California Governor's Office of Emergency Services

STATEWIDE CONCEPT OF OPERATIONS FOR PANDEMIC INFLUENZA

November 2009

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EXECUTIVE SUMMARY

Annually, the California Governor's Office of Emergency Services (Cal OES) assists the California Department of Public Health (CDPH) to prepare a plan that meets the Centers for Disease Control and Prevention (CDC) pandemic influenza grant requirements. The role of Cal OES is to coordinate and summarize state agencies' pan flu planning efforts and ensure the plan supplemented and is consistent with the *CDPH Pandemic Influenza Response and Recovery Plan.*
In 2009, the Governor established a Cabinet Pandemic Influenza Working Group which has met monthly to report on H1N1 activity and to review the state's response. California Health and Human Services (CHHS) and Cal OES decided to continue the statewide planning effort, initiated to meet CDC grant requirements, as a way to benchmark the level of state agency preparedness and response.

In order to differentiate statewide plan from the *CDPH Pandemic Influenza Response and Recovery Plan*, this plan was entitled the *Statewide Concept of Operations for Pandemic Influenza*.

The *Statewide Concept of Operations* discusses communication and coordination at the local state and federal government levels. At the local level, checklists are included in the *Statewide Concept of Operations* to assist with local government pandemic influenza preparedness, including alert and warning considerations and suggested response actions. At the state level, the *Statewide Concept of Operations* includes a discussion of how public health and medical information should flow and how resources should be ordered among the levels of government. At the federal level, the *Statewide Concept of Operation* describes the established federal role in managing the Strategic National Stockpile, which is vital to pandemic influenza response planning and State Operations Center coordination.

The *Statewide Concept of Operations* emphasizes that all events begin at the local level and recommends that each local agency prepare a pandemic influenza operations plan. At the state level, the plan outlines 27 preparedness, response and recovery objectives under three strategic goals as established by the CDC and outlines the agencies that have plans and procedures for each objective. The plan also includes a *State Agency Responsibilities Matrix* that lists the state agencies that have lead and support roles for each CDC objective.

The *Statewide Concept of Operations* subscribes to the emergency management principles described in the Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS). The plan is consistent with the State Emergency Plan (SEP), the National Response Framework (NRF), *Interim California Disaster Health Operations Manual (CDHOM)*, CDPH Standards and Guidelines for Healthcare Surge During Emergencies, and the Federal Guidance To Assist States In Improving State-Level Pandemic Influenza Plans.

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I. INTRODUCTION

The CDC defines a pandemic as "a global disease outbreak. An influenza pandemic occurs when a new *Influenza A* virus emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily person-to-person worldwide." In 1918, a novel *Influenza A* (H1N1) virus called the "Spanish Flu" swept around the globe, taking between 25 and 50 million lives. This pandemic killed over five times the total number of Americans killed during World War I. While the results of a hurricane, earthquake or act of terrorism can be devastating, the impact of a severe pandemic is more comparable to the destruction brought on by world war. A pandemic will spread across the globe over the course of months or longer, possibly in waves, and will affect communities of all sizes and compositions. Response to a pandemic will place egregious demands on resources at every level of society, both public and private.

The emphasis of any pandemic response will be at the local government level**.** State and federal support to any particular local government, tribal nation, or community will be limited in comparison to the aid mobilized for disasters such as earthquakes or hurricanes, which strike a more confined geographic area over a shorter period of time. The widespread effect of a pandemic, as well as the sheer burden of disease across California and the Nation for months or longer, means that local communities will have to address the medical and non-medical effects of the pandemic with available resources.

This *Statewide Concept of Operations for Pandemic Influenza* supports the goals of planning and response by providing guidance to state agencies and departments. While the term "pandemic" can refer to any disease outbreak that becomes a worldwide epidemic, this *Statewide Concept of Operations* uses the terms "pandemic influenza" and "pandemic" interchangeably.

II. PURPOSE AND SCOPE

A. Purpose

The *Statewide Concept of Operations* was developed with the purpose of providing an overview of state level actions to prepare for and respond to an outbreak of pandemic influenza. These actions include:

1. **Continuity Planning Guidance:** This includes (1) promoting coordination among state agencies and local governments and (2) ensuring mobilization of resources, sometimes in advance of local requests.

2. **Actions to Protect Citizens from Pandemic Influenza:** Describing state agency efforts to stop, slow, or otherwise limit the spread of disease.

3. **A summary of plans in place to protect critical Infrastructure:** Sustaining support to critical infrastructure and key resources, and mitigating impacts to the economy and functioning of society.

The CDC guidance document, *Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans*, was used to prepare the Statewide Pandemic Influenza Concept of Operations.

B. Description of Pandemic Influenza

Seasonal influenza and pandemic influenza are very distinct and separate disease issues. These terms should be used with careful clarity whenever they are discussed.

1. **Seasonal Influenza:** Seasonal influenza epidemics occur every year and infection can be prevented or minimized with seasonal vaccines. Despite available treatments, annually in the United States an average 5% to 20% of the population is infected with seasonal influenza; more than 200,000 people are hospitalized from flu complications such as pneumonia, and about 36,000 people die from flu-related causes.

2. **Worldwide Pandemic:** Worldwide pandemics of influenza occur when strains of non-human influenza, most notably from swine or birds, interact with the common strains of human influenza, creating a virus capable of human-to-human transmission, for which humans have no immunity. During the 1918 Spanish Flu Pandemic, approximately 30% of the population became infected. In the United States it is estimated that millions of people were hospitalized and approximately 600,000 people died. Worldwide, the death toll estimates range anywhere from 25 to 50 million people.

Projections for future pandemic influenza events depend on how virulent the virus becomes. Experts estimate that as much as 30% to 50% of the population may become ill. In California that could mean over 12.9 million sick, of which more than 170,000 could require hospitalization and as many as 59,000 could die. This level of disease activity would disrupt all aspects of society and severely affect the economy. All government organizations, private sector companies and the public have a responsibility to prepare for such an event.

Potential entry of pandemic influenza into the human population may occur through various routes. Four scenarios of the initial detection and progression of a pandemic influenza virus, ranging from moderate to severe, are listed below. Due to the unpredictable nature of pandemic influenza, a future outbreak could resemble part or all of these scenarios.

Scenario 1: An extremely mild influenza pandemic occurs during an intense Influenza A season in California, but there is little or no health impact requiring little response, treatment, or special measures as it is

likely to go undetected.

Scenario 2: Pandemic influenza outbreaks from another country and/or countries are carried to California, the first case in California is identified requiring immediate response, treatment, and appropriate measures at the site(s) of detection leading to control and eradication of the outbreak.

Scenario 3: A mild pandemic outbreak occurs throughout California (reduction in losses using antivirals/vaccines, if available), but there are substantial interruptions in the normal operations of medical/health and government capacities and capabilities due to staff illness and family impacts. Some movement restrictions and social distancing may be implemented until the pandemic has passed or is controlled.

Scenario 4: A serious, intense pandemic influenza outbreak leads to uncontrolled infection throughout the State, in several waves over a period of years, causing massive casualties, severe societal interruptions, and general shortages that cause the medical/health community and government to be overwhelmed.

C. Strategic Goals and Operating Objectives

The *Statewide Concept of Operations* addresses three CDC strategic goals listed below. Associated with each strategic goal are operating objectives and the related supporting activities. The goals provide an overarching framework for the various functions of State government during an influenza pandemic. This framework acknowledges the fact that the State government is simultaneously striving to continue its basic operations, respond to the influenza pandemic, and facilitate the maintenance of critical infrastructure.

Strategic Goal A – Ensure Continuity of Operations: This goal focuses on the role of State government as an employer (i.e., looking inward). State governments are “large employers” and as such need to consider how they will continue to function during the pandemic. Continuing critical services and lifelines that many State citizens rely on for survival (e.g., Medicaid, newborn screening, safe food and unemployment insurance) is paramount. If State governments fail to prepare themselves by developing, exercising, and improving comprehensive operating plans, then they will fail in their abilities to meet the other two strategic goals, which focus on external functions (i.e., responding to the event and helping to maintain critical infrastructure). Operating objectives A.1 through A.7 define the necessary steps to achieve this strategic goal.

Strategic Goal B - Protect Citizens: During a pandemic, the State government is conducting business as usual (and perhaps with more intensity) with functions such as disease surveillance and is altering the way the State conducts its business to delay the introduction, slow the

spread, or lessen the severity of pandemic influenza (e.g., advising that sick people stay home, banning public gatherings, dismissing students from schools). Refer to operating objectives B.1 through B.15.

Strategic Goal C - Sustain/Support Critical Infrastructure and Key Resource Sectors: This goal focuses on the State government's role with respect to sustaining its publicly- and privately-owned critical infrastructure. Note that infrastructure includes not only physical plants associated with it but also the processes, systems and information that support it. Refer to operating objectives C.1 through C.8.

D. Scope

1. **Intended Audience:** A broad range of government agencies and private sector partners will be engaged in pandemic preparedness and response activities. While this plan focuses on the state agency responsibilities, it outlines concepts to be considered by local officials and summarizes the federal role. Exhibit 1 lists the participating state agencies and supporting organizations listed in this plan.

Exhibit I
Participating State Agencies / Departments

Business, Transportation and Housing Agency (BTH)
CalFire
California Conservation Corps (CCC)
California Department of Industrial Relations (DIR)
California Department of Public Health (CDPH)
California Department of Veteran's Affairs (CDVA)
California Governorn's office of Emergency Services (Cal OES)
California Highway Patrol (CHP)
California National Guard (CNG)
Public Employees' Retirement System (PERS)
California State Parks (DPR)
California State University System (CSUS)
California Volunteers
Department of Corrections and Rehabilitation (CDCR)
Department of Education (CDE)
Department of Food and Agriculture (CDFA)
Department of General Services (DGS)
Department of Managed Health Care (DMHC)
Department of Personnel Administration (DPA)
Department of Transportation (Caltrans)
Division of Occupational Safety and Health (OSHA)
Emergency Medical Services Authority (EMSA)
Employment Development Department (EDD)
Franchise Tax Board (FTB)
Governor's Office
Health and Human Services Agency (CHHS)
Labor and Workforce Development Agency (LWDA)
Office of the State Chief Information Officer (OCIO)
Public Employment Relations Board (PERB)
State Personnel Board (SPB)

Supporting Organizations

California Community Colleges (CCC)
California Association of Health Facilities (CAHF)
California Fire Chiefs Association (CFCA)
California Hospital Association (CHA)
California Primary Care Association (CPCA)
California Utilities Emergency Association (CUEA)

Relationship to Other Plans: This *Statewide Concept of Operations* is supplemental to the CDPH *Pandemic Influenza Preparedness and Response Plan* and to the California *Foreign Animal Disease Emergency Response Plan* which address medical and health issues for humans and animals. To ensure that the pandemic planning effort is effective, specific detailed guidance for preparing the intended audience of this document is available through other references; refer to the Cal OES web portal at www.oes.ca.gov and CDPH's website at http://bepreparedcalifornia.ca.gov/epo for further information.

III. SITUATION AND ASSUMPTIONS

A. Situation

Each year Californians contract and potentially die from seasonal influenza infections and their associated impacts (e.g., pneumonia). Experts anticipate an influenza pandemic could last from 18 months to several years with at least two peak waves of activity.

The course of pandemic influenza will be governed by factors that cannot be known in advance. Properties of the novel virus, including virulence, principal mode of transmission, timing and duration of viral shedding, and attack rate in different risk groups may differ from those of seasonal influenza strains.

B. Assumptions

1. A pandemic is likely to affect everyone in California: no amount of planning will allow "business as usual" in any sector of society or government.

2. Decisions about non-medical containment will be made with considerable scientific uncertainty. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.

3. It could take several months or longer to develop a specific vaccine for a pandemic virus, using currently approved technologies, once an index case of human-to-human transmission is found. Even then there would be a great shortage of the vaccine for some time.

4. A pandemic will rapidly take on substantial political, social, and economic dimensions.

5. The ability of the federal government to support California will be limited at the onset of a pandemic and may continue to be limited for an extended period.

6. Planning for continuity of operations/continuity of government at all levels, public and private, is an essential component of pandemic influenza preparedness.

7. All programs involved in planning for and responding to pandemic influenza and other public health emergencies will ensure timeliness and accuracy of communication, including risk communications.

IV. ROLES AND RESPONSIBILITIES

The Statewide Concept of Operations addresses roles and responsibilities for local, state and federal agencies.

A. Local Roles and Responsibilities

The emphasis of any pandemic response will be at the local government level**.** State and federal support to any particular local government, tribal nation, or community will be limited in comparison to the aid mobilized for disasters such as earthquakes or hurricanes, which strike a more confined geographic area over a shorter period of time. The widespread effect of a pandemic, as well as the sheer burden of disease across California and the Nation for months or longer, means that local communities will have to address the medical and non-medical effects of the pandemic with available resources. In January 2006, HHS released a state and local planning checklist (www.pandemicflu.gov) to assist local jurisdictions prepare for such eventualities.

Each Operational Area (OA) should have a jurisdiction-specific influenza pandemic response plan that is an extension of both their jurisdiction's overall Emergency Response Plan and the *California Pandemic Influenza Preparedness and Response Plan*. It is necessary for each OA, as appropriate, to fit into the existing state plan however, the operational plans to conduct these activities may vary from OA to OA, depending on the availability of local resources.

Under a declared public health emergency, the CDPH becomes the primary coordinating agency in the state for all public health activities. Under such a declaration the OA's will be responsible for carrying out the local public health duties necessary to respond to the pandemic. CDPH, in coordination with Cal OES, will facilitate the allocation of scarce health resources and information flow to aid the development of a common operating picture. CDPH, along with federal partners, will provide guidance to better coordinate response activities.

B. State Roles and Responsibilities

It is the responsibility and authority of the Governor to ensure that the governmental response to pandemic influenza events is appropriate. The state may initiate specified actions independently, but will communicate to and coordinate those actions with local government. Response actions may be triggered by various sources, including:

- The World Health Organization (WHO) Pandemic Influenza Phase/Federal Government Response Stages
- Proclamation by the Governor
- Agency/Departmental policies/authorities
- Cal OES Department Director

1. **CDPH Roles and Responsibilities:** The CDPH has the lead responsibility for health aspects of a pandemic response; Emergency Medical Services Authority (EMSA) has lead responsibility for the medical aspects, and Cal OES has the overall coordination for emergency management functions with state, local, and federal response agencies.

2. **Cal OES Roles and Responsibilities:** During a pandemic influenza event, the Cal OES Department Director and/or CHHS Agency Secretary will advise the Governor on local activities and needs. The State Operations Center (SOC) and Regional Emergency Operations Center (REOC) activation will be enhanced as needed. The Cal OES Department Director may convene key State agencies to identify any rules and executive actions the Governor may be advised to take to alleviate the situation, including the proclamation of a state of emergency.
3. **Other State Agency Roles and Responsibilities:** The CDC lists 27 operational objectives to be included as part of this *Statewide Concept of Operations*. The CDC objectives are defined in the appendices to this plan.

   The participating state agencies are assigned a lead and support role in accordance to their authorities and responsibilities in the State Emergency Plan. A State Agency Responsibility Matrix illustrates the agencies and their roles as shown in Exhibit 5. Exhibit 6 outlines tasks that can assist state agencies/departments to address a pandemic influenza event. The tasks are identified by emergency management phase: Prepare, Respond, and Recover.

C. Federal Agency Roles and Responsibilities

1. **Federal Goals**: Similar to those of local and state governments, the goals of the Federal Government response to a pandemic are to: (1) stop, slow, or otherwise limit the spread of a pandemic to the United States; (2) limit the domestic spread of a pandemic, and mitigate disease, suffering and death; and (3) sustain infrastructure and mitigate impact to the economy and the functioning of society.

2. **Federal Authority:** In addition to coordinating a comprehensive and timely national response, the Federal Government will bear primary responsibility for certain critical functions, including: (1) the support of containment efforts overseas and limitation of the arrival of a pandemic

to our shores; (2) guidance related to protective measures that should be taken; (3) modifications to the law and regulations to facilitate the national pandemic response; (4) modifications to monetary policy to mitigate the economic impact of a pandemic on communities and the Nation; (5) procurement and distribution of vaccine and antiviral medications; and (6) the acceleration of research and development of vaccines and therapies during the outbreak.

3. **Federal Objectives:** The emergence of human cases in multiple locations around the country will impact all institutions, including those supporting critical infrastructure. The objectives of the Federal Government during the Pandemic Alert Period (WHO Phases 3-5) will be to: (1) support community responses to the extent possible to mitigate illness, suffering, and death; and (2) preserve the functioning of critical infrastructure and mitigate impact to the economy and functioning of society. The Department of Homeland Security (DHS) and HHS will maintain continuous situational awareness of community needs, triage, and direct Federal support, such as the Strategic National Stockpile (SNS), for health and medical systems.

4. **Federal Assistance:** HHS will deploy pandemic vaccine (if available) with continuously updated guidance on prioritization and use, continuously evaluate the epidemiology of the pandemic virus, and update recommendations on treatment of patients and protective actions for all sectors on an ongoing basis. DHS will provide guidance on judicious use of key commodities to reduce the likelihood of shortages. The Federal Government will also determine whether Federal intervention is required to support critical infrastructure and the availability of key goods and services (such as food, utilities, and medical supplies and services), and when travel restrictions previously enacted can be lifted.

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V. CONCEPT OF OPERATIONS

A. Preparedness

1. **Preparedness Planning:** The participating agencies and departments listed in this plan have developed plans and procedures to address the goals of operational continuity, citizen protection and sustaining critical infrastructure. A summary of the plans and procedures is shown in the Appendices to this plan.

2. **Continuity Planning:** The Cal OES shall have overall responsibility for coordinating the development and maintenance of the all-hazard California SEP. Each state agency shall develop and update, as necessary, its own emergency plan/procedures, including a continuity of operations/continuity of government plan. The primary planning concerns are:

   - Reducing morbidity and mortality, minimizing damage and loss of resources
   - Continuing those functions deemed essential
   - Timely and orderly recovery and resumption of normal operations
   - Execution of the emergency responsibilities that are assigned to the agency and are elaborated upon in the California SEP

3. **Planning Elements:** There are immediate threats that directly threaten a sector of society and indirect dependencies that can be two, three or more steps beyond the direct threat. These indirect impacts from losses to supporting elements (vendors, suppliers, clients, infrastructure, utilities, etc.) can cause serious reductions of the capability and capacity of any organization, and the public, to maintain normalcy. State agency use of their continuity of operations/continuity of government plan is highlighted in this *Statewide Concept of Operations* to ensure the stability of critical support systems for the public that are provided through State agencies. These systems must also remain viable to ensure that medical and health responses can provide assistance with consistency and reliability. Local and state agencies should consider the following elements when developing their continuity of operations/continuity of government plans:

   - Identifying essential functions (critical operations) of the organization
   - Necessary staffing and resources to sustain essential functions
   - Records and databases vital to sustaining essential functions
   - Establishing alternate facilities from which to operate if forced to evacuate
   - Interoperable communications

- Developing activation plans including Emergency action steps or procedures
- Establishing and documenting lines of succession
- Pre-delegation of emergency authority
- Consistent training, testing and updating plans and procedures
- Preparation for the timely and orderly recovery and resumption of normal operations.

A Continuity Planning checklist is included in the Appendices to this plan.

B. Response

All state actions will be coordinated with the affected local governments through the affected regions and the local coordination links used by key state agencies. It is essential that the affected local agencies and all the key state agencies be informed of all state actions that will be taken during all WHO phases and Federal Government Response Stages.

1. **Local Government Coordination:** All events will start locally and are coordinated locally, even when outside resources are made available. At the same time, many State and some federal agencies have direct, statutory responsibility to act on a regular basis to monitor for diseases, continue surveillance of their findings, and act promptly when specific diseases make any appearance (including such actions in disease outbreaks as isolation of infected persons or animals, quarantines, holding of property, and confiscation). These actions can be taken promptly, often before local authorities have activated their emergency response organization. There may be a gap between state and federal actions and the activation of local government.

