District's response to the emergency situation, coordination with outside agencies and request for outside support. The EOC staff will be aided in their duties by Emergency Information Officers (EIOs) and Emergency Response Teams that are trained response personnel from the District.

The EOC is composed of key administrators, record keepers and the individual who is responsible for Administration of Justice. The EOC shall:

- Declare a major emergency in the event of earthquake, explosion, flood, etc.
- Assess the overall disaster based on reports from area managers

- Initiate the emergency notification chain (call back of all employees)
- Mobilize any additional staff to heavily damaged areas
- Determine the “All-Clear” when the disaster is over

All key press releases will be prepared by the Public Information Officer. In absence of this person, the key administrator will designate an individual responsible for this function.

### **Preparedness**

The District’s preparedness is based on pre-staged supplies, training and awareness, emergency drills, and support agreements with civil and private agencies. All employees of the District will receive training in responding to and managing emergency situations according to federal and state laws and regulations. The best response to emergency situations is preparedness.

### **Emergency Chain of Command**

SEMS/NIMS/ICS Organizational Chart can be found on Page 12 of the Citrus College Emergency Operations Plan.

### **Day Instructors: Responsibilities**

- Coordinate evacuation from classroom if necessary.
- Assist disabled individuals out of building without use of elevators.
- Assess overall situation in classroom and report to Emergency Information Officer.
- Initiate first aid if qualified individual is available.
- Report when students are safe to move to an emergency assembly point or command post.
- Assist Emergency Information Officers.
- Provide special assistance to any disabled individuals in the area.

Remember, in the event of a major disaster, every community college employee automatically becomes a civil defense worker under Government Code Sections 3100-3101.

### **Evening Instructors: Responsibilities**

- Coordinate evacuation from classroom if necessary.
- Assist disabled individuals out of building without use of elevators.
- Assess overall situation in classroom and report to Emergency Information Officer.
- Initiate first aid if qualified individual is available.
- Report when students are safe to move to an emergency assembly point or command post.
- Report via runner any casualties, structural damage, and hazardous material spills and status of volunteer student help control point of command post.

### **Other Employees: Responsibilities**

- Follow survival instructions in Emergency Response Preparedness flipchart.
- Evacuate area if necessary.
- Assess immediate problems if possible.
- Report to area assembly point when safe.
- Assist Emergency Information Officers by:
  - Performing first aid if qualified
  - Serving as a communications runner, etc.
  - Conducting record keeping and note taking

### **SPECIFIC EMERGENCIES:**

#### ***BIOLOGICAL EMERGENCY***

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#### **BACKGROUND**

A Biological Emergency is an incident involving the release of, exposure to, toxins that are capable of causing bodily harm or death. A biological agent can come in the form of a solid, powder, liquid, or gaseous state.

#### **A biological agent can be introduced through the following:**

- By mail, via contaminated letter or package
- Using a small explosive device to help it become airborne
- Through a building's ventilation system
- Using a contaminated item, such as a backpack, book bag, or other parcel left unattended
- By intentionally contaminating a food or water supply
- By aerosol release into the air
- By a missile warhead

#### **The following indicators may suggest the release of a biological substance:**

Multiple victims suffering from watery eyes, twitching, choking or loss of coordination, or having trouble breathing, severe vomiting, diarrhea, abdominal cramping (if food borne or waterborne). Also, severe skin reactions for certain other agents. Other indicators may include the presence of distressed animals or dead birds.

## **Anthrax**

Anthrax is the most common of biological agents. Anthrax is a disease-causing organism, which can reproduce and keep spreading long after its release. Anthrax has a low mortality rate when properly treated. Anthrax is usually sent to individuals by letters or packages.

### **The following steps will assist to identify suspicious letters or packages:**

- The mail is unexpected or from someone you do not know
- It is addressed to a title, but no name
- It is addressed to someone no longer at your address
- It is handwritten and has no return address or bears one that you cannot confirm its legitimacy
- The return address does not match the postmark
- Common words are misspelled
- It is lopsided or lumpy in appearance
- It has wires or tinfoil protruding from the envelope/package
- It is sealed with excessive amounts of tape or string
- It is marked with restrictive delivery instructions, such as "Personal" or "Confidential"
- It has excessive postage
- It has oily stains, discoloration, crystallization, or a strange odor
- It is leaking a powdery substance

### **The following steps should be taken after a suspicious letter/package is identified:**

- Stay calm. Do not get excited. Most threats are, in fact, hoaxes. Regardless, you must treat each incident seriously.
- Do not shake or empty the contents of any suspicious envelope/package.
- Place the envelope/package in a plastic bag or other type of container to prevent leakage of contents.
- If a container is unavailable, cover with anything (e.g. clothing, paper, trash can) and do not remove cover.
- Leave room and close door, or section off area to prevent others from entering. Everyone who touched the letter should wash hands. Wash hands with soap and water to prevent spreading any powder to face, other persons, or other objects.
- Have the colleges ventilation system, heating system, or air conditioning system shut down, if possible, and turn off any blowers to the room.
- Report incident to administration staff.

- Administration staff should contact Campus Safety. Give specific location of suspicious envelope/package and what makes it suspicious. List all the people in the room or area when the envelope/package was recognized. Give list to Campus Safety and health authorities for follow-up investigations and advice.

**The following steps should be taken in the event an envelope/package with powder spills/leaks out onto a surface:**

- Stay calm. Do not get excited. Most threats are, in fact, hoaxes. Regardless, you must treat each incident seriously.
- Do not clean up the powder. Cover spilled contents immediately with anything and do not remove cover.
- Leave the room, close and lock the door or section off the area to prevent others from entering.
- Wash hands with soap and water to prevent spreading powder to face, other persons, or other objects.
- Have the colleges ventilation system, heating system, or air conditioning system shut down, if possible, and turn off any blowers to the room.
- Remove heavily contaminated clothing as soon as possible and place in a sealable plastic bag. Give sealed bag to the emergency responders for proper disposal.
- Shower with soap and water as soon as possible. Do not use bleach or other disinfectant on skin.
- Report incident to administrative staff.
- Administrative staff should contact Campus Safety. Give specific location and type of spilled contents. List all the people in the room or area when envelope/package with powder spilled/leaked.
- If a site or building receives a biological threat by phone alleging a contaminated package, backpack, or book bag, administration staff should follow the appropriate procedures.