   Effective and efficient coordination during a pandemic emergency is achieved by involving the local official in charge with the state or federal participants to ensure consistent operations, especially when the event is likely to elevate to an emergency condition (which will happen with pandemic influenza outbreaks in California). In the case of pandemic influenza events, the local health department and local health officer would be fully informed if such actions were initiated and would be involved early on in a Unified Command at the scene of the initial actions.

   It is equally important for the state to be appraised of local actions. This communication is facilitated through the SEMS/NIMS functions, the affected regions, activated Department Operations Centers (DOCs), Emergency Operations Centers (EOCs), the JEOC, Response Information Management System (RIMS) reports (on-line), and phone calls to constituents.

A suggested Local Government Action Checklist is included in Exhibit 2.

2. **Activating Essential Facilities:** EOCs should be activated in accordance with the SEMS. Each EOC should be organized according to the five functions of the system which are Management, Operations, planning/Intelligence, Logistics and Finance/Administration.

   The EOC staffing level should be established commensurate with the organizational need, as defined below:

   - **Level One DOC/EOC Activation:** Level One is a minimum activation. This level may be used for situations which initially only require a few people. At a minimum, Level One staffing consists of the EOC Director. Section Coordinators and a situation assessment activity in the Planning and Intelligence Section may be included in this level.

   - **Level Two DOC/EOC Activation:** Level is used for emergencies or planned events that would require more than a minimum staff but would not call for a full activation. One person may fulfill more than one SEMS function. The EOC Director, in conjunction with the General Staff, will determine the required level of activation, and demobilize functions or add additional staff to functions as necessary. Representatives to the EOC from other agencies or jurisdictions may be required under Level Two to support functional area activations.

   - **Level Three DOC/EOC Activation:** Level Three activation involves a complete and full activation with all organizational elements at full staffing. Representatives to the EOC from other agencies or jurisdictions may be required under Level Three to support functional area activations.

3. **Recommended Actions:** A suggested list of local government actions are shown in Exhibit 2. The listed actions can assist local governments in addressing a pandemic influenza event. Each local government may make changes and/or additions to adapt to their jurisdiction. Again, these checklists are intended to be used flexibly to fit unique community needs.

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Exhibit 2
Suggested Local Government Action Checklist

The following are some actions that if applied, can assist local governments in addressing a pandemic influenza event. Each local government may make changes and/or additions to adapt to their jurisdiction. Again, these checklists are intended to be used flexibly to fit unique community needs.

Activity Checklist for Preparedness

Local Activity	Responsible Dept./Agency	Applied (✓)
Review and update, as needed, Continuity of Operations/Continuity of Government (COOP/COG) and emergency pandemic influenza plan.		
Cities and counties should begin pre-identifying shelter or points of distribution centers; Identify Americans with Disabilities Act (ADA) compliant centers so that persons with disabilities could be taken to those facilities; coordinate planning with local transportation providers.		
Determine local alert levels of a pandemic influenza event utilizing the activation levels and phases indicated in Exhibit 7.		
Develop plans and procedures for activating and operating EOC.		
Define triggers for proclaiming a local pandemic emergency.		
Develop a strategy for notification and emergency actions through a "work group" that solicits information and participation from all entities involved. This includes agencies/ departments, private companies, volunteer and service organizations (to include representation of people with disabilities and older adults), food banks, etc.		
Train personnel on emergency operations. Conduct "Pandemic Influenza Awareness" exercises. Test plans and procedures, conduct after-action reviews of tests and exercises, update plans and procedures with lessons learned and best practices.		
Coordinate with state programs serving people with disabilities and older adults to ensure needs are addressed.		
Local agencies collaborate to identify any anticipated needs or problems.		
Develop any additional public safety materials and pre-scripted pandemic influenza alert notifications (in various accessible formats and languages) that include posters, flyers, and public media announcements		
Identify pandemic influenza emergency actions that will require emergency regulations or ordinances.		
Prepare the infrastructure for pandemic influenza telephone hotlines that are TTY compatible.		
Develop method to track influenza cases, deaths and medical emergencies associated with the pandemic influenza event.		
Ensure all employees review and update their home emergency plans.		

Activity Checklist for Response

Local Activity	Responsible Dept./Agency	Applied (✓)
Activate Pandemic Influenza Emergency Plan, Continuity of Operations Plan, and/or Continuity of Government Plan, as needed.		
Activate EOC to the extent necessary.		
Local health officer to coordinate with CDPH for planning response		
Determine whether or not to proclaim a local emergency (or public health emergency) based on conditions or projected conditions.		
Send pandemic influenza related notifications to California State Warning Center (CSWC) and as directed to the proper entities within the public health and medical communication flow including the Medical Health Operational Area Coordinator (MHOAC) and Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) programs and the Joint Emergency Operations Center (JEOC).		
Establish regular communications with local school districts regarding pandemic influenza and potential school closures.		
Release pre-scripted pandemic influenza protective measures to all media sources, and remind them of the need to be broadcasting in accessible formats.		
Activate telephone pandemic influenza hotlines that are TTY compatible, if needed.		
Coordinate and brief all responsible departments/agencies on actions to be undertaken.		
Distribute information (that is in accessible formats and languages) specific to the pandemic influenza emergency event to local jurisdictions.		
Establish regular public official briefings to include updates and actions taken and planned.		
Implement a method to track influenza cases, deaths, and medical emergencies associated with the pandemic influenza event.		
Proclaim emergency (local and/or public health) as appropriate.		
Monitor and determine the need for additional resource and make request through appropriate SEMS standards.		
Establish regular media releases		
Track pandemic influenza related fatalities and medical emergencies.		
Prioritize public offices that provide critical functions. Address staffing needs to ensure critical functions are supported.		

Local Activity	Responsible Dept./Agency	Applied (✓)
Issue targeted advisories to vulnerable populations through all sources.		
Coordinate activities with Operational Area and neighboring jurisdictions. Operational Areas coordinate with Cal OES Region providing information updates, resource assessments and mutual aid requests.		
Identify any regulatory or ordinance issues that may need to be suspended and interface with the Licensing and Certification Branch of CDPH.		
Establish regular briefings with the federal, state, and local partners, as necessary.		
Continuously review and update emergency resources/facilities inventories.		
Request state activation of state-owned facilities in the vicinity for utilization as points of distribution, as needed.		
Notify Emergency Medical Service (EMS) providers and hospitals to expect and prepare for surge in pandemic influenza related illnesses.		
Home Care Providers may be unable to assist clients with disabilities, therefore, identify through In-Home Supportive Service, Home Health, Meals-on-Wheels, community based organizations, etc., individuals that may need personal assistance services, access to medications and consumable medical supplies.		
Only after local supplies of a resource have been exhausted and purchasing efforts are no longer successful should resource requests be forwarded to the region.		

Activity Checklist for Recovery

Local Activity	Responsible Dept./Agency	Applied (✓)
Thoroughly disinfect and prepare workplace before resumption of duties.		
Deliver messages to personnel regarding resumption of normal duties and working hours.		
Implement return to work guidelines		
Prepare for another possible pandemic wave by re-stocking supplies, reviewing and addressing deficiencies noted during first wave.		
Integrate best practices or data points from lessons learned during the previous pandemic wave and issue an after action report.		
Reinstate public transportation to normal operating levels and prepare for another possible pandemic wave.		
Thoroughly clean or sanitize public transportation conveyances and facilities and prepare for public use.		
Establish steps to facilitate reopening/reconvening day care centers and children.		
Institute the communication plan for reopening schools/reconvening students (if this is a state function).		
Institute recovery mechanism to assist the health care community in restoring essential staffing, equipment, supplies and pharmaceuticals		
Institute recovery mechanism for assisting with plans for restoring essential mental health, substance abuse and congregate living services to pre-pandemic conditions.		
Establish mechanism to perform after action reviews to identify strengths and weaknesses in the execution of the plan		

Statewide Public Health System: California's public health system is composed of local health departments with authority and responsibility for public health preparedness and response at the local responsible jurisdiction. CDPH leads, supports, and coordinates this effort and provides statewide policy guidance. CDPH provides cross-jurisdictional coordination during a multijurisdictional emergency and assistance if local resources are overwhelmed by the needs of the event. Although pandemic influenza may affect multiple jurisdictions simultaneously, all jurisdictional responsibilities are maintained. CDPH will provide additional support to leadership at the local responsible jurisdiction, without usurping the authority of local health departments.

4. **Information Flow:** Critical information should flow throughout the emergency management system a described in Exhibit 3.

5. **Coordination of Vaccines:** CDPH will promote and coordinate use of vaccines and/or antivirals based on their availability and the best scientific evidence at the time.

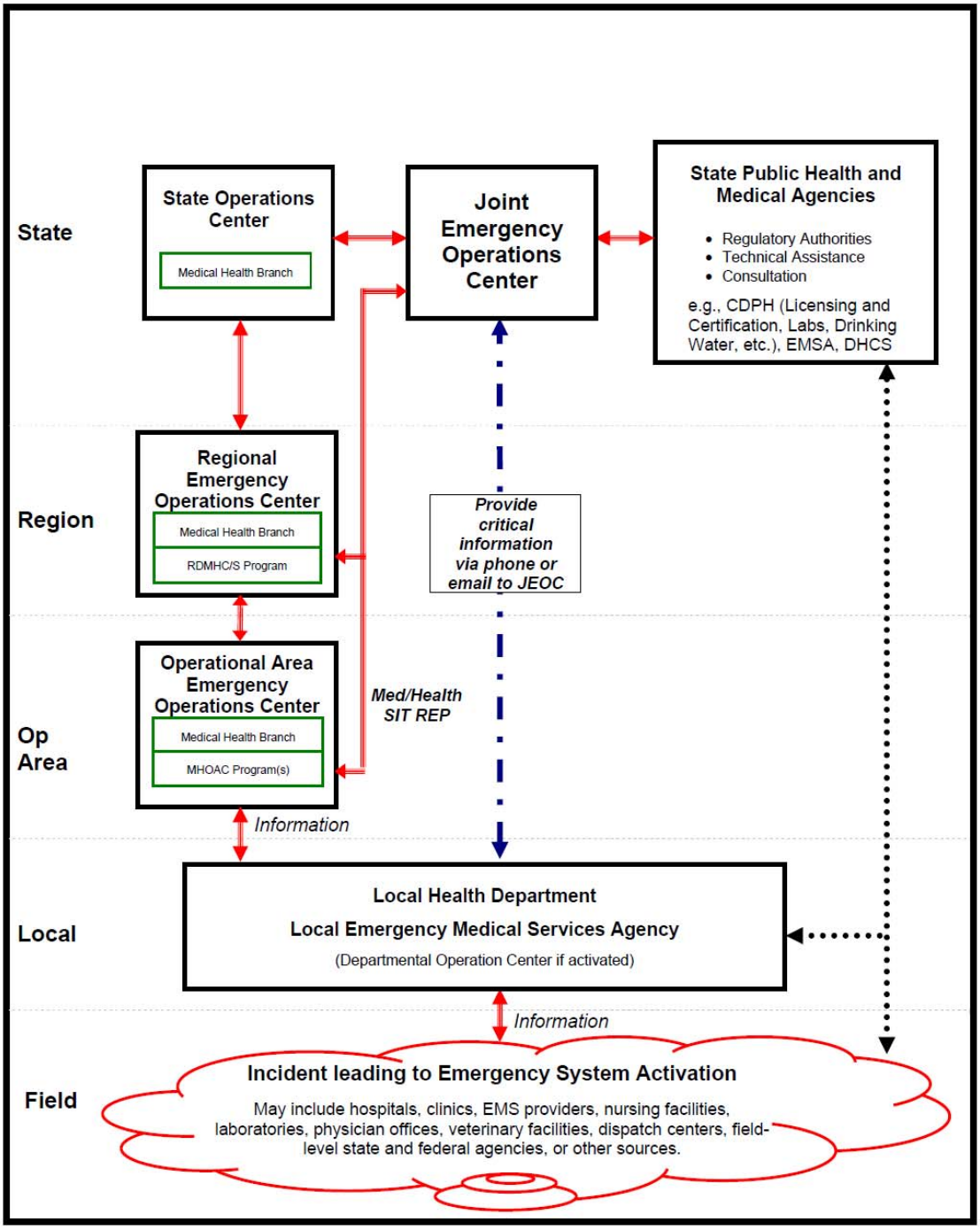
6. **Requesting Medical/Health Resources:** State medical/health support activities and resources requested by local government will be coordinated through the mutual aid systems in place as implemented through the Medical/Health Operational Area Coordinator (MHOAC) within each Operational Area (OA), the Regional Disaster Medical/Health Coordinator/Specialists (RDMHC/S) Program within each medical mutual aid region and the Joint Emergency Operations Center (JEOC).

7. **Medical Health Operational Area Coordinator:** The MHOAC Program is the primary point-of-contact within an OA for information flow and resource requesting related to the medical and public health impact of an emergency, including the local receipt and control of incoming medical/health resources. This is true for the SNS supplies as well, unless otherwise noted in OA procedures. Each OA has the authority to designate a MHOAC who is often the County Health Officer or a designee.

8. **Regional Disaster Medical Health Coordinator:** The RDMHC/S Program coordinates OA activities through the appropriate REOC and SOC Medical and Health Branches and will communicate with the JEOC in Sacramento. The JEOC represents the coordinated efforts of the CDPH, Department of Health Care Services (DHCS) and EMSA. In the event the REOC and SOC is not activated, the RDMHC/S will coordinate information flow and resource requests directly through the JEOC. State medical and health resources that are delivered to local events will be coordinated from the OA through the Executive Duty Officer (EDO), SOC, or REOC, as appropriate.

9. **Resource Coordination:** Exhibit 4 illustrates the Resource Request Flow during Emergency System Activation. Coordination of resource requests/tracking during a pandemic influenza event in California is conducted through the SEMS process.

Exhibit 3
Information Flow



Information flow in compliance with regulatory, statutory, and program requirements

Information flow during emergency system activation (situational reporting)

Concurrent notification of JEOC (or CDPH and/or EMSA Duty Officer if JEOC not activated)

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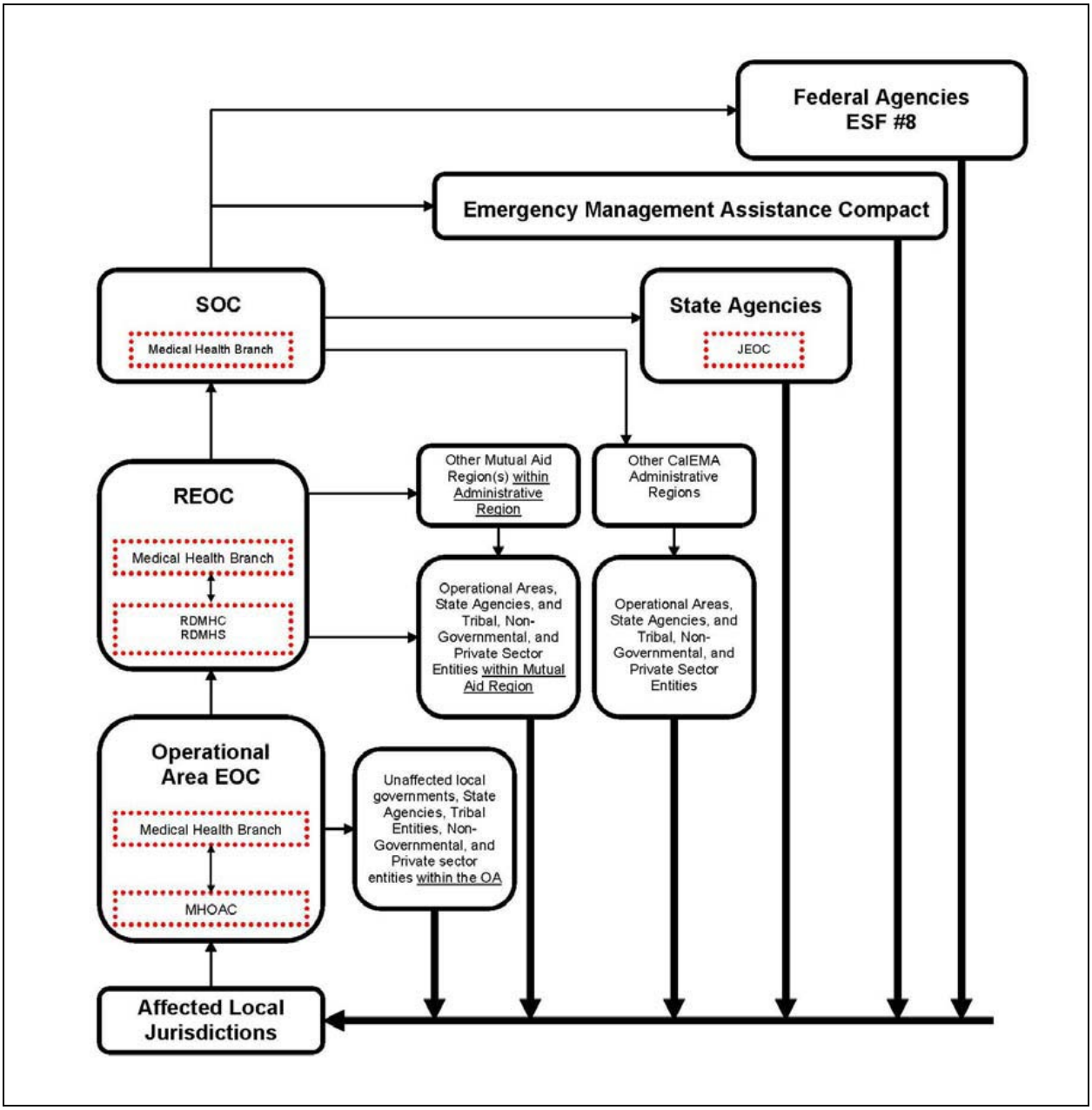
Exhibit 4
Resource Flowchart



10. **State Emergency Management Coordination:** Prior to a declared emergency or when the OA EOC's are not activated, Cal OES will provide support via the EDO and the CSWC. Cal OES will provide logistic support to ensure the JEOC can adequately support operations over the course of the emergency. The JEOC may send mission tasking requests to the Cal OES EDO for state agency support. It should be noted mission tasking authority is only given to Cal OES during a state of emergency.

11. **Cal OES Executive Duty Officer (EDO) Responsibilities:** When a resource request is received prior to activation of the regional or SOC, the EDO will coordinate resource requests through the State's RIMS. The EDO will create appropriate report(s) (e.g., Governor's Briefing, Statewide Situation report, etc.); and brief executives as needed.

12. **California State Warning Center (CSWC) Responsibilities:** The CSWC will continue to receive State Agency reports and compile the Daily Situation report. Currently, pandemic influenza information is reported on a weekly basis. The EDO in coordination with CDPH will make the determination if this information should reported more frequently.

13. **When Local EOCs Activate:** When an Operational Area Emergency Operations Center activates, Cal OES will coordinate information sharing among key entities (local, state, and federal) on an as needed basis.

14. **Cal OES Support to the JEOC:** Cal OES may provide an Agency Representative to the JEOC, when requested, to ensure that necessary support is identified and to provide recommendations related to emergency operations at the JEOC and Cal OES. If needed, the Cal OES liaison may relay requests for private resources to the EDO. It is important to note that the SOC is not activated under this scenario. The Cal OES Agency Representative will be responsible for information sharing and may make recommendations to the EDO for potential activation.

15. **SOC and REOC Activation:** In addition to providing an Agency Representative to the JEOC, Cal OES will also activate the SOC. This scenario will consist of three activation levels with the following SOC positions/functions.

    - **Level I:** Enhanced from Duty Officer status; however, each section does not require the chief position to be staffed.

        - SOC Director/Management
        - Plans and Intelligence

- Operations

- **Level II:** Each section should be staffed with a minimum of the chief position.