## ***ENVIRONMENTAL EMERGENCIES***

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### **(Chemical Spills, Asbestos Fiber Release, Air Pollution Alerts)**

#### **BACKGROUND**

In the event of site environmental emergencies including chemical spills, asbestos fiber release episodes, and air pollution alerts, site administrators and staff must be able to react quickly and effectively to prevent injury or illness.

In any disaster/emergency situation, site administrators shall be responsible for the safety of, and accountability for, staff and students. In any life-threatening situation, staff/instructor shall take immediate action to provide for the safety of staff and students without waiting for directions from a site administrator.

## **CHEMICAL SPILLS**

Administrative Staff:

- Call 911 and obtain information about the substance.
- Assess location of chemical spill and determine appropriate action to take for safety of students and others (e.g., evacuation of room, building, or site).
- Secure the affected area and do not allow staff or students to re-enter until condition has been controlled.
- Notify Campus Safety immediately.
- Evacuate if necessary. Assure that staff/students move crosswind or upwind from problem area to avoid inhalation of vapors and proceed in orderly fashion to designated safe area.
- Provide first aid/emergency care if needed.
- Keep staff/students in designated area until problem is resolved or until further instructions are received from authorities.

## **ASBESTOS FIBER RELEASE EPISODE**

Disturbance of asbestos-containing material may cause asbestos fiber release which could create a potential health risk for building occupants. Site administrators are responsible for maintaining the site asbestos management plan in a readily accessible location.

**Administrative Staff:**

- Immediately evacuate building occupants and restrict entry into area.
- Shut off or restrict ventilation system and other sources of air movement.
- The CAL/OSHA Safety Officer will determine appropriate response actions, including verification of an actual asbestos fiber release and cleanup procedures.

## **AIR POLLUTION ALERTS**

Air pollution alerts occur when 0.20 parts pollutant per million (PPM) or greater air quality concentrations exist.

- Stage I Alert: Occurs when air quality consists of 0.20 parts pollutant per million (PPM).
- Stage II Alert: (A “warning” stage) occurs when air quality consists of 0.35 parts pollutant per million (PPM).

- Stage III Alert: (“Emergency stage”) occurs when air quality consists of 0.50 parts pollutant per million (PPM) or higher.

**Note:** The Air Pollution Control District (APCD) does not issue an alert for fires. A local area may be affected by smoke or ash. Site administrators are to use discretion in suspending outdoor physical activity.

- Strenuous outdoor physical activities for all students and employees shall be discontinued; activities of a less strenuous nature should be substituted. Intensity of an activity and its potential for increasing the respiration rate for an extended period may be deciding factors for canceling certain activities. Heat and stress aggravate respiratory problems.

In a Stage II or Stage III alert, students shall remain indoors for the duration of an alert; those with respiratory or heart problems should be monitored.

## ***BOMBS AND EXPLOSIONS***

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### **BACKGROUND**

Most bomb threats are hoaxes. Telephone calls to a college stating there is a bomb often are made to either disrupt normal activities or provoke an early dismissal. Bomb threats can come in different forms, but should be handled in a consistent manner. Safety and the prevention of panic are of paramount importance.

### **TELEPHONE BOMB THREAT**

- Stay calm and courteous. Keep the bomb threat caller talking. Ask for a specific bomb location and time of detonation. Gather information.
- Try to signal a co-worker to listen on the telephone line, if possible.
- Write down information. Listen for background noises. Listen closely to the voice for accents, speech impediments or age indications.
- Immediately notify your Supervisor. Remember not to use two-way radios— they may detonate a device.
- Call Campus Safety to report the incident. If a device or suspicious object is located, Campus Safety will notify the appropriate agency.
- Supervisor coordinates with Campus Safety to evaluate information received and decide upon a course of action.

## **SEARCHING AND EVACUATION**

- Supervisor should consult with either Campus Safety or local law enforcement prior to making any decision. Campus Police and local law enforcement are available to assist and coordinate efforts.
- College personnel should not search for bombs. However, they can provide assistance to law enforcement personnel.
- Initiating a search with the assistance of law enforcement and evacuating the site may be the most desired approach if a suspicious package or device is found. Directing the immediate evacuation upon receipt of any threat has inherent negative consequences. Disruption could prompt more false calls.

## **SUSPICIOUS PACKAGE OR DEVICE FOUND**

- Do not touch or disturb the suspected bomb. Do not use radios or cell phones—these may activate some types of bombs.
- Immediately notify the site administrator, Campus Police, and/or local law enforcement of the exact location and description.
- Utilize site evacuation plan or site fire drill procedure to move all staff and students away from the suspected bomb location. A minimum of 1000 feet is recommended.
- If possible, shut off gas main and electrical power to minimize the possibility of fire.
- Gather any possible witnesses for law enforcement to interview.

## **EXPLOSIONS**

- Immediately take cover under, or next to furniture, upon hearing an explosion. Try to remain as calm as possible.
- Try to establish what exploded, the extent of damage and possible life-threatening hazards to determine your next course of action.
- Take immediate action to ensure your safety and the safety of others. Evacuate according to your site plan if necessary; otherwise, remain in your place of cover.
- If you evacuate, go to an area upwind from the explosion site to avoid possible toxic fumes. If smoke is present, stay low, and exit crawling to avoid breathing fumes.
- Immediately notify the site administrator, Campus Safety, and/or local law enforcement of the exact location and description.
- Custodian or plant operations supervisors should turn off power supplies, electricity, and gas lines if safely possible.
- Ensure no one returns for any reason until city fire personnel officially declare the area safe.