  - SOC Director/Management
  - Plans and Intelligence
  - Operations
  - Logistics
  - Finance and Administration

- **Level III:** All Section/Branches/Units may be activated.

  - SOC Director/Management
  - Plans and Intelligence
  - Operations
  - Logistics
  - Finance and Administration

16. **Requesting Resources through the State Operations Center:** Once a State of Emergency is proclaimed, all State resources requested by local authorities in the impacted emergency area and between state agencies involved in the response, are coordinated through Cal OES facilities, either at the REOC or the SOC, as appropriate. Mandated legal authorities of State and federal agencies will continue, but must be implemented within the SEMS structure. This is also required of federal agencies in accordance with requirements in the NRF.

17. **Federal Coordination:** Federal agency coordination will be a continuance of coordination and communication that has been active even in the Interpandemic Period of a pandemic influenza event. The major change in coordination as pandemic influenza outbreaks threaten will be consideration of resource deployment. For initial pandemic influenza outbreaks federal agencies will work closely with CDPH to establish protocols for early deployment and “leaning forward” of resources to control and stop a major outbreak before it occurs. One of the resources that may be requested is the SNS.

18. **Strategic National Stockpile (SNS):** The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere, anytime within the U.S. or its territories.

    The SNS is organized for flexible response. The first line of support lies within the immediate response 12-hour Push Packages. These are

caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

To receive SNS assets, the affected state's governor's office will directly request the deployment of the SNS assets from CDC or HHS. HHS, CDC, and other federal officials will evaluate the situation and determine a prompt course of action.

The federal agency responsible for managing the SNS is the Division of Strategic National Stockpile (DSNS), whose mission is to deliver critical medical assets to the state impacted by an emergency. The SNS consists of large quantities of medical materiel, equipment, and pharmaceuticals maintained by the federal government for distribution to states when needed in response to a disaster or emergency.

This may happen before any formal disaster declarations have occurred. Cal OES has the authority to begin the process of moving state resources "lean forward" to assist in support of CDPH and federal agencies to receive and deploy preventive measure resources. Federal officials must also work in coordination with the SEMS process.

19. **Joint Field Office (JFO) Activation:** Official state agency resource requests to federal agencies must go through the SOC, as operated by Cal OES in Sacramento. In some situations, the federal government may institute a JFO and assign a Principal Federal Official (PFO) to coordinate initiating operations with the State. The JFO is a temporary multi agency coordination center that provides a central location for coordination of Federal, State, local, tribal, non governmental organizations, and private sector organizations with primary responsibility for activation associated with threat response and incident support. The Secretary of Homeland Security may designate a PFO during a potential or actual Incident of National Significance.

20. **Public-Private Sector Coordination:** The Governor's Executive Order (S-04-06), gives Cal OES the authority to work directly with the private sector to ensure a more effective overall emergency response effort. Implementation of the S-04-06 has included the signing of Memorandum of Understandings (MOUs) with key private sector partners for emergency preparedness, response and recovery coordination and allowed Cal OES to create a Business Utilities Operations Center (BUOC). Currently, the BUOC consists of the California Resiliency Alliance (formerly know as Business Executives for National Security), California Grocers Association and the California

Utilities Emergency Association and is located in the SOC and may provide additional support in the REOC(s). Through the BUOC, Cal OES is able to request assistance from the private sector during disasters.

Specific to H1N1, the BUOC will be utilized to provide a single point of coordination to ensure that California has current information on the status of needed medical and health supplies (e.g., N95 masks, antiviral and other H1N1 supplies). Cal OES will also coordinate expected delivery schedules and can directly relay any concerns to the private sector suppliers on behalf of the State.

C. Recovery

Recovery is discussed briefly within this *Statewide Concept of Operations* since the full impacts from a serious pandemic may last for many years, or even a generation. In a serious outbreak of pandemic influenza, the recovery will address both loss of life and property. There may be such great financial losses that government is hampered in its ability to provide adequate services (loss of revenues). If the impacts are national, the federal government may also be limited in its ability to address all state and local governments that have exhausted their recovery capabilities. Many issues are sure to arise about private insurance policies and coverage if there are substantial losses of life and of business operations.

1. **Medical/Health Recovery:** Unlike other natural disasters, an influenza pandemic may last for years, and occur in several waves of infection. Recovery from an influenza pandemic begins while the pandemic is still in progress, and continues during the periods between waves and following the end of the pandemic in the Inter-Pandemic Period. The following activities are important aspects of recovery for medical/health operations:

   - Providing detailed retrospective characterization of the pandemic.
   - Evaluating the efficacy of containment measures and emergency management strategies.
   - Assessing the effectiveness of vaccines and antivirals.
   - Preventing or minimizing subsequent waves of influenza by using current vaccine or antiviral resources.
   - Incorporating mental health messages to facilitate recovery with continuance of self-care messages.

2. **Long Term Recovery Efforts:** Recovery from a pandemic influenza event begins while the response is still in progress, and continues even through outreach and prevention. It can take years to recover the communities impacted by all the effects of either disease event, especially financial recovery for response and recovery costs. Cal EMA and its emergency management partners in OA's, other state

agencies, the federal government and the private sector will work together to evaluate the strategies for effective recovery. The following activities are important aspects of recovery after pandemic influenza response operations:

- Continue to evaluate data from the medical/health community regarding the status of the event. This will establish if it is over or just going through a periods of waves.

- Hold strategic planning meetings with all statewide participants to evaluate the resources still available to carry out the most critical recovery efforts (with reestablishment of basic government services being a primary consideration, along with utilities, medical facilities, and food retail distribution).

- Evaluate the efficacy of any further containment measures and emergency management strategies, including coordination between state, federal, and international agencies.

- Assess the total costs by OA for losses, including workforce time, tourism, loss of product sales due to embargos, loss of infrastructure, etc.

- Provide support systems for state employees who have had losses from the event, and who have endured harsh working conditions to respond and recover from the event.

3. **Stafford Act Declaration:** Pursuant to the Stafford Act, the Federal Emergency Management Agency (FEMA) provides funding through Cal OES to eligible applicants for disaster response and/or recovery under a Presidential declaration of an emergency or major disaster. However, the Stafford Act may not be enacted during a pandemic influenza event.

   In the event of a Stafford Act declaration, requests for federal Public Assistance (PA) must be accompanied by a Governor's proclamation of a state of emergency. Once approved by the President, FEMA funds at least 75 percent of eligible project costs; the California Disaster Assistance Act (CDAA) funds up to 75 percent of the non-federal share; the applicant must fund the remaining project costs.

4. **Qualifying Applicants for Federal Public Assistance:**

   - State governmental agencies
   - Local governmental agencies, such as cities, counties, educational institutions, and special districts
   - Private non-profit organizations (PNPs) that provide "critical services".

5. **California Disaster Assistance Act (CDAA):** State agencies are not eligible for CDAA funding. PNPs are not eligible for CDAA funding for their facilities, but may be eligible for the provision of disaster services or supplies. State agencies are required to coordinate with the state Department of Finance for any budget deficiencies resulting from a disaster. CDAA can also provide assistance on its own following a Governor's Proclamation if a federal disaster is not declared.

6. **After-Action Reports:** Following a pandemic, State agencies, local government, and volunteers from the private sector will assist CDPH when it conducts an in-depth review and critique of the response activities listed in their response plan with staff and other organizations and agencies. The review will result in a formal after-action report with recommendations to improve future medical and health preparedness and response for a pandemic event.

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Exhibit 5
State Agency Responsibilities Matrix

State of California Agency and Department Strategic Goals and Operating Objectives																															
Strategic Goal	**GOAL A: Ensure Continuity of Operations of Operations and Continuity of State Government**							**GOAL B: Protect Citizens**															**GOAL C: Support /Sustain 17 Critical Infrastructure and Key Resources**							
Operating Objective	**A.1**	**A.2**	**A.3**	**A.4**	**A.5**	**A.6**	**A.7**	**B.1**	**B.2**	**B.3**	**B.4**	**B.5**	**B.6**	**B.7**	**B.8**	**B.9**	**B.10**	**B.11**	**B.12**	**B.13**	**B.14**	**B.15**	**C.1**	**C.2**	**C.3**	**C.4**	**C.5**	**C.6**	**C.7**	**C.8**
Business, Transportation and Housing Agency						P																							S	
CalFire	S																												S	
California Association of Health Facilities														P															S	
California Community Colleges	S																												S	
California Conservation Corps	S																												S	
California Department of Industrial Relations	P																P												S	
California Department of Public Health	S	P	P				P	P		P	P	P	P	P	P	P	P		P	P	P						P	P	S	P
California Department of Veteran's Affairs	S																													
California Emergency Management Agency	P						P					P			P	P				P	P	P	P	P	P	P	P	P	P	P
California Fire Chiefs Association																			S	S									S	

State of California Agency and Department Strategic Goals and Operating Objectives																															
Strategic Goal	**GOAL A: Ensure Continuity of Operations of Operations and Continuity of State Government**							**GOAL B: Protect Citizens**															**GOAL C: Support /Sustain 17 Critical Infrastructure and Key Resources**							
Operating Objective	**A.1**	**A.2**	**A.3**	**A.4**	**A.5**	**A.6**	**A.7**	**B.1**	**B.2**	**B.3**	**B.4**	**B.5**	**B.6**	**B.7**	**B.8**	**B.9**	**B.10**	**B.11**	**B.12**	**B.13**	**B.14**	**B.15**	**C.1**	**C.2**	**C.3**	**C.4**	**C.5**	**C.6**	**C.7**	**C.8**
California Highway Patrol	S					P						P										S							S	
California Hospital Association														P															S	
California National Guard	S				P		P					P										S							S	
California Primary Care Association														P															S	
Public Employees' Retirement System	P																												S	
California State Parks	S																												S	
California State University System	S																												S	
California Utilities Emergency Association							P									P													S	
California Volunteers	S																												S	
Department of Corrections and Rehab	S																												S	
Department of Education	S										P																		S	

State of California Agency and Department Strategic Goals and Operating Objectives																																
Strategic Goal	**GOAL A: Ensure Continuity of Operations of Operations and Continuity of State Government**							**GOAL B: Protect Citizens**															**GOAL C: Support /Sustain 17 Critical Infrastructure and Key Resources**							
Operating Objective	**A.1**	**A.2**	**A.3**	**A.4**	**A.5**	**A.6**	**A.7**	**B.1**	**B.2**	**B.3**	**B.4**	**B.5**	**B.6**	**B.7**	**B.8**	**B.9**	**B.10**	**B.11**	**B.12**	**B.13**	**B.14**	**B.15**	**C.1**	**C.2**	**C.3**	**C.4**	**C.5**	**C.6**	**C.7**	**C.8**
Department of Food and Agriculture	S		P	P			P																						S	
Department of General Services	P																												S	
Department of Managed Health Care	S																												S	
Department of Personnel Administration	P						P										P												S	
Department of Technology Services	S						P																						S	
Department of Transportation	S					P	P																						S	
Division of Occupational Safety and Health	P																P		P										S	
Emergency Medical Services Authority	S													P	P				P	P									S	
Employment Development Dept.	S																P												S	
Franchise Tax Board	S																												S	
Governors Office																P		P											S	

State of California Agency and Department Strategic Goals and Operating Objectives																															
Strategic Goal	**GOAL A: Ensure Continuity of Operations of Operations and Continuity of State Government**							**GOAL B: Protect Citizens**															**GOAL C: Support /Sustain 17 Critical Infrastructure and Key Resources**							
Operating Objective	**A.1**	**A.2**	**A.3**	**A.4**	**A.5**	**A.6**	**A.7**	**B.1**	**B.2**	**B.3**	**B.4**	**B.5**	**B.6**	**B.7**	**B.8**	**B.9**	**B.10**	**B.11**	**B.12**	**B.13**	**B.14**	**B.15**	**C.1**	**C.2**	**C.3**	**C.4**	**C.5**	**C.6**	**C.7**	**C.8**
Health and Human Services Agency	S																												S	
Labor and Workforce Development Agency	S																												S	
Public Employment Relations Board	P																												S	
State Personnel Board	P																												S	
Office of the State Chief Information Officer	S																			P									S	

Exhibit 6
State Agency/Department Task List

The following are some tasks/actions that can assist state agencies /departments in addressing a pandemic influenza event. The tasks are identified by emergency management phase: Prepare, Respond, and Recover.

Responsible Agency/Dept	Task – Prepare
All State Agencies/Departments	Assess potential employee absences/determine potential impact of a pandemic on the agencies' workforce
	Determine essential functions and which employees have unique credentials
	Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials
	Establish standard operating procedures for essential functions
	Assess changes in demands on State agencies' services
	Identify specific hiring needs and determine needed hiring flexibilities
	If needed, train and/or prepare ancillary workforce or create alternative plans for staffing of essential functions
	Establish policies and practices for preventing influenza spread at the worksite; implement those that can be done in advance of a pandemic (e.g., providing infection control supplies)
	Complete a risk assessment for all jobs (see OSHA guidance at www.osha.gov/UPublications/ influenza_pandemic.htmlU)
	Consider establishing policies for restricting travel
	Create telework plans
	Review and update continuity of operations/continuity of government plans
Cal OES	Develop a communications plan
	Convey to all employees the State's pandemic plan
	Provide reliable pandemic influenza information to employees
	Update information for employees on State's operating status and latest pandemic influenza information; continue to advise employees concerning HR policies, workplace flexibilities, pay and benefits, etc.

Responsible Agency/Dept	Task – Prepare
Cal OES	Ensure the essential domestic response capabilities of the State National Guard have been identified by the Lead State PI Planning Agency. State planners have cross walked National Guard capabilities to the appropriate NRF ESF's. Shortfalls and critical resource gaps have been identified and specific tasking and requests for support have been issued to the office of the Adjutant General.
	Review respective legal authorities relative to what may be needed during an influenza pandemic, assess whether changes are needed in laws or regulations, and, if so, pursue legislative remedies
	Provide guidance for local and tribal law enforcement agencies regarding how to meet the potential security needs of medical facilities and countermeasure distribution centers during an influenza pandemic
	Provide local and tribal law enforcement agencies with training materials and guidance on protective measures for workforce sustainability as well as the meeting the needs of officers' household members
	Develop a port of entry (POE) communicable disease response plan -- for locations with a Quarantine Station --which includes triggers (that follow CDC guidance) for its implementation.
	Ensure the POE communicable disease response plan includes the incident command and control structure.
	Ensure the POE communicable disease response plan addresses ill passenger assessment and isolation procedures.
	Ensure the POE communicable disease response plan addresses issuance of legal order for detention, isolation, quarantine, and conditional release of passengers or crew members at POEs.
	Ensure the POE communicable disease response plan addresses arrangements for separate quarantine facilities for detaining multiple cohorts of potentially exposed passengers, either on- or off-port or both, including (but not limited to): a. Evaluation of exposed cases, periodic fever checks, prophylaxis, therapeutics, and needed laboratory services b. Passenger transportation and security c. Passenger processing at quarantine facility d. Crowd control and law enforcement e. Situation updates and communication with detained persons f. Interpretation g. Mental health services h. Food, water, toilet and hand washing facilities, chairs, PA system, bedding, and other comfort measures
	Ensure the POE communicable disease response plan addresses the plans and procedures for managing the conditional release of those passengers not deemed as high risk contacts of the index case(s) (i.e., allowing them to continue their travel plans due to the decreased risk of in-flight disease transmission).
	Ensure the POE communicable disease response plan addresses public and media communication.
	Ensure the POE communicable disease response plan includes protocols that address conveyance reuse/decontamination issues.
	Ensure the POE communicable disease response plan includes procedures for POE incident "hand off" from one agency to another, and triggers for altering or terminating POE controls.
	Describe the number of hospitals under a memorandum of agreement (MOA) with Quarantine Station, and plans for collaboration with Quarantine Station in obtaining additional MOA hospitals.
	Plan for two-way communications through the State Emergency Operations Center between (1) State partners (e.g., health, emergency management, education, transportation, economic development) and (2) regional multi-agency coordination centers (regional healthcare coalitions, local public health, local emergency management, EMS, local Citizen Corps, etc.)
	Develop a process to ensure redundant communications systems are in place in the event that primary communications systems are unavailable
	Develop a process to ensure that communication networks (equipment/hardware) between Command and Control locations and support agencies will be tested and exercised at least quarterly

Responsible Agency/Dept	Task – Prepare
Cal OES	Ensure a process for an intrastate communication enhancement network to ensure that public health communicators at all levels of State and local government are interacting on a regular basis with uniform communications
	Ensure that communication processes (working from the Joint Information Center JIC) will be exercised at least bi-annually
	Ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic • Culturally-appropriate • Pictograms • Available to special needs populations (such as disability communities (including those that are hearing or visually impaired), citizens with low level English comprehension and individuals with English as a second language Identification of trusted leaders, liaisons, or other networks in communities for effective outreach and information dissemination
	Develop plans to protect those employees in the very high, high, or medium risk categories including stockpiling Personal Protective Equipment (PPE); provided needed training and if respiratory protection is indicated, establish a respiratory protection program and fit-test those employees who will be provided with respirators.
CAL OSHA	Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes
	Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service
	Discuss pandemic plans and coordinate with current workforce partners
	Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)
	Develop a communications plan
CalPERS	Convey to all employees the State's pandemic plan
	Provide reliable pandemic influenza information to employees
	Update information for employees on State's operating status and latest pandemic influenza information; continue to advise employees concerning HR policies, workplace flexibilities, pay and benefits, etc.
	Convey to all employees the State's pandemic plan
Caltrans	Review "essential" transportation services, functions, and processes and ensure they continue during a pandemic. Alternative routes may need to be considered for freight transport. Consult the DOT Freight Analysis Framework to determine alternate transportation routes.
	Review and implement procedures to ensure continuity of essential cargo during a pandemic.
	Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.
	Implement additional cleaning/sanitizing methods for transportation systems and cargo.

Responsible Agency/Dept	Task – Prepare
Caltrans	Initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities.
	Submit request for waivers to appropriate authorities if necessary.
	Communicate with Federal Operations Centers in accordance with the NRF and Emergency Support Function (ESF) 1 to provide transportation–specific information during a pandemic.
	Provide special instructions or additional guidance to essential or unique employees who must travel to regions that have experienced severe outbreak; focusing on worker safety. Advice should also be given to the employee on health monitoring, PPE use, and training.
	Ensure that all transportation workers and operators of State-owned or contractor-supplied equipment and facilities receive updated policy, procedures, and supplies necessary for cleaning or sanitizing transportation systems.
	Issue instructions to workers on how to detect sick passengers and what to do if detected.
	Issue transportation travel advisories. Some advisories could attempt to discourage or limit non-essential travel to affected regions during an outbreak.
	Issue advisories to the general public on how to safely ride public transportation during a pandemic. These advisories could remind the public of their responsibility to provide their own PPE (such as facemasks) when utilizing public transportation systems, to frequently wash their hands, etc.
	Issue public service announcements, and initiate public safety campaigns via posters, brochures, websites, or other media regarding how to reduce or limit the spread of the virus.
	Distribute educational material to passengers on how to avoid spreading the flu virus when utilizing public transportation.
	Keep transportation assets, such as buses, subway cars or trains clean by implementing more frequent cleaning or sanitization procedures.
	Deliver or display pandemic influenza alert levels or situational reports to the public when using transportation systems.
	Identify the position designated to communicate with post-secondary schools (PSSs).
CDE	Identify the legal authority to close schools during an emergency (declared state of emergency) *(For example, does this authority rest with the Governor, State Educational Agency, Local authorities)*.
	Identify the state's legal authority to dismiss students from state-funded PSSs. Provide citation, if available. If not, describe state's legal role in and/or obligations to PSSs, if applicable. (
	Identify the state's legal authority to close day care centers, if applicable.
	Delineate process for coordinating the response efforts for the State Educational Agency (SEA). Identify the positions designated in lines of authority. (*For example*, describe who within the SEA the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)
	Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.
	Designate representative to the state's Pandemic Flu coordinating team for state educational agency.
	Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles.