## **OTHER CONSIDERATIONS**

- Attempt to control situation to avoid panic.
- Everyone should know and understand his/her role. Practice your response.
- Bomb threats require a response; usually no less than a search by qualified personnel  
(Police/law enforcement).
- Consider the impact on students and staff. Involve counseling personnel as needed.

## ***DISTURBANCES AND DEMONSTRATIONS***

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### **BACKGROUND**

Site administrators may be confronted with disturbances or demonstrations adjacent to a college site or on a college site.

The courts have held that demonstrations are lawful as long as the demonstrators' conduct does not materially disrupt class work, involve substantial disorder, or invade the rights of others. However, any demonstration on campus may interfere with college activities and, therefore, could be unlawful.

Site administrators and police officers are empowered to order persons whose presence interferes with the peaceful conduct of the college, or disrupts the college or its students or college activities, to leave campus. Persons who fail to comply with such instructions are subject to arrest.

### **DISTURBANCE OR DEMONSTRATION (STUDENTS)**

- Site Administration should carefully assess the situation. Designated free speech areas should be considered prior to any demonstration.
- With assistance from Campus Safety, determine the urgency of the situation, type of assistance needed, and if the crowd really needs to be dispersed.
- If Demonstrators are participating in an unlawful assembly on campus, or causing class disruptions, it is recommended the site administrator:
  - o Consult with law enforcement officers to establish the best plan of action.

### **DISTURBANCE OR DEMONSTRATION (NONSTUDENT)**

- Politely inform the individual(s) they are disrupting the college, its students and/or activities and tell them to leave.

- If the individual(s) refuse to comply, notify Campus Safety. An officer(s) will be dispatched to your location. If a physical assault begins, call “911.”
- The officer and site administrator will devise a plan of action. The situation will dictate whether additional officers will be needed and/or if the Emergency Operations Center needs to be activated.

## **OTHER CONSIDERATIONS**

- Consider placing staff to answer telephone calls from concerned.
- Try to determine the issues causing the disturbance and attempt to communicate with the participants.
- With assistance from Campus Safety, try to meet with authorized representatives or leaders who can present their issues and possibly respond to your needs.

## ***EARTHQUAKE***

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### **BACKGROUND**

Recent experience has proven that college buildings, both permanent and portable, are among the safest structures in the event of an earthquake.

Of all earthquake preparedness measures, safety drills are the most important. Essential components of earthquake safety drills are discussion, instruction, and physical demonstration (practice drill). In addition to indicating pre-planning needs, effective earthquake drills simulate (1) actions to be taken during an actual earthquake, and (2) actions to be taken after the ground stops shaking. Building evacuation following a major earthquake is imperative due to potential dangers of fires or explosions. It is necessary to be prepared for the occurrence of probable aftershocks.

### **EARTHQUAKE WHILE INSIDE (ON SITE)**

- A DROP and HOLD command is given by any staff member at first indication of ground shaking.
- All staff/students: DROP and HOLD and assume protective position under table, desk, or other support object. If appropriate, staff/students should hold onto table/desk leg to keep it over body. If in hallway, move to inside wall, or stand in a doorway.
- Avoid glass and falling objects.
- Move away from windows.
- Move away from heavy suspended light fixtures.
- Extinguish flames, turn off power equipment, and electrical appliances. If the odor of natural gas is detected, turn off gas valves.

- Remain undercover for at least two to three minutes to assess damage/injuries and to wait for first aftershock to occur.
- After first aftershock, or after two to three minutes, activate site earthquake evacuations plan.

### **EARTHQUAKE WHILE OUTSIDE (ON SITE)**

- Move to open space away from buildings, trees, and overhead power lines.
- When shaking stops, activate an orderly evacuation.
- Evacuate building(s) according to evacuation plan.
- Transport injured students to Health Services or a designated Triage area.
- Do not allow unauthorized persons to return to buildings until the buildings are officially declared structurally safe. Authorized personnel should only return to building if absolutely necessary.

### **EARTHQUAKE WHILE OFF SITE**

- If walking to and from college/work site, move to open space away from buildings, trees, or overhead power lines. Be alert for possible dangers which would require movement. DO NOT RUN.

### **NON-EARTHQUAKE STRUCTURAL FAILURE**

- Evacuate affected building/area and secure to prevent entrance by staff or students.

## ***FIRE***

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### **BACKGROUND**

Fire prevention and emergency response to fire situations are a primary responsibility for all employees. Regular action must be taken to ensure that all staff/students are familiar with the site's emergency/fire response plan and action.

### **FIRE – WHEN COLLEGE IS IN OPERATION**

- Call fire department (“911”) immediately.
- Order evacuation of remaining staff/students to appropriate assembly/emergency area; if alarm system fails to operate, notify staff/students by other methods.
- **ACTIVATE** the emergency plan if there is any life-threatening situation.
- Supervise evacuation of site; ensure that all rooms and areas are evacuated.
- Check with staff to ensure accountability for all staff/students.
- Provide first aid if needed. If incident results in injury to staff or students, involve Health Services.

- If hazardous materials are present or suspected, notify Fire Department of any possible hazardous materials.

## ***FLOODING***

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### **BACKGROUND**

This procedure applies whenever storm water or other sources of water flood or threaten to flood college grounds or buildings. Flooding may occur as a result of prolonged periods of rainfall, where the site would not have sufficient time to prepare. Alternatively, flooding may occur without warning, as a result of damage to water distribution systems, or a failure of a nearby man-made dam.

### **Administrative Staff:**

- Initiate appropriate response actions, which may include In-Place Sheltering, On-Site Evacuation, or Off-Site Evacuation.
- Call Campus Safety and describe the nature and extent of the flooding.
- Supervise On-Site Evacuation; ensure staff and students evacuate affected buildings using prescribed routes or other safe routes to the assembly/evacuation area.
- Check with staff to ensure accountability for all students/staff.
- Coordinate with facilities to limit damage.