Responsible Agency/Dept	Task – Prepare
CDE	Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)
	Describe the SEA's mechanism in place for communicating with Local Education Agency (LEAs) in the event of an emergency (e.g. reverse 911, email groups, phone tree, etc) and key audiences for messaging.
	Describe if and how the communications systems are redundant and if not, plans for ensuring redundancy.
	Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs.
	Identify the position designated to communicate with day care centers.
	Describe the SEA's expectations for continuity of education.
	Identify who will have the primary responsibility for development and/or delivery of educational content.
	Describe the existing technological resources at the state level for continuing education. (For example, website, access to public cable, etc)
	Describe how the state will address the needs of special education students or students with special needs, if applicable.
	Describe the SEA's policies or guidance about alternative uses of K12 school facilities or resources.
	Provide a hyperlink or reference to the Labor section of the pandemic plan (Appendix A.1), ensuring that the SEA has included considerations for the implications on staffing levels of a pandemic in their COOP or Budget Change Proposal (BCPs) and if SEA staff will be covered in the state's overall plan for paying state staff.
CDFA	Designate food safety program as essential to ensure continued "at least equal to" compliance with Federal statutes administered by United States Department of Agriculture (USDA).
	Provide for backup personnel being identified for responsibility in the planning and preparedness of State food safety programs for a pandemic.
	Develop procedures for reporting of operating status of State inspected slaughter/processing establishments, and other food supply information.
	Develop communication plan to provide food safety related information to stakeholders, during a pandemic.
	Prepare State to carry out food supply system responsibilities, during a pandemic.
	Prepare State to carry out critical agriculture programs, during a pandemic—including designation of coordinator for State pandemic preparedness planning.
	Designate Federal nutritional assistance programs, and agriculture emergency response support, as essential to ensure continued State administration of Federal nutritional assistance and support to agricultural emergencies.
	Provides for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance and agriculture emergency response support responsibilities.
	Provide for alternative approaches for carrying out State-administered nutritional assistance, during a pandemic.

Responsible Agency/Dept	Task – Prepare
CDFA	Provide for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance, and animal disease response, in a NRF emergency, (e.g., ESF-11).
	Develop procedures for reporting of operating status of State nutritional assistance mechanisms and agriculture emergency response support.
	Develop communication plan to provide essential agriculture and nutrition assistance information to stakeholders, during a pandemic.
	Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)
CDPH	Develop a process to ensure that communication networks (equipment/hardware) between Command and Control locations and support agencies will be tested and exercised at least quarterly
	Ensure a process for an intrastate communication enhancement network to ensure that public health communicators at all levels of State and local government are interacting on a regular basis with uniform communications
	Ensure that communication processes (working from the JIC) will be exercised at least bi-annually
	Ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic • Culturally-appropriate • Pictograms • Available to special needs populations (such as disability communities (including those that are hearing or visually impaired), citizens with low level English comprehension and individuals with English as a second language Identification of trusted leaders, liaisons, or other networks in communities for effective outreach and information dissemination
	Identify the legal authority to close schools during a pandemic prior to declaration of state of emergency.
	Identify the legal authority to close schools during an emergency (declared state of emergency)
	Identify the state's legal authority to dismiss students from state-funded post-secondary schools (PSSs).
	Identify the state's legal authority to close day care centers, if applicable.
	Delineate a process for coordinating the response efforts for the SEA. Identify the positions designated in lines of authority. (*For example*, describe who within the SEA the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)
	Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.
	Designate representative to the state's Pandemic Flu coordinating team for state educational agency.
	Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles.
	Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)
	Ensure the State PI planners have included the National Guard in State antiviral and vaccine distribution plan.
	Select a central warehouse [Receipt/Store/Stage (RSS) facility location for the receipt of antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies from SNS.

Responsible Agency/Dept	Task – Prepare
CDPH	Ensure a contract, MOA, or other appropriate documentation is in place that guarantees the availability of the selected RSS.
	Identify the RSS management team and back-up personnel
	Develop job action sheets for the RSS management team and back-up personnel for their specific functions
	Identify RSS staff/volunteers and back-up personnel.
	Document, review and test for accuracy call down rosters for 24/7 operations for all RSS Managers and staff/volunteers
	Develop job action sheets and just-in-time training materials for each of the RSS functions
	Inventory material handling equipment that's available at the RSS is documented along with a list of materials/supplies that need to be procured and/or delivered at the time of activation
	Inventory office equipment that's available at the RSS along with a list of materials/supplies that need to be procured and/or delivered at the time of activation
	Ensure plan for a primary and back-up inventory management system (IMS) is in place
	Identify IMS staff to perform inventory management functions
	Provide guidance for priority groups on whether they will be vaccinated by public health, or by institutions or agencies to whom responsibility has been delegated, or a combination
	Develop memoranda of agreements or other formal agreements with institutions and agencies to which vaccination will be delegated, where applicable
	Develop protocols for verification of priority group membership
	Designate a vaccine safety coordinator position
	Plan to ensure timely reporting of adverse events
	Ensure access to information systems that have been or are being evaluated for PHIN* compliance **All States are expected to have or to be working towards information technology systems whose implementation meets the PHIN requirements, as per Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II.*
	Develop a process for communicating preparedness messages to the public
	Review respective legal authorities relative to what may be needed during an influenza pandemic, assessed whether changes are needed in laws or regulations, and, if so, pursued legislative remedies
CHP	Provide guidance for local and tribal law enforcement agencies regarding how to meet the potential security needs of medical facilities and countermeasure distribution centers during an influenza pandemic
	Provide local and tribal law enforcement agencies with training materials and guidance on protective measures for workforce sustainability as well as the meeting the needs of officers' household members
	Communicate with transportation authorities in neighboring jurisdictions, key stakeholders, emergency response, law enforcement, National Guard, Department of Homeland Security and any other officials to activate plans or procedures regarding the transportation modes.
	Review "essential" transportation services, functions, and processes and ensure they continue during a pandemic. Alternative routes may need to be considered for freight transport. Consult the DOT Freight Analysis Framework to determine alternate transportation routes.

Responsible Agency/Dept	Task – Prepare
CHP	Review and implement procedures to ensure continuity of essential cargo during a pandemic.
	Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.
	Initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities.
	Communicate with Federal Operations Centers in accordance with the NRF and ESF 1 to provide transportation–specific information during a pandemic.
	Provide special instructions or additional guidance to essential or unique employees who must travel to regions that have experienced severe outbreak; focusing on worker safety. Advice should also be given to the employee on health monitoring, PPE use, and training.
	Ensure that all transportation workers and operators of State-owned or contractor-supplied equipment and facilities receive updated policy, procedures, and supplies necessary for cleaning or sanitizing transportation systems.
	Issue instructions to workers on how to detect sick passengers and what to do if detected.
	Issue public service announcements, and initiate public safety campaigns via posters, brochures, websites, or other media regarding how to reduce or limit the spread of the virus.
	Deliver or display pandemic influenza alert levels or situational reports to the public when using transportation systems.
	Ensure the State PI planners have included the National Guard in State antiviral and vaccine distribution plan.
CNG	Ensure key State Emergency Planners and Public Health Officials have met with the Adjutant General 27 F and his/her key leaders to coordinate PI planning efforts to include identifying critical issues, shortfalls, and planning gaps during the Prepare Phase of PI planning.
	If requested by the Governor, or his designee, the National Guard shall provide technical assistance to the Lead State Agency in developing and writing an actionable response plan.
	Ensure key State Public Health and Emergency planning officials have been briefed on the full spectrum of State National Guard domestic support capabilities and have incorporated these capabilities into all phases of the State response plan.
	Ensure State PI planning and Public Health officials have been briefed on the capabilities of the National Guard of the surrounding states. Consideration has been given to a regional response plan to share low density or unusual response assets.
	Ensure the State National Guard leadership has been briefed by the Lead Pandemic Influenza planning agency to facilitate joint understanding of roles, missions and responsibilities during a pandemic.
	Ensure the State Plan recommends continuous and close coordination between the State National Guard, State Emergency Planners and Public Health Officials during a PI event.
	Ensure the State National Guard has developed and published an actionable PI plan that been synchronized to, and supports, the overarching State response plan.
	Ensure the National Guard requirements for PPE during a pandemic are included in the State Plan.

Responsible Agency/Dept	Task – Prepare
CNG	Ensure state plans include DoD beneficiaries who receive their medical care from the civilian sector are accounted for in determining medical countermeasure requirements, e.g. PPE, anti-viral drugs, and vaccine (when available).
	Ensure plans recommend the State Health Department advise local health departments in jurisdictions adjacent to Active Federal Military Installations to contact and coordinate their activities with the installation Public Health Emergency Officer (PHEO).
	Ensure plans recommend continuous coordination and communication between State Emergency planners and the PI coordinators assigned to the five PI Principal Federal Official regions (A thru E) from U.S. Northern Command (NORTHCOM).
	Ensure plans recommend the State Emergency Management Agency advise local emergency managers in jurisdictions adjacent to Active Federal military installations to contact and coordinate their activities with base/post installation managers or the installation commander to identify areas for mutual support.
	Identify the position designated to communicate with PSSs.
CSU	Describe the state's policies or guidance about the use of state-funded PSS property or assets.
	Delineate process for coordinating the response efforts for the SEA. Identify the positions designated in lines of authority. (*For example*, describe who within the SEA the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)
	Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.
	Designate representative to the state's Pandemic Flu coordinating team for state educational agency.
	Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles.
	Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs.
	Describe the SEA's expectations for continuity of education (for example, does the state or do communities plan to offer educational content that allows for students to remain connected to "normalcy" vs. expectation for advancement).
	Identify who will have the primary responsibility for development and/or delivery of educational content.
	Describe the existing technological resources at the state level for continuing education. (For example, website, access to public cable, etc.)
	Describe how the state will address the needs of special education students or students with special needs, if applicable.
	Create telework plans
DGS	Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans
	Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce
	Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes
DIR	Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service

Responsible Agency/Dept	Task – Prepare
DIR	Discuss pandemic plans and coordinate with current workforce partners
	Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)
	Consider establishing policies for restricting travel *(States should assess current policies and then report on decision)*
DPA	Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans
	Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce
	Consult with procurement staff and major contractors re HR issues
	Assess flexible work schedules (can include cross reference to telework plans from A.1.1.e.) *(States should assess current policies and then report on decisions)*
	Review and revise, as necessary, policies and/or guidance on leave and benefits
	Ensure managers/supervisors are familiar with various leave options
	Consult with bargaining units (if the State has bargaining unit employees)
	Establish guidelines on when a previously ill person is no longer infectious and can return to work
	Collaborate with insurers, health plans, and local healthcare facilities on pandemic planning; evaluate government employee access to and availability of healthcare services
	Evaluate government employee access to and availability of mental health and social services; develop workforce resilience programs
	Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes
	Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service
	Discuss pandemic plans and coordinate with current workforce partners
	Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)
	Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes
EDD	Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service
	Discuss pandemic plans and coordinate with current workforce partners

Responsible Agency/Dept	Task – Prepare
EDD	Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)
EMSA	Identify Public Safety Answer Point (PSAP) pandemic influenza continuing education and training
	Identify methods for pandemic influenza "just in time" training for PSAP personnel and their medical directors that is coordinated with EMS, public safety and public health
	Create telework plans
	Establish mechanisms to identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center. Coordinate between public health, EMS and PSAPs to coordinate this transfer
	Is there Statewide legal authority and protocols to allow tiered response of different EMS units during a pandemic influenza
OCIO	Create telework plans
	Consult with bargaining units
SPB	Review and revise policies on leave, as needed; consider new policies for employee compensation and sick-leave absences unique to a pandemic to encourage ill employees or those exposed to ill persons to stay home
	Review and revise policies on leave, as needed; consider new policies for employee compensation and sick-leave absences unique to a pandemic to encourage ill employees or those exposed to ill persons to stay home
	Establish guidelines on when a previously ill person is no longer infectious and can return to work
	Identify the position designated to communicate with PSSs.
UC	Describe the state's policies or guidance about the use of state-funded PSS property or assets.
	Identify the legal authority to close schools during a pandemic prior to declaration of state of emergency.
	Identify the legal authority to close schools during an emergency (declared state of emergency)
	Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.
	Designate representative to the state's Pandemic Flu coordinating team for state educational agency.
	Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles.
	Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs.
	Describe the SEA's expectations for continuity of education (for example, does the state or do communities plan to offer educational content that allows for students to remain connected to "normalcy" vs. expectation for advancement).
	Identify who will have the primary responsibility for development and/or delivery of educational content.

Responsible Agency/Dept	Task – Prepare
UC	Describe how the state will address the needs of special education students or students with special needs, if applicable.
	Provide a hyperlink or reference to the Labor section of the pandemic plan (Appendix A.1), ensuring that the SEA has included considerations for the implications on staffing levels of a pandemic in their COOP or BCPs and if SEA staff will be covered in the state's overall plan for paying state staff.
	Describe the state responsibility, if any, for paying staff/faculty at state-funded PSSs. through USDA's school/child care feeding programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program), if applicable..

Responsible Dept./Agency	Task - Respond
All State Departments/Agencies	Institute protection plans; if in plan, provide PPE to employees in very high, high, or medium risk categories
	Plan to sustain essential services and functions during a pandemic influenza outbreak include the following scenarios: o Work force reduction up to 40% o Limited access to facilities (social distancing, staffing or security concerns) o Broad-based implementation of social distancing policies
	Plan to ensure and consider the following: o Appropriate level of staffing (to include contractors) to continue essential functions o Coordination of planning with contractors, suppliers, shippers, State agencies and other businesses that support or are supported by your essential functions
	As appropriate, initiation of pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission essential requirements, including contingencies for backup should primary supplies or contractor be unable to provide required personnel, services, or supplies
	Identify positions, skills and personnel needed to continue essential services and functions
	Include a roster of identified personnel and back-up personnel, by position, needed to continue essential services and functions
	Include identification and training of approximately two to three back-up personnel to continue essential services and functions
	Include delegations of authority to take into account the expected rate of absenteeism
	Include orders of succession that are at least three deep per responsibility to take into account the expected rate of absenteeism
	Identify adequate alternate worksites (alternate worksites that maintain social distancing measures), as appropriate, to assure capability to maintain essential services for the duration of a pandemic wave
	Identify which essential services and functions can be continued from designated operating facilities or alternative operating facilities (e.g., home or other adequate alternate worksites) and those that need to be performed at a designated department or agency operating facility (A designated operating facility is an existing agency facility that may remain open during a pandemic with appropriate social distancing for staff that cannot perform their functions remotely and are needed to support the continuation of essential services and functions) • Include a plan for accountability of personnel and their status • Include a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work
	Include redundant or back-up sources, as appropriate, for essential resources (such as food, water, fuel, medical facilities, electrical utilities, information technology support, communications and municipal services) at designated operating facilities and/or alternative worksites
	Include definitions and identification of essential services and functions needed to sustain agency mission and operations
	Employ pre-identified plans to maintain sufficient staffing (Full Time Employee (FTE) and contractor) for essential functions and high-demand services
	Implement continuity of operations/continuity of government plans
	Implement telework and other flexible work schedules as per plan

Responsible Dept./Agency	Task - Respond
	Implement any travel policies; issue instructions for employees in high-risk situations
Cal OES	Employ a mechanism to coordinate direct and indirect government and community support and relief
	Delineate the role of PSAPs
	Involve PSAPs in Statewide pandemic influenza planning
	Establish mechanisms for “Just-in-Time” training and education to call-takers and other PSAP personnel
	Develop mechanism for communications of pandemic flu updates to PSAPs
	Establish standardized 9-1-1 protocols that capture symptoms specific to the pandemic
	Coordinate with appropriate federal officials in the event security must be provided for facilities where individuals may be temporarily quarantined in jurisdictions which have international ports, airports or borders
	Ensure appropriate State officials aware of the procedures to request emergency federal law enforcement assistance
	Review procedures to request federal military assistance to provide law enforcement functions, or military equipment and facilities, training, and maintenance support
	Plan for [behavioral health/grief] public messages to address stress management
	Develop crisis communication and emergency risk plan (for public information and media, partner, and stakeholder relations) that addresses all phases of an influenza pandemic
	Address how State and local health departments will work with other response organizations to educate the media, public, partners and stakeholders, specifically including: • Designated line and staff responsibilities for the public information team • Information verification and clearance/approval procedures for public information releases • Regional/stand and/or local media contact list with normal duty and after-hour contact numbers and addresses • Contact numbers/addresses for emergency response information partners (e.g., Governor’s public affairs officers, local FBI public information agent in charge, American Red Cross and other non-government organizations) • Procedures to join the JIC of the SOC (if activated)including a call-down list with contact information for primary and secondary staff members
	Ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic • Culturally-appropriate • Pictograms • Available to special needs populations (such as disability communities including those that are hearing or visually impaired), citizens with low level English comprehension and individuals with English as a second language • Identification of trusted leaders/liaisons in communities for information dissemination
	Include a list of trained spokespersons to work with the media
	Include an up-to-date contact list of key stakeholders and media contacts
	Ensure there is a mechanism in place to address the concerns and needs of at-risk individuals and populations..