## ***SHOOTINGS***

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### **BACKGROUND**

The potential for a shooting or a shooting in the workplace exists on every college campus throughout the United States. Although the possession of firearms on or around our campuses is rare, their availability and past national and county shootings dictate the need for a response plan, in case a shooting or other violent attack occurs.

### **WHEN A SHOOTING OCCURS**

- CALL "911." Identify your college or workplace and exact location. Remain calm and answer the police operator's questions. They are trained to obtain the necessary and required information for a proper emergency response.
- Instruct students and employees to drop to the ground immediately, face down as flat as possible. If within 15-20 feet of a safe place or cover, duck and run to it.
- Move or crawl away from gunfire, trying to utilize any obstructions between you and the gunfire. Remember that many objects of cover may conceal you from sight, but may not be bulletproof.

- Try to get inside or behind a building and stay down.
- When you reach a place of relative safety, stay down and do not move. Do not peek or raise your head in an effort to see what may be happening.
- Wait and listen for directions from the police.

### **IF SUSPECT IS OUTSIDE YOUR CLASSROOM**

- Duck and cover. Keep students inside the classrooms and down on the floor. Move behind available cover inside the classroom.
- Close and lock the outside door to the classroom if possible. Close the blinds, turn off the lights and stay on the floor. Do not peek out the door or windows to see what may be happening.
- Report location of the assailant.

### **OFFICE PERSONNEL**

In keeping with effective emergency planning, office personnel should have pre-designated assignments to ensure an effective response in case of a shooting. Actions by multiple persons must be taken simultaneously to expedite a response.

In response to a report of a shooting from a classroom or other area of the campus, have all persons in the office duck and cover onto the floor, behind protective objects or into side rooms. Make required emergency telephone calls to the police from this position. It is crucial that telephone calls be limited to emergency calls only.

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**Note:** Phone calls, other than for emergency purposes, should be made only after the police have cleared a phone line for that purpose. A phone call to friends or family will bring onlookers, bystanders or concerned loved ones to the campus, interfering with the operation of emergency personnel and unnecessarily placing more people in danger.

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### **CALLING “911”**

When you call “911,” identify your exact location. Remain calm and answer the operator’s questions. Police dispatchers are trained to obtain the necessary and required information for a proper emergency response. As the police are being dispatched, answer the questions asked of you by the operator or police dispatcher. Although you are not expected to know all of the answers, answer them to the best of your ability.

Although you may think the questioning is wasting valuable time, the information you provide will enable phone personnel to dispatch officers and other emergency personnel safely and effectively. While you are being questioned, emergency personnel have been dispatched and are on the way. You will be asked questions, such as:

- What exactly is happening and how do you know? Is it still happening now?
- Where is the suspect now? What was his/her last known direction? Is the suspect still on campus?
- Is anyone injured? Are there wounded and how many?
- Where did it happen? What's the specific location of occurrence?
- What weapons were used if you know? Knowing the number and types of weapons will assist the police in their response. Describe the weapon(s) or other dangerous object(s) if possible, and any visible ammunition:
- Were any shots fired? Describe the sound and the number of shots fired.
- Do you know who the suspect(s) is? If yes, identify him/her/them, and provide any background knowledge you may have.

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**Note:** It is important to tell the Campus Safety dispatcher if your office has called or is on the line with the 911 operator.

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## **POLICE/FIRE DEPARTMENT RESPONSIBILITY**

Law Enforcement or the Fire Department will take charge of the operation and maintain full control throughout the duration of the incident.

Police/fire departments will establish a command post(s) at or near your campus where all operations pertaining to the event will be coordinated.

## ***TERRORISM***

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### **BACKGROUND**

An act of terrorism is most often perpetrated by an individual or group who uses deliberate violence against a government or other authorities to achieve certain goals. Terrorist methods may include the taking of hostages, kidnapping, and the use of bombs and explosions. In a college situation, a student(s) may be kidnapped and held hostage by another person.

## **OTHER CONSIDERATIONS**

- Obtain a photo of the abducted student/employee and provide it to the police.
- Provide the police with information on known friends of the abducted student/employee. They may be able to provide further information.
- Try to obtain a description of the abductor and direction of travel.
- Gather any possible witnesses for law enforcement to interview.
- Remain calm-the prevention of panic is important.

## **HOSTAGES/KIDNAPPING**

Call 911. Be prepared to give the following information:

- Identify hostage location on the site
- Number of assailants, if known
- Number of hostages, if known
- Name of assailants, if known
- Any available description of assailants and weapons
- Demands made by the assailants
- Notify staff/students to move students away from the hostage location to a safer location.
- Do not evacuate until given instructions by police.
- Gather all facts regarding the situation for the police. Keep notes on times, any communications from the person holding the hostage(s), and other witness information.
- Provide law enforcement with any assistance:
  - o Provide keys for access to classrooms, buildings, and gates
  - o Location of power, water, and gas shutoffs
  - o Access to roofs
  - o Location of phones and other communication devices
- Work with the district office and law enforcement to determine the next steps.

## **OTHER CONSIDERATIONS**

- Gather any possible witnesses for law enforcement to interview.
- Minimize any possibility of the suspect's ability to see or hear news reports.
- Consider the possibility of transportation needs.
- Consider the emotional impact on the students and staff.
- Contact the Communications Office to assist in media inquiries. This office will coordinate media briefings and media information related to the situation.
- Remain calm-the prevention of panic is important.

## **FACTS AND GOVERNMENTAL RESPONSE TO PANDEMIC FLU**

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### **A. Introduction**

The purpose of this Influenza Pandemic Response Plan is to lessen the impact of an influenza pandemic on the residents by providing a guide for health care providers for detection and response to an influenza pandemic event.

### **B. Background/Threat**

The worst natural disaster in modern times was the infamous “Spanish flu” of 1918-1919, which caused 20 million deaths worldwide and over 500,000 deaths in the U.S. Although the Asian influenza pandemic of 1957 and the Hong Kong influenza pandemic of 1968 were not as deadly as the Spanish influenza pandemic, both were associated with high rates of illness and social disruption.

Influenza is a highly contagious viral disease. Pandemics occur because of the ability of the influenza virus to change into new types, or strains. People may be immune to some strains of the disease either because they have had that strain of influenza in the past or because they have recently received influenza vaccine. However, depending on how much the virus has changed, people may have little or no immunity to the new strain. Small changes can result in localized epidemics. But, if a novel and highly contagious strain of the influenza virus emerges, an influenza pandemic can occur and affect populations around the world.

California, with its West Coast location and several major ports of entry for flights and shipping from Asia (a likely location for the development of a novel virus), would likely be among the first U.S. locations for an influenza pandemic to establish a foothold. The California Department of Health Services (CDHS) estimates that the impact of an influenza pandemic on California’s population of 35 million would include:

- 8.8 million persons ill with influenza (estimated range: 5.3 million to 12.3 million)
- 4.7 million outpatient visits (estimated range: 2.8 million to 6.6 million)
- 97,200 persons hospitalized (estimated range: 58,300 to 136,000)
- 21,500 deaths (estimated range: 12,900 to 30,200).

An influenza pandemic is unlike any other public health emergency or community disaster:

- Many experts consider influenza pandemics to be inevitable, yet no one knows when the next one will occur.

- There may be very little warning. Most experts believe that we will have between one and six months between the time that a novel influenza strain is identified and the time that outbreaks begin to occur in the U.S.
- Outbreaks are expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that normally occur with other natural disasters.
- The effect of influenza on individual communities will be relatively prolonged -- weeks to months -- when compared to minutes-to-hours observed in most other natural disasters.
- Because of the substantial lead times required for vaccine production once a novel strain has been identified, it is likely that vaccine shortages will exist, especially during the early phases of the pandemic. Effective preventive and therapeutic measures --including antiviral agents -- will likely be in short supply, as may some antibiotics to treat secondary infections.
- When vaccine becomes available, it is expected that individuals will need an initial priming dose followed by a second dose approximately 30 days later to achieve optimal antibody responses and clinical protection.
- Health-care workers and other first responders will likely be at even higher risk of exposure and illness than the general population, further impeding the care of victims.
- Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical community services: military personnel, police, firefighters, utility workers, and transportation workers, just to name a few.

### **Benefits of pre-event planning**

In addition to preparing to respond to an actual pandemic, increasing awareness among the public health, medical, and emergency response communities will foster greater concern about “routine”, annual influenza epidemics, which kill an average of 20,000 Americans every winter.

Prompt improvements in infrastructure to address the major elements of pandemic preparedness can have immediate and lasting benefits and can also mitigate the effect of the next pandemic. For example, increasing routine, annual influenza vaccination coverage levels in high-risk patients will not only reduce their risk of dying or being hospitalized during the pre-pandemic period, but will also facilitate access to such patients -- through greater confidence in the benefits of influenza vaccination and expanded programs to access those patients -- when the next pandemic occurs.

Similarly, increasing the coverage of pneumococcal vaccine in such patients could have a significant impact on the incidence and severity of secondary bacterial pneumonia.

### C. Concept of Operations

#### 1. Stages of Alert

For purposes of consistency, comparability, and coordination of the national, state, and local response, identification and proclamation of the following “stages” will be done at the national level:

<b>Pandemic Phase</b>	<b>Definition</b>
<b>Novel Virus Alert</b>	Novel virus detected in one or more humans Little or no immunity in the general population Potential, but not inevitable precursor to pandemic
<b>Pandemic Alert</b>	Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area
<b>Pandemic Imminent</b>	Novel virus causing unusually high rates of morbidity and/or mortality in multiple, widespread geographic areas
<b>Pandemic</b>	Further spread with involvement of multiple continents; formal proclamation made
<b>Second Wave</b>	Reoccurrence of epidemic activity within several months following the initial wave of infection
<b>Pandemic over</b>	Cessation of successive pandemic “waves,” accompanied by return (in the U.S.) of more typical wintertime “epidemic” cycle

As the pandemic develops, the World Health Organization (WHO) will notify the Centers for Disease Control and Prevention (CDC) and other national health agencies of progress of the pandemic from one stage to the next. CDC will communicate with CDHS and other state agencies about pandemic stages, vaccine availability, virus laboratory findings, and national response coordination. The State will communicate with local health agencies through the California Health Alert Network (CAHAN).

## **2. The Federal Role**

The Federal government has assumed primary responsibility for a number of key elements of the national plan, including:

- Vaccine research and development.
- Coordinating national and international surveillance.
- Assessing and potentially enhancing the coordination of vaccine and antiviral capacity, and coordinating public-sector procurement.
- Assessing the need for and scope of a suitable liability program for vaccine manufacturers and persons administering the vaccine.
- Developing a national “clearinghouse” for vaccine availability information, vaccine distribution, and redistribution.
- Developing an adverse events surveillance system at the national level.
- Developing a central (national) information database/exchange/clearinghouse on the Internet.

## **3. The State Role**

### **Novel Virus Alert Stage**

During this stage, CDHS activities will be limited to monitoring reports of progress of the disease and surveillance to detect the arrival of disease caused by the novel virus in California. Novel virus detection will be carried out by WHO and CDC.

### **Pandemic Alert Stage**

During this stage, CDHS will monitor reports of disease spread and meet with surveillance partners to activate and augment surveillance systems. The State Viral and Rickettsial Disease Laboratory (VRDL) in Richmond will increase laboratory surveillance.

The CDHS Immunization Branch (IB) will maintain close contact with CDC and the Food and Drug Administration to obtain information on plans for vaccine delivery. IB will work with local health departments (LHDs) and representatives of the private medical sector to plan delivery and administration of vaccines when they are available.