Responsible Dept./Agency	Task - Respond
Cal OES	Address potential gaps in the Plan between the State's current assignment and those roles and responsibilities outlined in the National Infrastructure Protection Plan (NIPP), SSP, and in Critical Infrastructure and Key Resource (CIKR) Pandemic Guide
	Identify and assess the relevant Federal, State, local, tribal, and territorial government regulations and oversight requirements affecting public- and private-sector CIKR business continuity operations during a pandemic
	Identify temporary adjustments/waivers to mitigate any negative impacts of these regulations and requirements on CIKR continuity of operations during a pandemic that the State and/or other authorized government regulators may consider using
	Assess the State's and/or other authorized Federal, tribal, territorial or local government regulators' authorities and other measures necessary for implementation of any temporary regulatory adjustments/waivers to support and sustain CIKR
	Communicate and fully coordinated these potential temporary regulatory adjustments/waivers with all appropriate CIKR stakeholders
	Identify unique geographical issues, including trans-border concerns, as well as critical interdependencies within and across sectors and jurisdictions within those geographical boundaries affecting CIKR
	Share these issues with all appropriate public- and private-sector CIKR partners and support networks
	Develop and implement systems to communicate and collaborate with all appropriate CIKR to build public-private partnerships at the State, regional and local levels during and after a pandemic influenza outbreak
	Assess all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences
	Ensure there is a mechanism in place to identify those individual or networks of public- and private-sector CIKR assets in a State that are most likely to be affected and most vulnerable during a pandemic, and thus may require special attention and support
	Ensure there is a mechanism that designates the State and private sector response and recovery roles and responsibilities necessary to maintain the delivery of essential resources and services during and after a pandemic influenza outbreak
	Implement a mechanism to update and report as necessary the changes in status of all CIKR and especially high-risk and high-consequence CIKR assets and interdependent cross-sector networks to all appropriate government and public- and private-sector CIKR partners and stakeholders
	Establish a reliable and effective information management and protection system in place to satisfy privacy and security concerns of CIKR owners and operators who are willing to share information during a pandemic
	Establish a public-private sector system to share information on CIKR preparedness, response and recovery actions during a pandemic influenza outbreak
	Does the State have a public-private sector system in place to share information on CIKR preparedness, response, recovery and preparedness for next wave actions during and after a pandemic influenza outbreak
	Identify existing State, local, and/or tribal government and private sector emergency resources stockpiled for other disasters that may be useful for pandemic influenza response and recovery and incorporated them into their State Plan
	Identify existing Federal, State, local, territorial and/or tribal government and private sector formal and informal emergency response and recovery support networks for other type disasters been enlisted and enhanced for pandemic influenza response
	Employ a mechanism to report an accurate assessment of the status of CIKR with its Federal partners during and after a pandemic event
	Employ a mechanism to report an accurate assessment of the status of CIKR with its local and regional partners during and after a pandemic event
	Prioritize the mission critical personnel and essential public- and private-sector CIKR organizations and businesses in the State for resource stockpile support that are vital to sustaining CIKR operations and the nation's social and economic well-being
	Support CIKR businesses and organizations within the State to pre-negotiate, establish, and maintain key contracts with vendors who supply their critical resources and essential services

Responsible Dept./Agency	Task - Respond
	Identify public- and private-sector organizations/businesses in their State that play central roles in essential CIKR sectors
Caltrans	Determine how vaccine will be transported to vaccinating sites
CDE	List SEA's steps to protect state
	List steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity
	List steps for working with health officials to assess/coordinate closures in regions of state that border other states.
	List steps that SEA will take to provide ongoing communications about key health information to specific audiences, including LEAs and stakeholders. Designate key positions and lines of authority for receipt of and responsibility for dissemination of health information.
	List steps for working with health officials to assess/coordinate closures in regions of state that border other states.
	List process for how the State will provide ongoing communication about education-related issues (such as declarations of emergency which would trigger school closures) and whether or not this will be the same person as above. Designate key positions and lines of authority for receipt of and responsibility for dissemination of education information (if different than above).
	List steps the education spokesperson will take to coordinate messages with other state entities. (If appropriate, link to communications section of pandemic plan.)
CDFA	Implement procedures for reporting operating status of State inspected slaughter/processing establishments, and other food supply information, as required during the pandemic.
	Deploy personnel, assigned to pool of trained backup program staff, to carry out State-administered nutritional assistance and agriculture emergency response support responsibilities, during the pandemic.
	Implement procedures for reporting operating status of State nutritional assistance activities and agriculture emergency response support, as required during the pandemic.
	Implement generic operating procedures, under this strategic goal, in maintaining State ability to carry out critical agriculture programs, during the pandemic.
	Include links between animal and human health surveillance systems
	Include staff identified with contact information for information sharing between the animal and human health surveillance systems
	Implement phased communication plan to provide food safety related information to stakeholders, during the pandemic.
	Implement generic operating procedures, under this strategic goal, in maintaining State food supply system responsibilities, during the pandemic.
	Implement phased communication plan to provide nutritional assistance program, and agricultural emergency response support, related information to stakeholders, during the pandemic.
CDPH	Assign Primary agency/Organization to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A contract, MOA, or other appropriate documentation is in place that guarantees the availability of the selected resource. • Agreement should include but not be limited to o Activation procedures o 24/7 availability o Guaranteed number and type of delivery vehicles o Guaranteed number of drivers o Available communications equipment

Responsible Dept./Agency	Task - Respond
CDPH	Provide guidance to local health departments to coordinate their pandemic treatment plans with community EMS and 911 services and develop established protocols and algorithms.
	Include a determination of which, if any, essential services and functions, or non-essential operating support functions can be suspended temporarily and for what duration before adversely impacting the States public health mission
	Pre-identify primary and secondary individuals for the following core functional areas: • Assessment of health/medical needs • Health Surveillance • Medical Care Personnel • Health/Medical Equipment and Supplies • Patient Evacuation • In-hospital Care • Food/Drug/Medical Device Safety • Worker Health / Safety • Radiological/Chemical/Biological Hazards • Consultation • Mental Health Care • Public Health Information • Vector Control • Potable Water/Wastewater and Solid Waste • Disposal • Veterinary Services
	Include implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus in humans early in a pandemic that include the following: • Conducting year-round surveillance for seasonal influenza (e.g. virologic and outpatient visits) including electronic reporting • Methods for notification of healthcare providers of enhanced surveillance testing and reporting recommendations • Method for healthcare providers to contact the State health department to report cases that meet the criteria for pandemic influenza testing and obtain the appropriate testing
	Include identification of influenza surveillance coordinator positions
	Include a plan for investigation of early cases and clusters of pandemic influenza
	Develop plan for reporting early novel influenza cases to CDC on a daily basis
	Ensure a plan for developing systems or identifying data sources for monitoring severe disease throughout the pandemic such as: • Developing and implementing a Statewide electronic death reporting system or accessing sources of electronic death data (e.g., vital records data) • Developing methods for estimating or counting influenza-associated deaths if no electronic data are available • Monitoring the number of pneumonia and influenza hospitalizations using tabulated data from hospitals or available electronic sources • Estimating rates of influenza associated hospitalization for your jurisdiction
	Include a process for information sharing between the following: • Health Departments • Hospitals • Medical Examiners • Vital Statistic Offices • Other stakeholders (e.g. DoD)
	Include a plan to obtain, track and report numbers and rates daily to the State department of health and to the CDC in a timely manner during the early period of pandemic influenza virus introduction and spread on the following: • Attack rate in early case or cluster investigations • Case fatality rate • The numbers of hospitalized persons with pandemic influenza or rate of pandemic influenza-associated hospitalization • The numbers of newly isolated and quarantined persons • The number of pandemic influenza-associated deaths
	Augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic. Capacity includes but is not limited to: • The ability to test for influenza viruses year-round • Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses • Protocols for safe specimen collection and testing

Responsible Dept./Agency	Task - Respond
CDPH	• How and to whom a potential case of novel influenza should be reported • Mechanism for submitting specimens to referral laboratories • Protocols for proper handling and shipment of specimens • Protocols for notifying and reporting any novel specimen findings
	Include systems and procedures that will be used to exchange specimen-level data electronically among laboratories within the following: • Healthcare facilities • Other clinical laboratories • State public health laboratories • CDC
	Develop call-down procedures and laboratory staff contact information
	Identify locations of and Memoranda of Agreement with additional laboratory and personnel facilities to enhance current laboratory capacity for a response of pandemic proportions
	Implement any special programs/ services for assisting workers after a pandemic (include psychological and social support)
	Establish a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies
	Establish procedures for involving EMS agencies in ongoing disease surveillance
	Identify procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment
	Develop a Statewide communications plan, including communications equipment and radio frequency plan to support common hospital diversion and bed capacity situational awareness at the local, State and regional level
	Define consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic
	EMS agencies and public health agencies identify mechanisms to address issues associated with isolation and quarantine of EMS personnel
	Define processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic
	Establish mechanisms for “Just-in-Time” training and education to call-takers and other PSAP personnel
	Develop a consistent Statewide mechanism for communications of pandemic flu updates to PSAPs
	Establish standardized 9-1-1 protocols that capture symptoms specific to the pandemic
	Develop a mechanism and protocols in place to coordinate quickly the latest public health and other information and messages with PSAPs to assure a coordinated system-wide message
	Define system-wide processes for vaccinating 9-1-1 personnel, as an element of the critical infrastructure.
	Create plans to address surge capacity needs at POEs. Define roles and responsibilities for the following functions that **must** include, but are not limited to: • Establishing and staffing passenger public health screening • Distributing health alert notices to passengers and crew members • Providing laboratory support • Following up on suspect and isolated cases • Responding to the needs of quarantined persons
	Identify clear triggers that follow CDC guidance for initiating community mitigation interventions (and has distributed these guidelines to all local health departments.

Responsible Dept./Agency	Task - Respond
CDPH	Identify the State spokesperson who will provide messages to local health departments, the public and the media to initiate community mitigation interventions as well as the second person in the line of succession for this function.
	Collaborate with local health departments to develop plans for rapid remote identification of possible cases (e.g., hotlines, influenza triage centers), including processes to train volunteers/others who will staff the hotline and/or triage centers.
	Provide initial guidance to local health departments to develop communications and education to the general public as to how to access hotlines, when and where to seek medical care, how to care for ill persons at home, how to protect family members if there is a sick person at home, and when to stay home. Provide examples of how these educational materials will be distributed to the public.
	Identify case definitions for presumptive/definitive diagnosis of pandemic influenza and distributed these to local health departments and hospitals in the State..
	Develop processes to train and communicate with private sector and public sector health professionals, during the early and later stages of a pandemic, on case definitions and methods for determining influenza diagnosis.
	Develop strategies for advising hospitals and other treatment facilities to recommend patients with ILI to remain at home, with triage protocols to identify critically ill patients
	Develop specific plans to distribute treatment medications to ill individuals in isolation. Provide a full description of how ill individuals will access antiviral medication for treatment. will be coordinated with those organizations for meeting the needs of vulnerable households who may be quarantined during a pandemic.
	Initiate plans for communications and education to the general public regarding recommendations for voluntary household quarantine for family members if there is a sick person at home, and how long to stay home. Provide citation that describes how these educational materials will be distributed to the public.
	Develop a method to provide information to households under voluntary quarantine and a method of identifying those households.
	Design an interview form and has distributed it to local health departments to capture demographic characteristics of household members (both ill and contacts) and has a developed a clear plan for how these data will be collected. .
	Work with local health departments to create plans for follow-up (monitoring) of known or suspected households under voluntary quarantine in the community at the State/local level.
	Provide guidance to local public health departments for their work with community organizations to distribute medications, vaccine and other subsistence (e.g. food, water, if needed) items to households in isolation
	Outline a process to use by local health departments to identify vulnerable populations and to make plans for support and outreach to these populations during a pandemic.
	Advise local health departments to conduct outreach to community and faith-based organizations to develop plans that will be coordinated with those organizations for meeting the needs of vulnerable households who may be quarantined during a pandemic.
	Develop a plan to monitor the implementation of and effectiveness of community mitigation interventions.
	Develop specific recommendations for community social distancing. Include the levels of social distancing that will be recommended based on the Pandemic Severity Index.
	Recommend to local health departments to conduct outreach to community partners to promote social distancing including public transportation, operators of large venues for sporting events and other activities, businesses, education, faith-based communities and others that have been identified as playing a role during a pandemic.
	Develop processes for distribution on informational materials to workplaces and the community at large explaining the rationale and steps to take regarding social distancing.
	Disseminate guidance to local health departments to share with community businesses and organizations for canceling large public gatherings
	Identify processes to help businesses to encourage ill employees to stay home and identify ill individuals in the workplace (including guidance regarding who needs to be sent home or for treatment and where they should go).

Responsible Dept./Agency	Task - Respond
CDPH	Identify processes to help businesses adjust leave policies to facilitate sick employees to stay home.
	Identify process for monitoring the secondary and tertiary effects of community mitigation interventions and recommended solutions to prevent excessive community disruption.
	List steps for closing schools/dismissing students
	List process for closing day care centers
	List steps for activating continuity of education plans.
	List how the state would assist in delivering educational content to students across the age spectrum
	Describe how the state will participate in helping provide nutrition assistance to children who normally would receive free meals through USDA's school/child care feeding programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program), if applicable..
	Ensure an allocation methodology and plan is in place.
	Recipient locations have been agreed upon (e.g. hospitals, skilled nursing facilities, community health centers, and other treatment facilities) and documented. Documentation includes but is not limited to: • Location name, address and telephone #s • Points of contact and contact information • Facility off-load location and assessment of the site off-load capabilities
	Plan to train recipient locations on the antiviral drug distribution activation procedures is in place.
	Document procedures for recipient locations to request additional supplies.
	Identify a Distribution Manager and back-up(s)
	Establish procedures to monitor chain of custody are in place.
	Establish a distribution plan that includes: • Delivery locations and routes • Load planning • Communication plan with RSS/drivers/recipient locations • Delivery schedule/frequency
	Assign a primary agency/Organization to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A contract, MOA, or other appropriate documentation is in place that guarantees the availability of the selected resource. • Agreement should include but not be limited to o Activation procedures o 24/7 availability o Guaranteed number and type of delivery vehicles o Guaranteed number of drivers o Available communications equipment
	Just in time training materials have been applied to the distribution functions: • Chain of custody procedures • Routing • Communication procedures • Security procedures
	Identify state-level Security Coordinator to coordinate overall security issues.
	Identify State security support agencies are oriented with security issues/needs.

Responsible Dept./Agency	Task - Respond
CDPH	Establish security plan for RSS. The plan should include but not be limited to: • Written site security and vulnerability assessment • Plans for interior and exterior security • Number of officers and designated posts • Need for physical barriers, lighting, etc… • Plans for access control • Plans for security communications • Plans for security breaches
	Ensure security plans are in place for the escort of the delivery trucks to recipient locations.
	Ensure security plans are in place for the recipient locations.
	Develop staff badges/credentialing system for all response personnel is in place.
	Ensure plans are in place to administer antiviral drugs for treatment to priority groups when treatment of illness is indicated.
	Ensure plans and protocols are in place for antiviral drugs that may need to be administered under Investigational New Drug (IND) or Emergency Use Authorization. Plans should include procedures for the receipt on the IND protocol consent forms to be received and mass copied for distribution.
	Designate recipient's ship-to sites for pre-pandemic and pandemic vaccine. Ensure there is a plan for the following: • Personnel and backups identified for receipt of vaccines • Detailed written Standard Operating Procedures (SOPS) in place • Temperature Monitoring (audible/manual or both) management system in place • Inventory Accountability
	Determine what proportion of vaccine will be allocated to each ship-to site
	At ship-to sites, determine what proportion of pre-pandemic and pandemic vaccine will be allocated to further points of distribution, if applicable. Identify Distribution manager.
	Ensure the availability of sufficient storage at all relevant locations to maintain the cold chain
	Include instructions about a second dose
	Include how data will be collected at the administration sites
	Estimate the project area's weekly allocation of vaccine based on vaccine availability assumptions and project area population size
	Develop a vaccine security plan that includes State-level Security coordinator identified, State security support agencies identified, vulnerability assessment, and badges/credentialing system in place
	Develop plan to determine number and location of clinics based on planning assumptions Does it include: • MOA's (or other appropriate documentation) • Points of contact identified
	Include estimated number of doses to be administered per shift, based on assumed vaccine availability and relative allocation within project areas.
	identify sources of staffing and develop memoranda of agreement with the following: • Backups identified • Job descriptions
	Ensure interoperable communications network in place between State, public health, health care community, and other sectors.
	Ensure there is a mechanism in place to provide guidance (as needed) on infection control measures for health care and non-healthcare settings
	Have procedures for reporting available beds using National Hospital Available Beds for Emergencies and Disasters (HAvBED) System definitions

Responsible Dept./Agency	Task - Respond
CDPH	Develop procedures that are approved by an Ethics Committee for providing for the ethical distribution of scarce medical resources among the health care community
	Develop procedures to expand healthcare services into non-hospital/alternate care sites including identification of locations, scope of care, procurement of staffing, equipment, supplies and pharmaceuticals
	Plan for [behavioral health/grief] community education that includes an expectation of death at home, not in a medical facility.
	Plan for [behavioral health/grief] public messages to address stress management
	Include a crisis communication and emergency risk plan (for public information and media, partner, and stakeholder relations) that addresses all phases of an influenza pandemic
	Address how State and local health departments will work with other response organizations to educate the media, public, partners and stakeholders, specifically including: • Designated line and staff responsibilities for the public information team • Information verification and clearance/approval procedures for public information releases • Regional/stand and/or local media contact list with normal duty and after-hour contact numbers and addresses • Contact numbers/addresses for emergency response information partners (e.g., Governor's public affairs officers, local FBI public information agent in charge, American Red Cross and other non-government organizations) • Procedures to join the Joint Information Center (JIC) of the State Emergency Operations Center (if activated)including a call-down list with contact information for primary and secondary staff members
	Ensure that rapidly-needed public health recommendations and information can be provided to the public, partners and stakeholders during a pandemic, specifically including: • Critical communication links to other intra-dept and interdept response officials • Identification of vehicles of information dissemination to public, stakeholders, partners (e.g., e-mail, fax, Health Alert Network messages, brochures, PSAs, press releases) • A contact list of additional persons outside the State health department who can be available as subject matter experts on pandemic health issues if needed • Support materials for public health issues that are unique to an influenza pandemic such as issues of isolation, quarantine, social distancing, and public health law have been prepared • Use of hotlines and other community resources to respond to local questions from the public and professional groups
	Identify individuals responsible for development and dissemination of multi-media essential information to the general public and professional response partners (e.g., regional multi-agency coordination centers, State emergency managers, State transportation officials) to enhance their respective preparedness before and during an influenza pandemic
	Ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic • Culturally-appropriate • Pictograms • Identification of trusted leaders/liaisons in communities for information dissemination
	Include a list of trained spokespersons to work with the media
	Include an up-to-date contact list of key stakeholders and media contacts
	Include a process for regular briefings and updates with key stakeholders to develop working relationships in the event of a pandemic: • Ethnic/language-specific media • Main media • Special needs/at risk populations
	Designate the State and private sector response and recovery roles and responsibilities necessary to maintain the delivery of essential resources and services during and after a pandemic influenza outbreak
	Take measures to procure and stockpile additional medical and non-medical supplies and material as required

Responsible Dept./Agency	Task - Respond
CDPH	Pre-negotiate, establish, and maintain key contracts with vendors who supply critical resources and essential services for the State, and supporting similar arrangements for tribal, territorial and local government entities
	Issue Statements and advisories to the general public informing them that the immediate pandemic threat is over, but to be prepared for another possible wave.
	Ensure that localities include foreign missions in the distribution lists of public messages regarding pandemic influenza and precautions needed to be taken by individuals.
	Establish Statewide policies and procedures and legal protections for sharing pertinent data with State and local public health authorities
	Establish Statewide protocols and procedures in place to guide PSAP triage and patient classification during an influenza pandemic
	Arrange for Web-based death certificate processing and secure tracking to the State Department of Health.
	Specify the State statutory and/executive order authorities for, officials responsible for, and process to be used, to allocate/ration scarce essential resources
CHP	Ensure appropriate State officials aware of the procedures to request emergency federal law enforcement assistance
	Ensure appropriate State officials aware of the procedures to request federal military assistance to provide law enforcement functions, or military equipment and facilities, training, and maintenance support
	Ensure pandemic influenza surveillance system incorporate the role of the PSAPs in implementing automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients
	Institute mechanism established to disseminate rapid updates to pandemic influenza symptom set to PSAPs for caller screening and for data collection/analysis
	Determine how vaccine will be transported to vaccinating sites
	Provide an incident response plan for security situations
	State officials coordinate the actions of the interdependent components of the criminal justice system (to include courts, corrections, law enforcement agencies, prosecutors, and probation/parole officials) to avoid or limit interruption of essential services and functions during an influenza pandemic
CNG	Ensure appropriate State officials aware of the procedures to request emergency federal law enforcement assistance
	Ensure appropriate State officials aware of the procedures to request federal military assistance to provide law enforcement functions, or military equipment and facilities, training, and maintenance support
	Establish triggers and procedures in place use the National Guard to supplement State, local, or tribal law enforcement agencies
	Provide an incident response plan for security situations
CSU	List SEA's steps to protect state-owned assets related to schools or PSSs (if applicable).
	List steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity
	List process for closing state PSSs (if applicable).
	List how the state would assist in delivering educational content to students across the age spectrum

Responsible Dept./Agency	Task - Respond
CSU	List steps the education spokesperson will take to coordinate messages with other state entities. (If appropriate, link to communications section of pandemic plan.)
	List process for closing state PSSs (if applicable).
	If applicable, describe process by which LEAs and/or state PSSs will report to SEA on closures.
DFG	Ensure the plan include links between animal and human health surveillance systems
	Ensure the plan include staff identified with contact information for information sharing between the animal and human health surveillance systems
DGS	Use pre-identified hiring/contracting flexibilities to replace employees/ contractors unable to work (or return to work)
	Use pre-identified procurement/contracting flexibilities to obtain supplies in support of the emergency
DMH	Activate programs to address the psychological and social needs of government employees
	Plan for [behavioral health/grief] community education that includes an expectation of death at home, not in a medical facility.
DPA	Implement telework and other HR flexible work schedules as per plan
	Implement previously developed employee-labor relations plan
	Monitor effectiveness and consistency of application of HR flexibilities by agencies
	Implement any special pandemic compensation/ leave/benefit policies
	Implement previously developed employee-labor relations plan
	Implement infection control policies and practices (see OSHA guidance at Hwww.osha.gov/U Publications/ influenza_pandemic.htmlU)
DIR	Communicate to State workers the availability of any new programs or services (See Appendix B.9)
	Implement any special programs/ triggers/statutes for assisting workers during a pandemic
EDD	Communicate to State workers the availability of any new programs or services (See Appendix B.9)
	Implement any special programs/ triggers/statutes for assisting workers during a pandemic
EMSA	Establish a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies
	Adopt EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza

Responsible Dept./Agency	Task - Respond
EMSA	Establish a Statewide program of pre-pandemic training and exercising to prepare EMS personnel for their role in preparing for, mitigating and responding to pandemic influenza
	Establish procedures for involving EMS agencies in ongoing disease surveillance
	Identify procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment
	Develop backup plans to augment the local EMS workforce if needed
	Develop backup plans to address disruptions in the availability of EMS equipment, supplies and services throughout the State
	Ensure State has an effective, reliable interoperable communications system among EMS, 9-1-1, emergency management, public safety, public health and health care agencies
	Establish procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance
	Identify mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.)
	Define consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic
	Coordinate Statewide medical oversight of EMS pandemic influenza planning, mitigation and response
	Develop mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage/ treatment protocols before or during an influenza pandemic that are based upon the most recent scientific information
	Define a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs
	Define the role of EMS providers in “treating and releasing” patients without transporting them to a healthcare facility
	EMS agencies and public health agencies identify mechanisms to address issues associated with isolation and quarantine of EMS personnel
	Define processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic
	Identify strategies to assist local EMS agencies with the protection of the EMS and 9-1-1 workforce and their families during an influenza pandemic
	Develop requirements or recommendations for EMS agencies for basic infection control procedures
	Develop system-wide processes for providing vaccines and antiviral medication to EMS personnel
	Define isolation and quarantine policies and procedures for PSAPs
	Identify mechanisms for freedom of movement of PSAP personnel
	Procedures for deploying and tracking volunteer health care providers using the State’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) requirements
LWDA	Implement policies/guidance developed to assist employees to stay home when exposed to the influenza or if ill

Responsible Dept./Agency	Task - Respond
	Communicate to State workers the availability of any new programs or services (See Appendix B.9)
	Implement any special programs/ triggers/statutes for assisting workers during a pandemic
SPB	Collect data and report the status of employees for the purpose of monitoring agency workforce levels and reporting such information to appropriate agencies
UC	Establish SEA's steps to protect state
	Establish steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity.
	Establish process for closing state PSSs (if applicable).
	Establish steps for activating continuity of education plans.
	Delineate how the state would assist in delivering educational content to students across the age spectrum
	Develop process for closing state PSSs (if applicable).
	Establish process by which LEAs and/or state PSSs will report to SEA on closures.