The CDHS Division of Communicable Disease Control (DCDC) will meet with, the California Medical Association and the California Pharmacists Association to plan for vaccine administration and for antiviral and antimicrobial supplies. The IB will prepare training materials for vaccine administrators.

CDHS DCDC will provide technical information, public information, and press releases to be released by the CDHS Office of Public Affairs (OPA). Public information will include travel alerts, guidelines on limiting the spread of the disease, and information about when and where to obtain medical care. The CDC's Epidemiology Program Office (EPO) and the California DCDC will ensure communication among epidemiology efforts, laboratory surveillance, and emergency management agencies (EMAs). CDC EPO and the EMAs will address personnel and equipment shortfalls.

### **Pandemic Imminent Stage**

In the pandemic imminent stage, the pandemic alert activities will continue at an intensified level. Surveillance efforts will be increased for both influenza illness and the circulation of the influenza virus. If vaccine is available, the distribution system will be implemented and security measures will be put in place to ensure that vaccine will be given first to groups with highest priority for receiving them. DCDC and OPA will step up information flow to LHDs, medical providers and all other stakeholders. DCDC and OPA will provide translations of all public information messages into Spanish and the 14 other major languages in California. The State OES, local Emergency Management Agencies, DHS, and hospitals will activate the emergency response system.

Local coroners and funeral directors will be advised to prepare for increases in the number of dead they will have to handle.

### **Pandemic Stage**

Surveillance efforts will be overwhelmed. Emphasis will be shifted from detecting cases caused by the influenza virus to monitoring demographic characteristics that may indicate a need to revise priority groups for receiving vaccine and antiviral medications if available supplies are limited. Vaccine delivery will be at its highest level, and the system to detect possible adverse reactions to the vaccine will be closely monitored. EMAs will establish alternative treatment sites since hospitals will be overwhelmed.

## **Second Wave**

All agencies and health care providers must make use of the interim period to prepare for a resurgence of disease. This includes addressing shortfalls in supplies and personnel.

Although there are likely to be medical resources and technical assistance available from state and federal agencies, local counties should expect to manage the local response at the time of the pandemic, including temporary redirection of personnel and financial resources from other programs.

### ***4. The Local Response***

Chapters I through III of this Plan address how the DHS response will be integrated into the overall Operational Area Emergency Operations Plan, of which this Plan is an annex. These chapters include procedures for command and control, detection and notification of public health threats, and the roles of key DHS personnel during a public health emergency. Since many aspects of the public health response would be the same, this Influenza Pandemic Response Plan focuses on response characteristics unique to pandemic influenza.

Chapter V of this Plan is the “Risk Communications and Public Information Plan.” This plan describes the DHS approach to:

- Facilitating cooperation among all involved parties (e.g., government officials, health experts, industry, and the public).
- Persuading and directing the behavior of individuals or communities.
- Promoting informed decision-making about the acceptability of known risks.
- Educating and correcting false or misleading information.

Chapter VI of this Plan, the “Strategic National Stockpile Management Plan”, describes the plan for mass vaccination. This plan contains additional position checklists for workers at vaccination sites and at a warehouse established to coordinate the distribution of vaccines or antibiotics to these sites, if needed.

Isolation of symptomatic victims and quarantine of exposed individuals would be essential to ending an influenza pandemic. These interventions are addressed in Chapter VII of this Plan.

In the pre-event (Phase 1) smallpox planning process, DHS discussed the need to vaccinate personnel who are needed to maintain the human infrastructure of the community during an epidemic. The absence of services provided by these personnel would pose a serious threat to public safety or would significantly interfere with the ongoing response to the pandemic. These key personnel, who would also be the County's first priority for administration of influenza vaccine or antivirals, may include, but are not limited to:

- Public health physicians and staff
- Hospital employees
- Physicians, pharmacists, and other clinicians
- Local government decision-makers
- First responders: Public Safety, Fire, and EMS
- Utility, food service, and transportation personnel
- Family members of the key personnel listed

#### ***D. Public Health Response Procedures***

In the early stages of a pandemic, there may be no vaccine at all. The federal Planning Guide indicates that a minimum of six to eight months would elapse before the tens of millions of doses needed could be produced for distribution. When vaccine first becomes available the demand will likely exceed the supply.

Pharmaceutical delivery will become an important issue during a pandemic. While antiviral agents will play a role in both prophylaxis and treatment of influenza, the existing supplies would certainly fall short of the need. As the pandemic progresses, there may not be sufficient supplies of antibiotics for treating persons with complications of influenza. In addition to supply problems, other difficulties are associated with use of antiviral agents. Priorities for target groups and the use of limited supplies for prophylaxis versus therapy have not yet been established. Widespread use of antivirals and antibiotics could lead to emergence of drug-resistant viral strains. Adverse antiviral reactions and liability issues will also be of concern. In a pandemic, DHS would provide consultation on the handling and administration of pharmaceuticals in cooperation with California DHS.

## **1. Novel Virus Alert Stage**

Novel virus detected in one or more humans. Little or no immunity in the general population. Potential, but not inevitable, precursor to a pandemic.

### **a. Surveillance**

- Monitor bulletins from CDC and CDHS regarding virologic, epidemiologic, and clinical findings associated with new variants isolated within or outside the U.S.
- Meet with appropriate partners and stakeholders and review major elements of enhanced surveillance activities; modify and update plan as needed.
- Activate enhanced local surveillance to detect importation and local spread in coordination with the State Viral and Rickettsial Disease Laboratory (VRDL) in Richmond.
- Obtain appropriate reagents from the VRDL, if appropriate, to detect and identify the novel strain.

### **b. Vaccine and Pharmaceutical Delivery**

- Meet with hospitals, health care providers, and other partners and stakeholders to review major elements of the vaccine distribution plan, including plans for storage, transport, and administration of vaccines and antivirals.
- Modify plan as needed to account for updates, if any, on recommended target groups and projected vaccine supply.

### **c. Emergency Response and Communications**

- Test local communication systems, including ReddiNet and CAHAN, to ensure that local and statewide communications are functional.
- Notify hospitals, health care providers, and other partners and stakeholders of the novel virus alert.
- Modify communications plan (and written materials) as needed (in collaboration with state officials) to account for updates, if any, on projected effects of the novel virus.
- Implement contingency plans, if any, for obtaining critical hardware, software, or personnel to expand communications systems if needed for a pandemic.
- Ensure ongoing coordination among surveillance, epidemiology, laboratory, EMS, OES, and other local response efforts.
- Develop and/or update press release templates. Develop materials for responding to questions that may come from the media.

## **2. Pandemic Alert Stage**

Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.

Novel virus alert activities will be continued at a more advanced level and other activities will be added.

### **a. Surveillance**

- Fully activate enhanced surveillance activities. Assess functionality, timeliness, and completeness of data entry and dissemination, data links, and feedback mechanisms throughout the local the system.
- Monitor daily CDC and state reports, which will include information from the following sources:
  - o Kaiser facilities' inpatient diagnosis and pharmacy surveillance systems.
  - o Collaborating laboratories and LHDs.
  - o California sentinel physicians who report directly to CDC and/or CDHS.
  - o Quarantine Station reporting of infected individuals arriving from other countries.
- Meet with surveillance partners to increase the amount of patient demographic information collected, in order to identify groups with increased risk.
- Inform surveillance partners of the need to increase specimen collection for detection of novel virus and alert laboratories to prepare for increased numbers of specimens.
- If requested by VRDL, distribute specimen collection kits to hospitals and clinicians and obtain cooperation to facilitate sending isolates to VRDL.
- Recruit pharmacies to participate in reporting antiviral prescriptions filled.
- Assess inventory of laboratory equipment and supplies, noting what is needed.
- Assess inventory of medical equipment and supplies (including ventilators, ICU equipment, and oxygen saturation monitors), noting what is needed.
- Develop contingency plans for procurement of laboratory equipment and supplies, and also for possible redirection and hiring of additional laboratory employees, including clerical/data entry personnel.
- Explore re-certification of non-traditional labor pool and redirection of staff with appropriate skills to alleviate need for additional laboratory personnel.

## **b. Vaccine and Pharmaceutical Delivery**

During the pandemic alert stage, vaccine would not yet be available, and may not be for several months.

- Monitor reports from the CDC, FDA, and CDHS to obtain information on plans for vaccine manufacture.
- Prepare to implement plan for storing and delivering vaccine as it becomes available to DHS (vs. private distribution).
- Review elements of plan for vaccine delivery with partners and stakeholders.
- Ensure that human resources, equipment, and plans for mass immunization clinics are in place (see Chapter VI Mass Vaccination/Prophylaxis and Management Plan).
- Obtain latest CDHS recommendations for priority groups for vaccine allocation and modify as necessary based on current surveillance data.
- Meet with local pharmacists and medical association to discuss potential need to:
  - o increase antiviral and antimicrobial supplies.
  - o increase role of pharmacists in vaccine delivery.
- Coordinate with CDHS to receive the state satellite broadcast training/refresher on vaccine administration techniques for persons who do not normally administer vaccines, but will be enlisted to do so in a pandemic:
  - o arrange for viewing by appropriate groups.
  - o provide video copies of the broadcast for local training.

## **c. Emergency Response and Communications**

- Ensure communication among the epidemiology and laboratory surveillance programs and emergency management.
- Alert surveillance groups to increase surveillance activities.
- Identify contact person (and backup person) for communication with CDHS.

- Identify spokesperson (and backup person) for communication with press, public, etc.
- Prepare fact sheets detailing responses to questions coming from the media and the public:
  - o include documents intended for electronic distribution on the DHS web site.
  - o include telecommuting advice to employers, labor organizations, and others.
  - o include travel alert information received from the State and/or CDC.
- Respond to media inquiries regarding outbreak.
- Notify hospitals, health care providers, emergency responders, coroners, and mortuary organizations via CAHAN, ReddiNet, or other means as needed.
- Increase laboratory surveillance and disease surveillance.
- Alert emergency responders to work with EMS to inventory critical supplies and solve problems arising from high response volumes.
- Alert Medical Reserve Corps, neighborhood-watch, and/or other community based response organizations.
- Conduct inventory of critical equipment, supplies, and personnel, including availability of hospital beds, antiviral pharmaceuticals, refrigerated depots for vaccines, and transport for delivery of vaccines.
- Identify methods to address personnel and supply shortfalls.
- Plan for implementation of emergency medical treatment sites and temporary infirmary locations, in coordination with local mass-care organizations such as American Red Cross and/or Salvation Army.
- Send bulletins to private providers via local medical association and/or lists acquired from state licensing boards.

- Issue guidelines on influenza precautions for workplaces, emergency departments, airlines, colleges, jails and prisons, public safety agencies, and individuals.

### **3. Pandemic Imminent Stage**

Novel virus causing unusually high rates of morbidity and mortality in widespread geographic areas.

In the pandemic imminent stage the pandemic alert activities will continue at an intensified level.

#### **a. Surveillance**

- Outside of normal surveillance season, verify that hospital and health care surveillance has been activated and DHS is receiving ongoing reports of cases within the county.
- Report the data collected to all participating facilities as well as to CDHS.
- Analyze the inpatient data to determine which population groups are at greatest risk and provide the information to CDHS and to those determining priority groups for vaccine allocation when the supply is limited.
- Participate in special studies, as requested by CDHS:
  - o to describe unusual clinical syndromes.
  - o to describe unusual pathologic features associated with fatal cases.
  - o to conduct efficacy studies of vaccination or chemoprophylaxis.
  - o to assess the effectiveness of control measures such as college and business closings.
- Maintain increased laboratory surveillance and other activities outlined previously in the pandemic alert section.