Responsible Dept./Agency	Tasks - Recover
All State Departments/Agencies	Thoroughly disinfect and prepare workplace before resumption of duties.
	Deliver messages to personnel regarding resumption of normal duties and working hours.
	Implement return to work guidelines
	Prepare for another possible pandemic wave by re-stocking supplies, reviewing and addressing deficiencies noted during first wave.
Cal OES	Integrate best practices or data points from lessons learned during the previous pandemic wave across and issue an after action report.
	Identify and prioritize measures that will be required to speed economic and community recovery within the State and/or region
Caltrans	Reinstate public transportation to normal operating levels and prepare for another possible pandemic wave.
	Integrate best practices or lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.
	Thoroughly clean or sanitize public transportation conveyances and facilities and prepare for public use.
	Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report. Prepare for another pandemic wave.
CDE	List steps the state will take to facilitate reopening/reconvening day care centers and children.
	List steps the state will take to facilitate reopening/reconvening PSSs and students.
	Describe the communication plan for reopening schools/reconvening students (if this is a state function).
	Identify the state spokesperson who will provide messages during the recovery stage, as well as the second person in the line of succession for this function (if different than during response).
	Employ process State will recommend that LEAs use to assess student's levels with respect to state academic standards.
	List steps that SEA will take to support LEAs in screening and referring students for mental health services, if applicable.
	Describe if/how the state will provide additional mental health staff or funding for services to students and staff.
	List steps that the SEA will take to support LEAs in assessing students with special needs in reviewing, revising, or creating Individualized Education Plans (IEPs).
	If the state used state-owned school facilities for alternate uses, identify the process and/or funding stream that the state will use to support any necessary remediation.
CDFA	Assign personnel to assess capability to meet pre-pandemic State "Equal to" food safety program requirements, in the last stages of the pandemic.

Responsible Dept./Agency	Tasks - Recover
CDFA	Assess the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.
	Provide for reporting on the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.
	Provide phased communication plan food safety related recovery information to stakeholders, in the last stages of the pandemic.
	Implement generic operating procedures, under this strategic goal, in recovering to pre-pandemic State food supply system responsibilities, in the last stages of the pandemic
	Assign personnel to assess capability to meet pre-pandemic State nutritional assistance program administration requirements, and meet pre-pandemic agriculture emergency response support responsibilities, in the last stages of the pandemic.
	Assess and report on the operational capability to meet pre-pandemic level of performance for State-administered nutritional assistance programs, and agriculture emergency response support responsibilities, in the last stages of the pandemic.
	Assess and report on the operating status of State-administered nutritional assistance programs, and animal disease response, in a NRF emergency, (e.g., ESF-11), in the last stages of the pandemic.
	Provide nutritional assistance program, and agricultural emergency response support, related recovery information to stakeholders, in the last stages of the pandemic.
	Implement generic operating procedures, under this strategic goal, in recovering to pre-pandemic State ability to carry out critical agriculture programs, in the last stages of the pandemic.
CDPH	Identify the state spokesperson who will provide messages during the recovery stage, as well as the second person in the line of succession for this function (if different than during response).
	Issue Statements and advisories to the general public informing them that the immediate pandemic threat is over, but to be prepared for another possible wave.
	Establish steps for recommending cessation of community mitigation activities. Include clear triggers for these recommendations that follow CDC guidance for cessation of community mitigation interventions.
	Identify State spokesperson to provide messages to local health departments, the public and the media to cease community mitigation interventions during the recovery stage, as well as the second person in the line of succession for this function.
	Establish steps the State will take to provide recovery/reopening guidance to businesses, workplaces and large venues for sporting events and other activities that closed during a pandemic.
	Establish steps the State will take to monitor the effects of the cessation of community mitigation interventions.
	Establish steps for reopening schools/reconvening students
	Establish process for utilizing the tracking system to track outcomes and adverse events following treatment with antiviral drugs is in place.
	Information systems are available that support monitoring of adverse reactions that comply with the Public Health Information Network functional requirements for Countermeasure and Response Administration.
	Recovery mechanism in place to assist the health care community in restoring essential staffing, equipment, supplies and pharmaceuticals
	Recovery mechanism in place for assisting with plans for restoring essential mental health, substance abuse and congregate living services to pre-pandemic conditions.

Responsible Dept./Agency	Tasks - Recover
	Recovery mechanism in place to perform after action reviews to identify strengths and weaknesses in the execution of the plan
CHP	Reinstate public transportation to normal operating levels and prepare for another possible pandemic wave.
	Thoroughly disinfect and prepare workplace before resumption of duties.
	Deliver messages to personnel regarding resumption of normal duties and working hours.
	Prepare for another possible pandemic wave by re-stocking supplies, reviewing and addressing deficiencies noted during first wave.
	Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.
	Establish processes for the integration of best practices or lessons learned during the previous pandemic wave across the 9-1-1 system and issue an after action report
EMSA	Establish methods to integrate best practices or lessons learned during the previous pandemic wave into EMS system operations and to issue an after action report

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VI. WHO PHASES / FEDERAL RESPONSE STAGES

The World health Organization (WHO) is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, providing technical support to countries and monitoring and assessing health trends.

Because pandemic is by nature a global issue, over 80 countries came together to form the International Partnership on Avian and Pandemic Influenza (IPAPI) in 2005 to improve international surveillance, transparency, timeliness, and response capabilities. To manage and contain a pandemic threat, the Federal Government works closely with partner countries, sharing information and providing lab specimens to the WHO.

The same year IPAPI was formed, the six WHO Pandemic Influenza Phases were redefined to provide guidance to the international community on preparedness and response for pandemic threats (See Exhibit 7, Left Column). Beginning at Phase 1, each advancing phase indicates the type of transmission and spread of the disease to more countries and ultimately other global regions. Movement from one phase to the next informs countries that increased response may be required to address a growing public health threat.

The Federal Government created a U.S.-specific, yet complementary, matrix of Federal Government Response Stages for pandemic alerts focused on the domestic situation and our nation's interests (See Exhibit 7, Middle Column). While the WHO Phases are based on the global spread of a disease, the Federal Stages focus on the existence and spread of a disease to North America and ultimately within the borders of the United States.

The Pandemic Severity Index (see Exhibit 8), released in February 2007 by the U.S. Dept. of Health and Human Services (HHS) and CDC, uses the proportion of deaths in a population caused by the disease for categorizing the severity of a pandemic. This severity index, combined with the degree of geographical spread as represented by the WHO phases and Federal stages, provides a more complete picture of the outbreak upon which key intervention recommendations can be based. These interventions include but are not limited to: isolation and treatment of ill persons with antiviral drugs; voluntary home quarantine of members of households containing confirmed or probable cases; prioritization of vaccine administration; dismissal of students from school; closure of childcare facilities, and use of social distancing measures to reduce disease transmission in the community and workplace.

A. Key Considerations Regarding WHO Phases and Federal Stages

1. **Common Operating Picture:** At any given moment, a declared WHO Phase and Federal Stage can both be correct even if the phase/stage numbers do not correspond. During a pandemic event, the WHO will declare the appropriate phase based on transmission and worldwide spread of disease. For the United States, the HHS Secretary will coordinate with the WHO but will recommend to the President the specific Federal Response Stage based on our domestic situation. To avoid potential confusion caused by the difference between WHO Phase and Federal Stage, response actions for a jurisdiction should always be based on the common operating picture specific to that jurisdiction.

2. **Communication and Flexibility:** The severity, speed, and reach of a pandemic may blur the distinction between the various alert phases/stages, underscoring the need for greater communication and flexibility from all partners.

3. **Strategies and Consequences:** Each increase of a WHO Phase, Federal Stage or the Pandemic Severity Index brings with it the possibility of expanded containment strategies to combat disease spread. Strategies like quarantine, social distancing and travel restrictions may have indirect consequences that impact government, business and community activities. For example, travel restrictions put in place to slow the spread of a pandemic may prevent key personnel from reporting to work or delay the delivery of necessary supplies. It is imperative that organizations factor potential indirect consequences and impacts into their pandemic response plans. During a pandemic event, they should stay fully informed of government actions to implement containment strategies, anticipate indirect consequences and activate their response plans accordingly.

Exhibit 7

WHO Pandemic Influenza Phases / Federal Government Response Stages

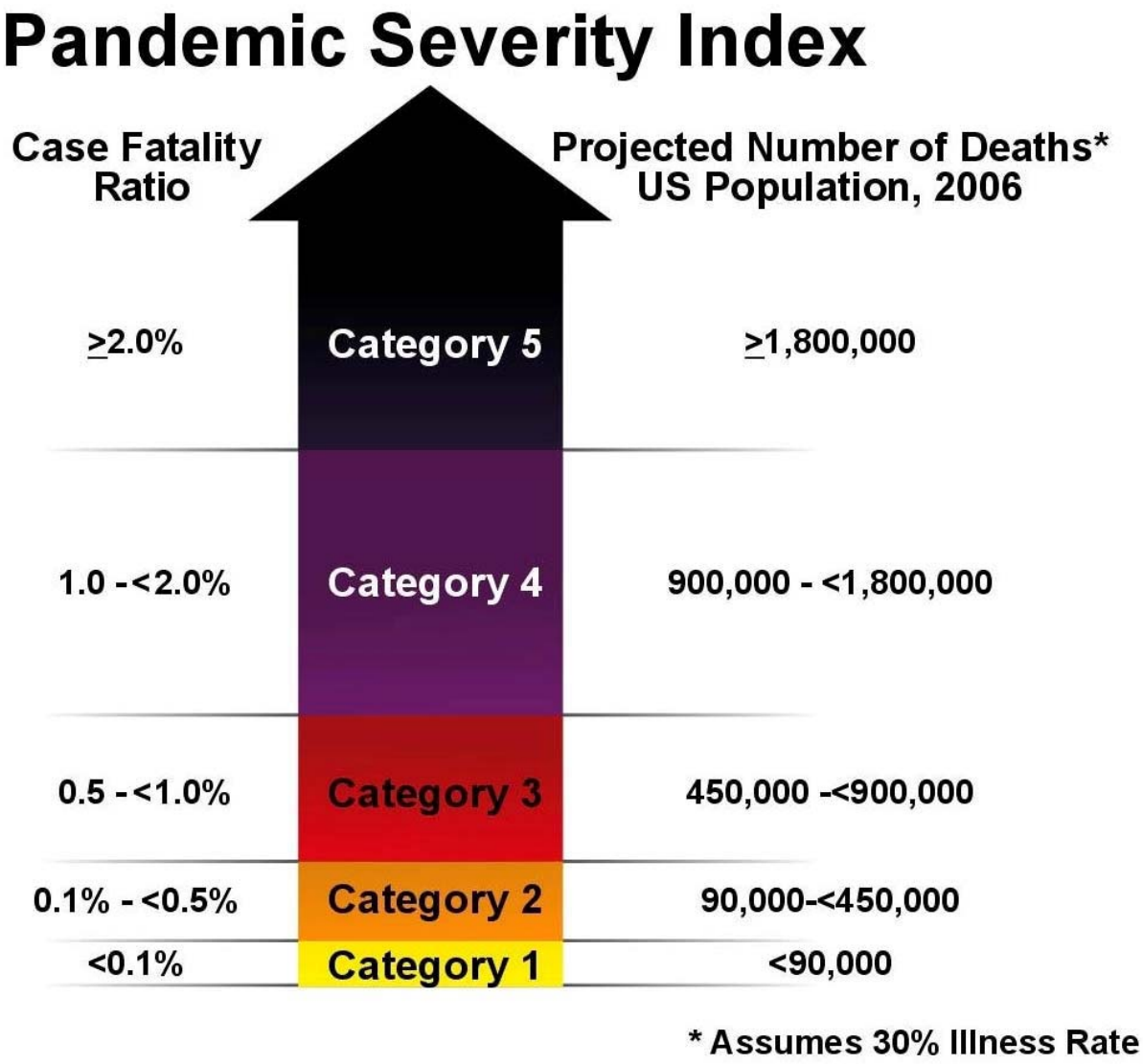
The following table describes and shows the relationship between the WHO Phases (left column) and the Federal Government Response Stages (middle column). Included in the right column are the related public health goals.

WHO Pandemic Influenza Phases	Federal Government Response Stages	Public Health Goals
Interpandemic Period (Prevention/Preparedness)		
Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low. (a)	**Stage 0:** New domestic animal outbreak in at risk country.	Strengthen influenza pandemic preparedness at the global, national, state and local jurisdictions.
Phase 2: Predominantly animal infections. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease. (a)		Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic Alert Period (Alert/Response)		
Phase 3: **Few human infections.** Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact. (b)	**Stage 0:** New domestic animal outbreak in at risk country. **Stage 1:** Suspected human outbreak overseas	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
Phase 4: Sustained human-to-human transmission. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. (b)	**Stage 2:** Confirmed human outbreak overseas	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5: Human-to-human spread of the virus into at least two countries in one WHO region. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming		Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response

WHO Pandemic Influenza Phases	Federal Government Response Stages	Public Health Goals
increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). (b)		measures.
Pandemic Period (Response)		
Phase 6: **Pandemic:** increased and sustained transmission in general population. Outbreaks are occurring in at least one other country in a different WHO region.	**Stage 3:** Widespread human outbreaks in multiple locations overseas.	Minimize the impact of the pandemic.
	Stage 4: First human case in North America	
	Stage 5: Spread throughout United States	
Postpandemic Period		
Disease activity at seasonal levels. Return to Interpandemic period (phase 1 or 2)	**Stage 6:** Recovery and preparation for subsequent waves	
(a) The distinction between **phases 1** and **2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include the disease-producing capacity of a pathogen in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.		
(b) The distinction among **phases 3**, **4,** and **5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.		

Exhibit 8

Pandemic Severity Index



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Appendix A

AUTHORITIES AND REFERENCES

I. AUTHORITIES

A. **California Emergency Service Act (Government Code (GC), Title 2, Division, Chapter 7, Section 8550 *et seq.*):** Confers upon the Governor and chief executives of political subdivisions of the state emergency powers to provide for state assistance in organization and maintenance of emergency programs; establishes Cal OES; assigns functions to state agencies to be performed during an emergency and provides for coordination and direction of emergency actions of those agencies; and, establishes mutual aid procedures. Authority for the creation of standby orders, crucial for preparedness, exists in GC section 8567. Authority to suspend statutes and agency rules exists in GC section 8671.
http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/CAlifornia%20Emergency%20Services%20Act/$file/ESA-all8-06-final.pdf

B. California Health and Safety (H&S) Code Sections Pertaining to State Authorities:

1. Sections 100170-100180: Establishes authority of CDPH to enforce the H&S Code regulations to address threats to the public health.
2. Sections 120125-120140: Establishes authority of CDPH to investigate and control communicable disease within the state.
3. Sections 120145-120150: Establishes authority of CDPH to take actions related to persons, animals, or property to control threats to public health, including quarantine, isolation, inspection, disinfection, and destruction of property.

http://www.leginfo.ca.gov/cgibin/calawquery?codesection=hsc&codebody=&hits=20

C. California H&S Code Sections Pertaining to Local Authorities:

1. Sections 101000, 101025, 101030: Establishes authority of county health officers to preserve and protect the public health by enforcing county orders, ordinances, and statutes pertaining to public health.
2. Sections 101375, 101400, 101405, 101415, 101450, 101460, and 101470: Establishes authority of cities to consent or contract with the county to provide performance of public health functions and statute enforcement. In absence of consents or contracts with the county, authorizes cities to appoint a health officer to enforce and observe all orders, ordinances, quarantines, regulations, and statues relating to public health.
3. Sections 101040, 101475: Authorizes county and city health officers to take preventive measures during emergency.

4. Section 120175: Authorizes the local health officer to take measures necessary to control the spread of communicable diseases.

D. **California Food and Agriculture Code 9562:** Establishes provisions for the state veterinarian to quarantine animals or animal products and to take appropriate disease control action to control or eliminate diseases from animal populations.

E. **Executive Order No. W-9-91:** Mandates that each state agency and department (e.g. CDPH) is responsible to prepare for and respond to emergencies. It mandates emergency preparedness and response assignments for all state agencies and departments under the coordination of Cal OES.

F. **Executive Order No. S-0406:** Directs state agency and department heads to meet on a regular basis to establish common strategies and action for continued and enhanced emergency preparedness, response, recovery and mitigation efforts.

G. **Emergency Medical Services Authority, *Disaster Medical Response Plan,*** July 1992. http://www.emsa.ca.gov/pubs/pdf/emsa218a.pdf

H. **Memorandum of Understanding, Department of Health Services and Emergency Medical Services Authority, July 1988:** Details the relationship between CDPH and EMSA in planning for and responding to a catastrophic disaster and describes the specific responsibilities of each department.