#### **b. Vaccine and Pharmaceutical Delivery**

- Continue activities as listed in pandemic alert stage, including meetings with the local pharmacist and medical associations.

- Increase public information effort designed to keep ill persons at home.
- If vaccine delivery date is predicted by CDC, work with CDHS to:
  - o establish local delivery date.
  - o review distribution plan and update when new information is available.
  - o obtain signed agreements with hospitals and private providers on priority order of groups to receive vaccine when supply is limited.
  - o alert to need for security at immunization sites.
  - o alert to need for reporting adverse events to VAERS system.
- If vaccine is available, fully activate the immunization program.
- Obtain data on antiviral and antimicrobial supplies.
- Prepare or update recommendations and plans for allocation of antiviral and antimicrobial supplies.

**c. Emergency Response and Communications**

- Notify hospitals, health care providers and first response agencies of pandemic imminent stage. Set up information flow to all partners and stakeholders, including posting information on County website, CAHAN, and ReddiNet.
- Update documents and fact sheets based on current surveillance information.
- Provide translations of all public information messages into Spanish and the other major languages.
- Monitor the ability of hospitals and outpatient clinics to cope with increased patient loads.
- Implement health education campaign with emphasis on the following:
  - o hand washing.
  - o stay home rather than be exposed to/spread the influenza virus.

- o check on family, friends living alone.
  - o vaccination clinic locations.
  - o signs, symptoms.
  - o vaccine safety and storage.
- Work with employers and labor organizations to implement a telecommuting system so more people can stay home.
  - Activate emergency response system, including Emergency Operations Center and/or DHS Department Operations Center, as appropriate.
  - Implement mutual aid or other procedures to address supply and personnel shortfalls.
  - Conduct inventory of critical supplies/personnel and solve problems: shortage of supplies (gloves, safety needles, ventilators), personnel shortage (how to get nontraditional labor pool re-certified or alternative staff redirected).
  - Develop plan for counseling/psychiatric services (Department of Mental Health, private mental health agencies).
  - Develop plans for children orphaned by death of parents (Department of Social Services, private welfare agencies).

#### ***4. Pandemic Stage***

Further spread of influenza disease with involvement of multiple continents.

##### **a. Surveillance**

Influenza morbidity and mortality surveillance systems will likely become overwhelmed.

- Continue to monitor selected vital statistics for mortality and morbidity data received from the inpatient diagnosis surveillance system to establish age and geographic area-specific rates.

- Use above data to establish priority groups for immunization as vaccine availability changes, providing data to CDHS, hospitals, and private providers.
- Continue to monitor reports from WHO, CDC, and CDHS on national and worldwide morbidity and mortality data.
- Laboratory surveillance will focus on detection of antigenic drift variants and resultant viruses that could limit the efficacy of vaccines produced against the original pandemic strain.

#### **b. Vaccine and Pharmaceutical Delivery**

Continue all pandemic imminent activities. Presumably vaccine would be available for a sizable proportion of the population.

- Monitor VAERS data for evidence of adverse reactions to the influenza vaccine. Report findings routinely to CDHS.
- Modify recommendations and agreements on priority groups for receiving the vaccine to reflect greater availability of vaccine.
- Review surveillance data for changes in risk factors that could require modification of recommendations for priority groups for receiving vaccine.
- Monitor availability of antivirals and, when appropriate, recommend changes in priority groups for receiving vaccine or antivirals.

#### **c. Emergency Response and Communications**

All of the activities of the pandemic imminent stage and the following:

- Notify hospitals, health care providers, and first responder agencies of Pandemic Stage.
- Implement emergency medical treatment sites and temporary infirmary locations as needed in coordination with local mass-care organizations, such as American Red Cross and Salvation Army, to respond to the overwhelming caseload.

- Increase public information effort designed to keep ill persons at home, providing translations into Spanish and other major languages.
- Request law enforcement mutual aid, if needed. If law enforcement mutual aid system is overwhelmed, the Governor may issue a waiver to allow National Guard and military to act as law enforcement.
  
- If the medical/health mutual aid system is overwhelmed, the State may request health care workers from other states and/or the federal government.

## **5. Second Wave**

Typically in a pandemic, the number of new cases of influenza peaks and then declines, giving the impression that the pandemic is over. Then within a few months, influenza incidence once again increases. State and local officials and health care providers need to remain vigilant for a return of the epidemic activity. This is especially difficult given that all personnel and supplies involved in responding to the epidemic will be exhausted by efforts to respond to the pandemic. The perceived “end of the pandemic” may be viewed as an opportunity to relax and recover. However, all essential functions should be restored to return to pandemic imminent status.

Public health personnel who provide the data to CDHS will probably still be backlogged with reports, but should be encouraged to maintain extra staffing levels.

All sources of surveillance data will need to be convinced that their contributions are still essential because of the likelihood of a second wave. If the decline in the number of cases occurs outside the normal influenza season, it will be necessary to explain the importance of maintaining vigilance because the second wave could occur at any time.

Immunization efforts in lower risk groups should continue as vaccine becomes available to increase “herd immunity” in the population in the event of a second wave.

Laboratory surveillance should also return to pandemic imminent status while maintaining surveillance for possible antigenic drift.

## **E. Public Information and Risk Communication**

Dissemination and sharing of timely and accurate information with the health care community, the media, and the general public will be one of the most important facets of the pandemic response. Instructing the public in actions they can take to minimize their risk of exposure or actions to take if they have been exposed will reduce the spread of the pandemic and may also serve to reduce panic and unnecessary demands on vital services.

The Public Health PIO in consultation with the Health Officer and Communicable Disease staff will identify public health issues and concerns that will or may need to be addressed through public information messages regarding pandemic influenza and will identify affected target audiences for messages.

Messages will address, but not be limited to, vaccine supply, antiviral use, low-tech prevention methods, and maintenance of essential services. They will also identify appropriate strategies for dissemination of messages including postings to the Public Health website.

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