I. **California Emergency Management Agency, *State Emergency Plan (SEP)*, 2009**: Defines the emergency management system used for all emergencies in California. The plan describes the state government's response to disasters, including the response of all levels of government and certain private sector organizations to all natural and human-made emergencies that threaten life, property, and the resources of California. It focuses on the basic requirements for disaster management and coordination under the SEMS. It is intended to be used in conjunction with city, county, operational areas, and state agency plans and associated standard operating procedures. The SEP recognizes and designates CDPH as the lead State department for public health responses. http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Content/79FCE3912398FA168825740F0060CE32?OpenDocument

J. **The *National Response Framework* (NRF)**: is the primary mechanism for coordination of the Federal Government's response to Incidents of National Significance, and will guide the Federal pandemic response. Pursuant to the NRF, as the primary agency and

coordinator for Emergency Support Function #8 (Public Health and Medical Services), the Secretary of Health and Human Services (HHS) will lead Federal health and medical response efforts and will be the principal Federal spokesperson for public health issues, coordinating closely with CDPH on public messaging pertaining to the pandemic. Pursuant to Homeland Security Presidential Directive 5 (HSPD-5), as the principal Federal official for domestic incident management, the Secretary of Homeland Security will provide coordination for Federal operations and resources, establish reporting requirements, and conduct ongoing communications with Federal, State, local, and tribal governments, the private sector, and Non Governmental Organization (NGO). In the context of response to a pandemic, the Secretary of Homeland Security will coordinate overall non-medical support and response actions, and ensure necessary support to the Secretary of Health and Human Services' coordination of public health and medical emergency response efforts. http://www.fema.gov/emergency/nrf/

K. **Section 8588.1 of the California Government Code** authorizes Cal OES to share facilities and systems that would, among other things, include private businesses and nonprofit organizations in a voluntary program that would integrate private sector emergency preparedness measures into governmental disaster planning programs to the extent that the cost of the program is reimbursed by the private sector.

L. **Governor's Memo to Cabinet Members, December 22, 2005,** defines planning actions directed by the Governor to be taken for pandemic influenza.

M. **Presidential Executive Order 13295, as amended,** Revised List of Quarantinable Communicable Diseases, Original Issue April 4, 2003, revised for pandemic influenza addition to list on April 1, 2005. http://www.cdc.gov/ncidod/sars/executiveorder040403.htm

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O. *Pandemic Influenza Preparedness and Response,* World Health Organization, April 2009. www.who.int/csr/disease/influenza/PIPGuidance09.pdf

P. *Center for Disease Control and Prevention website, http://www.pandemicflu.gov/faq/pandemicinfluenza/2008.html*

Q. California National Guard OPLAN 16-09 State Agency Pandemic Influenza Planning Coordination, September 2009

R. *School Nurse Pandemic Flu Presentation, 5/05/2006, Dr. Ben Sun, DVM, MPVM*

S. *Pandemic Influenza Preparedness, Response, and Recovery Guide for critical infrastructure and key resources* , US Dept. of Homeland Security, September 2006, http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf

T. World Health Organization website, http://www.who.int/about/en/

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Appendix B

ACRONYMS

AAR	After Action Report
ADA	Americans with Disabilities Act
BT&H	Business, Transportation & Housing Agency
BUOC	Business Utilities Operations Center
CAHAN	California Health Alert Network
Cal OES	California Governor's Office of Emergency Services
CAPA	California Association of Public Authorities
CBO	Community Based Organization
CDAA	California Disaster Assistance Act
CDA	California Department of Aging
CDC	DiseasCenter for e Control and Prevention
CDE	California Department of Education
CDFA	California Department of Food and Agriculture
CDFG	California Department of Fish and Game California
CDPH	Department of Public Health
CDSS	California Department of Social Services
CERT	Community Emergency Response Team California
CHHS	Health and Human Services
CIKR	Critical Infrastructure and Key Resources California
CNG	National Guard
COOP/COG	Continuity of Operations/Continuity of Government
CSD	Community Services & Development
CSWC	California State Warning Center
CWDA	California Welfare Directors Association
DCDC	Division of Communicable Disease Control
DDS	Department of Developmental Services Department
DGS	of General Services
DHCS	Department of Healthcare Services
DHS	Department of Homeland Security
DMH	Department of Mental Health
DOC	ODepartment peration Center
DO	Duty Officer
DOR	Department of Rehabilitation
DSNS	Division OF Strategic National Stockpile
EDD	Employment Development Department Executive
EDO	Duty Officer
EMPG	Emergency Management Performance Grant
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority Emergency
EOC	Operations Center
EPO	Emergency Preparedness Office
FDA	United States Food and Drug Administration
FEMA	Federal Emergency Management Agency
FTB	Franchise Tax Board

GAO	Government Accountability Office
GC	Government Code
GEOEC	Governor's Emergency Operations Executive Council
H&S	Health and Safety
HHS	Department of Health and Human Services
HSPD-5	Homeland Security Presidential Directive
IPAPI	International Partnerships on Avian and Pandemic Influenza
JEOC	Joint Emergency Operations Center
JFO	Joint Field Office
JIC	Joint Information Center
LEMSA	Local Emergency Medical Services Agency
LHO	Local Health Officer
MOU	Memorandum of Understanding
MHOAC	Medical Health Operational Area Coordinator
NGO	Non Governmental Organization
NIMS	National Incident Management System
NRF	National Response Framework
NRP	National Response Plan
OA	Operational Area
OAFN	Office for Access and Functional Needs
OPA	Office of Public Affairs
OPI	Office of Public Information
PA	Public Assistance
PFO	Principal Federal Official
PIO	Public Information Officer
PNP	Private non-profit organizations
RA	Regional Administrator
RDMHC	Regional Disaster Medical/Health Coordinator
RDMHS	Regional Disaster Medical/health Specialist
REOC	Regional Emergency Operations Center
RIMS	Response Information Management System
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNS	Strategic National Stockpile
SOC	State Operations Center
SRO	Single Resident Occupancy
TDD	telecommunications device for the deaf
TTY	Text Telephone
USG	U.S. Government
WHO	World Health Organization

Appendix C

GLOSSARY

A

Acute: Sudden onset, short course. May also refer to intensity or severity.

Aerosolized respiratory secretions: Liquid droplets suspended in air that may occur from coughing or sneezing. Aerosolized respiratory secretions are responsible for the transmission of tuberculosis, and are one of the major modes of influenza transmission.

Amantadine (Symmetrel): Antiviral medication for treatment and prophylaxis of adults and children >1 year old with influenza type A virus exposure. It is not effective against influenza type B.

Antibodies: Proteins produced by the immune system that act against an infecting agent.

Antigen: Any substance that is recognized by the immune system and elicits an immune response, such as release of antibodies.

Antigenic drift: Gradual minor change (mutation) in the genetic makeup of influenza A and B strains that result in changes in the hemagglutinin (H) or neuraminidase (N) proteins found on the viral surface. The ongoing changes of H and N are the causes of seasonal epidemics and need for new influenza vaccine each year.

Antigenic shift: A reassortment of influenza A genes resulting in a major change in the H and N proteins. Because very few people are immunized against such a novel strain of virus, antigenic shift may be associated with a pandemic.

Area Command: An Area Command is established when there are multiple sites and complex operations within a jurisdiction, or within several nearby jurisdictions, when there are complex multi-jurisdictional and multi-discipline responses. For pandemic influenza there might be an Area Command when two or three adjacent Operational Areas are dealing with an initial general outbreak

C

CDC (Centers for Disease Control and Prevention): A United States government agency that seeks to promote health and quality of life by preventing and controlling disease, injury, and disability.

D

Department Operation Center (**DOC**): DOCs are typically small, department-focused centers within local and state government agencies that help establish initial strategies and deployment of staff and resources when larger facilities are not yet

activated, or are just coming online. They may continue to operate during the pandemic influenza event as a point of action for briefing executives of a department/agency, and may join in critical phone conferences for coordination and briefings during the event. These are formed typically within local and state government agencies.

E

Emergency Operations Center (**EOC**): EOCs are typically operated by local city or county government, or in a combined Operational Area (**OA**) facility. Many private sector and non-profit organizations have also adopted the EOC structure as part of their emergency response implementation for management.

Enzootic: endemic disease affecting or peculiar to animals of a specific geographic area.

Epidemic: An outbreak that spreads widely and affects many persons within a region or population within a defined time period.

Epizootic: disease epidemic among animals of a single kind within a particular region

H

Hemagglutinin: An agglutinating protein (antigen) on the surface of influenza virus. Differences in the amino acid sequences give rise to the different subtypes of influenza type A viruses.

Homeland Security Operations Center (**HSOC**): The HSOC serves as the primary national-level multi-agency situational awareness and operational coordination center. The HSOC includes elements of CDPH and other Federal departments and agencies in support of the event.

Hypoxia: A deficiency of oxygen reaching the tissues of the body.

I

Incident Command Post (**ICP**): An ICP is set up and operated at the field incident where the activity is being directly managed. An ICP for pandemic influenza could be at a school gymnasium being used as a remote treatment center.

Incubation period: The period of time between the infection of an individual by a disease-causing agent and the manifestation of the disease it causes.

Infectious: Capable of transmitting an infectious agent from one person to another

Influenza: A highly contagious seasonal respiratory illness caused by the influenza virus. It is characterized by fever, chills, sore throat, nasal congestion, cough,

exhaustion, and severe muscle aches.

Interagency Incident Management Group (**IIMG**): The IIMG is a tailored group of senior level Federal interagency representatives who provide strategic advice to the Secretary of Homeland Security during an actual or potential Incident of National Significance.

Intubation: The introduction of a tube into the trachea to mechanically maintain oxygen flow to the lungs.

J

Joint Emergency Operations Center (**JEOC**): A combined Emergency Operations Center run under joint authorities. The JEOC is a form of a DOC which is operated collaboratively between CDPH, EMSA, and DHCS.

Joint Field Office (**JFO**): The JFO is a temporary Federal facility established near the event location to provide a central point of coordination for Federal, State, local, and tribal representatives with responsibility for incident support and coordination during a federal declaration of disaster.

Joint Information Center (**JIC**): A JIC is formed to coordinate and disseminate critical information during disaster operations in the State under a State of Emergency comprised of public information specialists and subject matter experts from all levels of government, non-profits and the private sector. Cal OES is the legally mandated lead for this operation in the State.

M

Medical/Health Operational Area Coordinator (MHOAC): The local designated official that coordinates the medical/health response within the Operational Area and assists with mutual aid requests to the appropriate region and adjoining operational areas.

Morbidity: Departure from a state of well-being (physiologically or psychologically).

Mortality: Death

Multi-Agency Coordination (**MAC**): As required by NIMS, MACs are formed at the management level by the leads of the agencies supporting field operations in order to assess strategic-level planning for entire operations over an entire county, or even the State. They may be formed at the local government EOC level, but are more frequently formed at the Regional Emergency Operations Center (REOC) and/or SOC levels.

Mutation: A relatively permanent change in the genetic material

Mutual aid: Assistance to provide additional resources necessary to augment response organizations within a disaster area

N

National Fire Protection Association (NFPA): An international nonprofit organization that seeks to reduce the worldwide burden of fire and other hazards on the quality of life by providing and advocating scientifically-based consensus codes and standards, research, training, and education.

National Response Coordination Center (**NRCC**): The NRCC, a functional component of the HSOC, is a multi-agency center that provides overall Federal response coordination.

Neuraminidase: A hydrolytic enzyme (antigen) on the surface of influenza virus. It dissolves the protective viscosity of cellular mucous lining, allowing release of new viruses into the respiratory tract.

0

Operational area (OA): An intermediate level of state emergency services consisting of a county and all its political subdivisions within the county area – this includes cities, districts and other local government or public agencies authorized by law

P

Pandemic: Widely spread epidemic. Usually refers to the global spread of disease.

Point of Distribution (**POD**): PODs will be typically operated by local government health departments to dispense pharmaceuticals from the Strategic National Stockpile (SNS), CDPH, or from other sources that can support large public treatment for pandemic influenza.

Prevention: Taking measures for anticipation, prevention, detection, and early treatment of disease

Preventive medicine: A branch of medical science dealing with methods of preventing the occurrence of disease or illness

Public health: The art and science of protecting and improving community health by means of prevention, education, disease control, and sanitation.

Q

Quarantine: A restraint on the activities of persons or the transport of goods that is designed to prevent the spread of disease.

R

Regional Emergency Operations Centers (**REOC**): There are three Cal OES administrative regions in California (Coastal, Inland, Southern) that oversee and

support emergency management operations in Counties/Operational Areas within 6 specific mutual aid regions. The REOCS are sited in Sacramento, Oakland, and Los Alamitos. These sites are the hub for resource management and mutual aid between the state and local government during an event. When resources needs cannot be met within the mutual aid regions they coordinate, requests will be sent to the SOC to secure additional resources from other mutual aid regions, state agencies, or even the federal government, as appropriate.

Regional Response Coordination Center (**RRCC**): The RRCC is operated at the federal regional disaster management level. The RRCC coordinates regional response efforts and implements Federal program support to state and local government until a Joint Field Office is established.

Region Disaster Medical/Health Coordinator (RDMHC): Utilized by CDPH and EMSA or an Operational Area to coordinate the medical health response within the designated region or may assists with mutual aid requests to other regions.

Region Disaster Medical/Health Specialist (RDMHS): Assists the RDMHC in the designated Region regarding day-to-day operations of the medical/health pre-planning and coordination activities and during disasters assists the RDMHC with the medical health response and coordination of mutual aid requests.

Regional: The state is divided into six (6) mutual aid response regions

Resistance: The ability of microbial strains or pathogens to withstand effects of antimicrobial agents

Rimantadine (Flumadine): Antiviral medication for treatment and prophylaxis of adults with influenza type A virus exposure. It is not effective against influenza type B.

S

State Operations Center (SOC): The SOC is a State executive-level facility in Sacramento. It provides the link between the requests from the REOC and support available from State and Federal agencies. The SOC is a direct contact point for the Governor, the Governor's Cabinet, and senior elected officials (State and Federal).

Subtype: A sub-classification of influenza type A viruses based on the surface proteins – hemagglutinin (H) and neuraminidase (N)

U

Unified Command (**UC**): A UC is typically formed at the ICP level, and later may be further enhanced and refined through MACs at the EOC, REOC, and SOC levels.

V

Vaccination: The administration of vaccine in order to induce an immune response

for future protection against the infectious agent of interest

Vaccine: A substance that can stimulate the immune system to protect against an infectious organism of interest at a future point in time.

Virus: A group of infectious parasites that are typically much smaller than bacteria and characterized by their inability to reproduce outside of a living host cell.

W

World Health Organization (WHO): Specialized health agency of the United Nations that seeks the attainment by all peoples of the highest possible level of health. WHO is governed by 192 Member States through the World Health Assembly.

Appendix D

CONTINUITY PLANNING CHECKLIST

Agency/Department Name:

Instructions: This checklist should be used to ensure that you are addressing all of the elements of Continuity of Operations/Continuity of Government in departmental planning documents. Review the Continuity of Operations/Continuity of Government planning elements on the left and record in the right column, the plan name, date of that plan, and page reference for where the information can be found.

Planning Element	**Plan Reference**
Emergency Plans and Procedures	
1. Procedures for employee advisories, alerts and Continuity of Operations/Continuity of Government plan activation are included.	
2. Provisions for personnel accountability throughout the duration of the emergency are included.	
3. Procedures exist for an annual review of this agency Continuity of Operations/Continuity of Government plan and the ability to make any needed revisions.	
4. Includes a risk or hazard analysis to identify threats to facilities and operations.	
5. Includes an adopted operational plan that identified activation criteria, responsibilities, and command and control during a Continuity of Operations/Continuity of Government Plan activation.	
Essential Functions	
1. Essential functions are listed and prioritized.	
2. Staffing requirements for each essential function are identified.	
3. Resource requirements for each essential function are identified.	
4. Critical data and data systems for each essential function are identified.	
5. Support activities are addressed as part of essential functions.	
6. Resumption or Recovery plans exist for essential functions to ensure operational capability within 12 hours.	
7. Processes and procedures exist to acquire resources necessary to continue essential functions and sustain operations for up to 30 days.	
Line of Succession/Delegation of Authority	
1. Line of Succession is established for the agency's highest position of authority.	
2. Line of succession is established for the other key leadership positions.	

3. Policy for the delegation of emergency authorities is established and described. (Limitations for delegated authorities are listed.)	
4. Lines of succession are included in continuity plans.	
5. Rosters of trained personnel with the authority to perform essential functions and activities are maintained.	
6. Rules and procedures for implementing lines of succession are established.	
7. Rules and procedures for lines of succession include initiating conditions, notification methods and terminating conditions.	
Alternate Operating Facilities	
1. Immediate capability exists to operate under potential threat conditions including WMD threats.	
2. Sufficient space and equipment to sustain the relocating organization are identified and included in relocation planning.	
3. Pre-positioned resources are identified and where possible contingency contracts are established or prepared with appropriate resource providers.	
4. Plan includes provisions for establishing interoperable communications with all identified essential internal and external organizations, critical customers and the public.	
5. Alternate facilities provide for logistical support, services and infrastructure systems (e.g., water, electrical power, heating and air conditioning.)	
6. Plan contains provisions to sustain operations for a period of up to 30 days.	
7. Plan addresses considerations for the health and safety of relocated employees.	
8. Plan addresses physical security and access controls.	
Interoperable Communications	
1. Procedures or plans exist for communications with Continuity of Operations/Continuity of Government contingency staff, management and other organizational components.	
2. Procedures or plans exist for communications with other agencies and emergency personnel.	
3. Procedures or plans exist for access to data and systems necessary to conduct essential activities and functions.	
Protection of Government Resources, Facilities, and Personnel (Human Capital)	
1. Includes procedures for the dismissal of employees and/or closure of the facility following an emergency impacting the facility.	
2. Designates Continuity of Operations/Continuity of Government staff and other special categories of employees and their roles and responsibilities.	

3. Includes procedures for non- Continuity of Operations/Continuity of Government staff and non-special categories of employees are identified (pay flexibilities, benefit issues).	
4. Includes agency guidelines for communicating to/with employees following an emergency.	
Safeguarding Vital Records and Databases	
1. Essential emergency operating plans, including line of succession; delegations of emergency authorities; staffing assignments; policy or procedural records, are identified and protected.	
2. Essential legal/financial records, such as accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll, retirement, insurance records and property management and inventory records, are identified and protected.	
3. Provisions for classified or sensitive data are included.	
4. Procedures for data backup and restoration are included.	
5. Location and accessibility to vital records are identified.	
Tests, Training, and Exercises	
1. Plans include annual individual and team training of agency Continuity of Operations/Continuity of Government emergency personnel.	
2. Plans include annual agency testing and exercising of Continuity of Operations/Continuity of Government plans and procedures.	
3. Plans include quarterly testing of emergency alert and notification procedures.	
4. Plans include refresher orientation for Continuity of Operations/Continuity of Government staff.	
5. Plans include inter-agency exercising of Continuity of Operations/Continuity of Government plans where applicable and feasible.	
Devolution of Command and Control	
1. Identifies the likely triggers that would initiate or activate the devolution option.	
2. Specifies how and when direction and control of agency operations will be transferred to the devolution site.	
3. Lists necessary resources (people, equipment, and materials) to facilitate the ability to perform essential functions at the devolution site.	
4. Establishes capabilities to restore or reconstitute agency authorities to their pre-event status upon termination of devolution.	
Reconstitution	
1. Provides an operational plan to transition from Continuity of Operations/Continuity of Government status to an efficient normal operations status once a threat or disruption has passed.	

2. Includes coordinated and pre-planned options for reconstitution of the agency regardless of the level of disruption causing implementation of the Continuity of Operations/Continuity of Government Plan. (Options to include movement from the devolution location back to headquarters or a new operating site if necessary.)	
3. Outlines procedures necessary to affect a smooth transition from the relocation site, whether standard Continuity of Operations/Continuity of Government or devolution scenario, to a new or restored headquarters.	

Appendix E

CDC RECOMMENDED OPERATING GOALS AND OBJECTIVES

Appendix	Operating Sub-Objective
Strategic Goal: Ensure Continuity of Operations of State Agencies and Continuity of State Government	
CDC APPENDIX A.1 - Operating Objective: Sustain Operations of State Agencies and Support and Protect Government Workers	
A.1.1	• Ensure continuity of government in face of significantly increased absenteeism
A.1.2	• Assist employees of State agencies unable to work for a significant time period
A.1.3	• Communicate with employees of State agencies
A.1.4	• Consult with bargaining units
A.1.5	• Make State agency workplaces safe places
A.1.6	• Revise human resource and other workplace policies affecting the safety of state government workers
CDC APPENDIX A.2 - Operating Objective: Ensure Public Health COOP During Each Phase of a Pandemic	
A.2.1	• Maintain Essential Public Health Functions
A.2.2	• Pre-identify Personnel, Equipment, and Resources to Support Sustained Response/Survivability and Recovery
A.2.3	• Pre-Identify Primary and Secondary Individuals for core functional roles per the Incident Command System
CDC APPENDIX A.3 - Operating Objective: Ensure Continuity of the Food Supply System	
	• Prepare activities
	• Respond activities
	• Recover activities
CDC APPENDIX A.4 - Operating Objective: Ensure ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs	
	• Prepare activities
	• Respond activities
	• Recover activities
CDC APPENDIX A.5 - Uniformed Military Personnel	
	• Prepare activities
CDC APPENDIX A.6 - Operating Objective: Sustain transportation Systems	
A.6.1	• Keep goods and people moving
A.6.2	• Protect transportation workers
A.6.3	• Protect the public while using transportation systems

CDC APPENDIX A.7 - Operating Objective: COG and COOP Operational Readiness (Testing through Exercises and Real Events)	
	• Testing telework plans (test for capability for people, processes, and technology; ensure teleworkers have access to vital records, databases and other files, consistent with encryption protocols)
	• Communications plan and communications mechanisms
	• Other plans from A.1 related to actions to be taken during a pandemic
	• Public health COOP
	• Food supply system
	• Uniform Military Services
	• Agriculture
	• Transportation
Strategic Goal: Protect Citizens	
CDC APPENDIX B.1 - Operating Objective: Ensure Surveillance and Laboratory Capability during Each Phase of a Pandemic	
B.1.1	• Implementation steps for enhance human surveillance
B.1.2	• Monitoring of Influenza-related Hospitalizations and Deaths throughout the pandemic
B.1.3	• Procedures for Notification and Information sharing
B.1.4	• Operating steps to obtain and track impact of the pandemic
B.1.5	• Implementation steps for augmenting the capacity of public health and clinical laboratories
B.1.6	• Systems and procedures that will be used to exchange specimen-level data electronically among laboratories
B.1.7	• Call-down procedures
B.1.8	• Locations for additional laboratory facilities
B.1.9	• Implementation steps for augmenting the capacity of public health and clinical laboratories
CDC APPENDIX B.2 - Operating Objective: Assist with Controls at U.S. Ports of Entry	
B.2.1	• Plan strategies for controls at ports of entry
B.2.2	• Implement strategies for port of entry control of pandemic disease
CDC APPENDIX B.3 - Operating Objective: Implement Community Mitigation Interventions	
B.3.1	• Implement Strategies for isolation and treatment of ill individuals
B.3.2	• Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine
B.3.3	• Develop clear policies and procedures for advising social distancing practices in the community and at the worksite.
B.3.4	• Implement steps for cessation of community mitigation interventions

CDC APPENDIX B.4 - Operating Objective: Enhance state plans to enable community mitigation through student dismissal and school closure	
B.4.1	• Review legal authorities and delegations of authority for closing schools and/or dismissing students
B.4.2	• Develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening
B.4.3	• Develop and/or enhance communication planning for school closure/student dismissal and reopening
B.4.4	• Establish expectations and procedures for providing continuity of education for students
B.4.5	• Establish policies and procedures for use of school facilities and resources during a pandemic
B.4.6	• Ensure that continuity of operations and business continuity plans include considerations for pandemic for the state educational agency
B.4.7	• Implement policies and procedures for closing schools and/or dismissing students.
B.4.8	• Implement policies and procedures for continuing education during prolonged school closure/student dismissal
B.4.9	• Clearly communicate policies and procedures about school closures/dismissal of students and other important information
B.4.10	• Protect state assets (school facilities and resources) during a pandemic
B.4.11	• Implement steps to reopen schools/reconvene students
B.4.12	• Communicate policies for reopening schools/reconvening students
B.4.13	• Restore the learning environment
CDC APPENDIX B.5 - Operating Objective: Acquire and Distribute Medical Countermeasures during each phase of a pandemic	
B.5.1	• Receive and store antiviral drugs, personal protective equipment and medical supplies from SNS
B.5.2	• Allocate and distribute drugs within the state
B.5.3	• Ensure a safe and secure environment
B.5.4	• Administer drugs in a legal and ethical manner
B.5.5	• Monitor for adverse reactions to drugs
CDC APPENDIX B.6 - Operating Objective: Ensure Mass Vaccination Capability during each phase of the pandemic	
B.6.1	• Vaccine monitoring
	• Respond and recover activities
CDC APPENDIX B.7 - Operating Objective: Provide Health Care	
	• Prepare activities
	• Response and recover activities
CDC APPENDIX B.8 - Operating Objective: Manage Mass Fatalities	
	• Prepare activities
	• Response and recover activities
CDC APPENDIX B.9 - Operating Objective: Ensure communication capability during each phase of a pandemic	
B.9.1	• Operating plans for two-way communications

B.9.2	• Prepare: Culturally-appropriate and language specific information
B.9.3	• Develop and dissemination of essential information
B.9.4	• Respond: Culturally appropriate and language specific information
B.9.5	• Media spokespersons (trained persons)
CDC APPENDIX B.10 - Operating Objective: Mitigate the impact of an influenza pandemic on workers in the state	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX B.11 - Operating Objective: Understand Official Communication Mechanisms for Foreign Missions, International Organizations, and their members in the United States	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX B.12 - Operating Objective: Assure the Emergency Medical Services System (EMS) and the 9-1-1 System are Integral Components of a States Pandemic Influenza planning and response	
B.12.1	• EMS Planning
B.12.2	• EMS as a component of influenza surveillance and mitigation
B.12.3	• Maintaining continuity of EMS operations
B.12.4	• Legal Authority for EMS operations during pandemic influenza
B.12.5	• Clinical standards and treatment protocols
B.12.6	• EMS Workforce protection
CDC APPENDIX B.13 - Operating Objective: Assure the local, regional and state public safety answering points are an integral component of a state's pandemic influenza planning and response	
B.13.1	• Guiding principles for public safety answering points (PSAPs)
B.13.2	• Provision of information to the public
B.13.3	• Facilitation of call screening
B.13.4	• Assistance with priority dispatch of limited EMS resources
B.13.5	• Education and training of PSAP personnel
B.13.6	• Continuity of operations
CDC APPENDIX B.14 - Operating Objective: Operational readiness (testing through Exercises and Real Events)	
CDC APPENDIX B.15 - Operating Objective: Public Safety and Law Enforcement.	
	• Prepare activities
	• Respond and recover activities
Strategic Goal: Generic Guidance for Supporting/Sustaining the 17 Critical Infrastructure and Key Resource Sectors	
CDC APPENDIX C.1 - Operating Objective: Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles and Responsibilities	
	• Prepare activities
	• Respond and Recover activities

CDC APPENDIX C.2 - Operating Objective: Build Public-Private Partnerships and Support Networks	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.3 - Operating Objective: Implement NIPP Risk Management Framework for a pandemic	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.4 - Operating Objective: Bolster CIKR Information Sharing and Protection Initiatives	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.5 - Operating Objective: Leverage Emergency Preparedness Activities for CIKR Protection, Planning, Preparedness, Response and Recovery	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.6 - Operating Objective: Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning, Response and Recovery Activities	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.7 - Operating Objective: Prioritize and Allocate Scarce Resources	
	• Prepare activities
	• Respond and recover activities
CDC APPENDIX C.8 - Operating Objective: Operational Readiness (testing through Exercises and Real Events)	
	• Prepare activities
	• Respond and recover activities

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Appendix F

CITATION TO SUPPORTING DOCUMENTATION

The following agency/department citations were developed previously to support the state's effort to meet the CDC's objectives to prepare for, respond to, and recover from a pandemic influenza event.

CDC GUIDANCE APPENDIX A.1

Operating Objective: Sustain Operations of State Agencies and Support and Protect Government Workers

Sub Objective A.1.1 – Ensure continuity of government in face of significantly increased absenteeism

PREPARE

- DGS is the state entity responsible for establishing guidelines in the administration of the California Public Contracts Code. In addition, DGS establishes monetary delegation levels under which each state agency may purchase goods or secure the services of contractors in the execution of their departmental activities and essential functions.

- DPA has authority under California Public Contract Code 10295(c)(4) to let contracts related to health and safety, training, and legal services in the execution of our departmental activities.

- DPA maintains responsibility for consulting with management of each organization and negotiating with the labor unions where operations may impact terms and conditions of employment. DPA will notify and meet with unions as situation dictates Dills Act-3523(d) allows State to implement policies in the event of an emergency without union approval, requires Governor executive order to invoke.

- DPA maintains several contracts with outside legal entities. Should additional resources be required, the DPA, under California Public Contract Code 10295 (c)( )4 has authority to execute contracts for health and safety, training, and legal services.

- Governor's Emergency Operations Executive Council (GEOEC) State Strategy for Emergency Management and Homeland Security, March 2008.

- Individual agencies or departments establish their own operating procedures to meet the unique needs of their organization.

RESPOND AND RECOVER

- California Government Code 19888.1. "The appointing power, to prevent....."; California Government Code 19050.2 "Subject to the approval of...."; California Government Code 19050.3 "Transfer of an employee from....."; California Government Code 19050.5 "Notwithstanding Section 3517.6, an appointing...."; California Government Code 19050.8 "The board may prescribe rules....". California Government Code 19144, "Subject to Sections 21223 and 21224....".

- Department of Technology Services (DTS) Pandemic Response Plan Redacted.

- DPA provides general policy and guidance to all agencies through structured memorandum. DPA personnel analysts/consultants are responsible for specific agencies in order to provide a single point of contact for the agency management. Should monitoring of a specific directive be desired or required, a structure exits to implement quickly. DPA issued on 9/25/2007 DPA PML 2007-026

- DTS Redacted General Emergency Plan

- DTS Server Based Computing Service, http://www.dts.ca.gov/services/sbcs/.

- Each agency is responsible for reporting, collecting, and maintaining information related to their employees' absences. However, "Information Sharing" is an enterprise-wide issue identified in the Governor's Emergency Operations Executive Council's (GEOEC) "State Strategy for Emergency Management and Homeland Security". It's conceivable that this type of data could be collected in an effort to support the overall strategy of best utilizing resources.

- Each agency must identify their specific hiring needs based on their functions and mission and the classification structure of their own organization. Current laws and rules administered by the State Personnel Board (SPB) provide authority and flexibility to make emergency appointments and temporary hires.

- In the event of a pandemic, DPA will issue a "Personnel Management Memorandum" articulating and reminding managers/supervisors of the existing programs. DPA will maintain responsibility to consult with agency management and the labor unions in the event terms and conditions of employment are impacted.

- State of California rank and file employees are represented by 21 different labor unions. DPA is responsible for negotiating with the unions regarding terms and conditions of employment. Each agency is responsible for developing and maintaining strike contingency plans which are confidential. DPA would maintain responsibility to provide consultation and guidance to management.

- Telework Program Considerations for Selecting Teleworkers (Attachment B)
- Telework Program Glossary of Terms (Attachment G)
- Telework Program Policy
- Telework Program Setting Up A Home Office (Attachment E)
- Telework Program Work Environment Criteria (Attachment D)

- California State Pandemic Influenza Operations Plan, April 2007

- DPA PML 2009-037, August 2009.

- Each individual agency, per Executive Order S-04-06, is required to update their Continuity of Operations/Continuity of Government (COOP/COG) plans. Each agency is responsible for training their staff in the unique skills and abilities required to fulfill their specific mission in relation to the goals/mandates of the State. In support of those efforts, the Department of Personnel Administration (DPA) provides a general framework and consultation for Succession/Workforce Planning on a statewide level.

- Each individual agency, per Executive Order S-04-06, is required to update their Continuity of Operations/Continuity of Government (COOP/COG) plans. Essential functions of each agency along with the employee(s) responsible for them are identified in their COOP/COG Plans.

Sub Objective A.1.2 - Assist employees of State agencies unable to work for a significant time period

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

- DPA PML 2009-037, August 2009.

- Curent information: http://www.dpa.ca.gov/personnel-policies/flu/2009/main.htm

- Current law and policy provide numerous leave options for State employees. In the event of a pandemic.

- DPA will issue a "Personnel Management Memorandum" articulating and reminding managers/supervisors of the existing programs. We will also remind each agency director of their existing authority to redirect employees as necessary to fulfill the essential functions of their particular agency. DPA will maintain responsibility to consult with agency management and the labor unions in the event terms and conditions of employment are impacted.

- Department of General Services (DGS) is the state entity responsible for establishing guidelines in the administration of the California Public Contracts Code. In addition, DGS establishes monetary delegation levels under which

each state agency may purchase goods and services. Each agency is responsible for consulting with their procurement staff/major contractors. DPA would maintain responsibility for consulting with agency management and labor unions in a pandemic emergency.

- In the event of a pandemic, DPA will issue a "Personnel Management Memorandum" articulating and reminding managers/supervisors of the existing programs. DPA will maintain responsibility to consult with agency management and the labor unions in the event terms and conditions of employment are impacted.

RESPOND AND RECOVER

- California State Pandemic Influenza Operations Plan, April 2007.

- California State Workforce Pandemic Influenza Operations Plan, April 2007.

Sub Objective A.1.3 - Communicate with employees of State agencies

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

- CalPERS COOP/COG plan addresses Interoperable Communications and Protection of Government Resources, Facilities, and Personnel with the following general information (documentation not provided due to confidential nature of materials):

    1. Procedures/plans exist for communications with COOP/COG contingency staff, management and other organizational components;
    2. Procedure/plans exist for communications with other agencies and emergency personnel;
    3. Procedures/plans exist for access to data and systems necessary to conduct essential activities and functions;
    4. Procedures exist for communicating to/with employees following an emergency.

- CalPERS Pandemic Preparedness, Response, and Recovery Plan.

- CalSTRS Pandemic Influenza Mitigation Strategy.

- Governor's Emergency Operations Executive Council (GEOEC) State Strategy for Emergency Management and Homeland Security March 2008.

Sub Objective A.1.4 - Consult with bargaining units (if the State has bargaining unit employees)

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

RESPOND AND RECOVER

- State of California rank and file employees are represented by 21 different labor unions. DPA is responsible for negotiating with the unions regarding terms and conditions of employment. Each agency is responsible for developing and maintaining their own strike contingency plans are confidential. DPA would maintain responsibility to provide consultation and guidance to management.

Sub Objective A.1.5 - Make State agency workplaces safe places

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

- Each department within the state is responsible for completing a risk assessment for jobs related to their specific activities.

- Division of Occupational Safety and Health Emergency Management Plan Draft.

RESPOND AND RECOVER

- Each department within the state is responsible for implementing infection control policies and procedures.

- Division of Occupational Safety and Health Emergency Management Plan Draft.

- LWDA: Participating in the CDPH Pandemic Influenza Vaccine and Antivirals Advisory Committee.

Sub Objective A.1.6 - Revise human resource and other workplace policies affecting the safety of State government workers

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

- DPA PML 2009-037, August 2009.

- Individual agencies or departments establish their own operating procedures to meet the unique needs of their organization. The Department of Personnel Administration maintains responsibility for consulting with management of each organization and negotiating with the labor unions where operations may impact terms and conditions of employment.

- State of California Employee Assistance Program - Supervisor's Handbook.

RESPOND AND RECOVER

- California State Pandemic Influenza Operations Plan, April 2007.

- Individual agencies or departments establish their own operating procedures to meet the unique needs of their organization. DPA maintains responsibility for consulting with management of each organization and negotiating with the labor unions where operations may impact terms and conditions of employment.

- State of California Employee Assistance Program - Supervisor's Handbook.

CDC GUIDANCE APPENDIX A.2

Operating Objective: Ensure Public Health COOP During Each Phase of a Pandemic

Sub Objective A.2.1 - Maintain Essential Public Health Functions

- CDPH, Public Health Continuity of Operations Plan.

Sub Objective A.2.2 - Response/Survivability and Recovery

- CDPH, Public Health Continuity of Operations Plan.

Sub Objective A.2.3 - Pre-Identify Primary and Secondary Individuals for core functional roles per the Incident Command System

- CDPH, Public Health Continuity of Operations Plan.

CDC GUIDANCE APPENDIX A.3

Ensure Continuity of the Food Supply

Operating Objective A.3 - Ensure Continuity of the Food Supply

PREPARE

- California is not an “Equal to” State. “Equal to” means that the State must establish and enforce inspection program requirements equal to those of the Federal program.

- CDFA reporting is conducted as part of an essential on going program covered by the CDFA COOP. This Plan is confidential for security reasons.

RESPOND

- California is not an “Equal to” State. “Equal to” means that the State must establish and enforce inspection program requirements equal to those of the Federal program.

- CDFA reporting is conducted as part of an essential on going program covered by the CDFA COOP. This Plan is confidential for security reasons.

- State of California Emergency Plan.

RECOVER

- California is not an “Equal to” State. “Equal to” means that the State must establish and enforce inspection program requirements equal to those of the Federal program.

- State of California Emergency Plan.

CDC GUIDANCE APPENDIX A.4

Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs

Operating Objective A.4 - Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs

PREPARE

- CDFA COOP/COG plan provides for the continuity of all essential CDFA functions. This Plan is confidential for security reasons.

- State of California Emergency Plan.

- The CDFA is developing an all-hazards Emergency Operations Plan that will address policies, procedures, and assignments of CDFA staff during emergencies. A foreign animal disease emergency annex will provide specific guidance to the emergency response to foreign animal diseases. A second annex will address food contamination emergencies.

CDC GUIDANCE APPENDIX A.5

Operating Objective A.5 - Uniformed Military Service

PREPARE

- California National Guard OPLAN 3000-08 Civil Support and Homeland Defense, May 2008.
- California National Guard OPLAN 16-09 State Agency Pandemic Influenza Planning Coordination, September 2009.
- Continuity of Operations/Continuity of Government Plan for California National Guard.
- DoD beneficiaries who receive their medical care from the civilian sector will receive antiviral medications and vaccine from the county in which they reside.
- Military Support to Civilian Authorities OPLAN 02-100 Multi-Hazard.
- National Guard employees will receive antiviral medications and vaccine from the county in which they reside.
- State of California Emergency Plan.
- State of California Mass Prophylaxis Planning Guide, June 2003.

CDC GUIDANCE APPENDIX A.6

Operating Objective: Sustain Transportation Systems

Sub Objective A.6.1 - Keep goods and people moving

PREPARE

- California Emergency Services Act.
- California Emergency Services Act, Article II - Mutual Aid.
- Caltrans Emergency Operations Plan, April 2003.
- Chapter 1 (Emergency Incident Management Planning), Annex K (Emergency Highway Traffic Regulation (EHTR) Plan, Traffic Control Posts, Evacuations)
- Chapter 9 (Transportation Management Centers)

- CHP Emergency Incident Management Planning and Operations Manual (HPM 50.1), Chapter 1 (Emergency Incident Management Planning), Annex K (Emergency Highway Traffic Regulation (EHTR) Plan, Traffic Control Posts, Evacuations)

- CHP Emergency Incident Management Planning and Operations Manual (HPM 50.1).

- CHP Pandemic Influenza Operation Plan

- CHP Transportation Planning Manual (HPM 41.1).

RESPOND

- California Emergency Services Act. Article 9.5 - Disaster Preparedness, section 8607(f):

- Caltrans Emergency Operations Plan, April 2003

- CHP Pandemic Influenza Operational Plan.

Sub Objective A.6.2 - Protect transportation workers

PREPARE

- Caltrans Emergency Operations Plan, 2003.

- CHP COOP/COG Plan

- CHP Emergency Incident Management Planning and Operations Manual (HPM 50.1).

- CHP Pandemic Influenza Operational Plan.

- CHP Emergency Medical Services Manual (HPM 70.2).

- Caltrans Pandemic Influenza Operations Plan, February 2007.

- CHP Occupational Safety Manual (HPM 10.6).

RESPOND

- California Emergency Services Act. Article 9.5 - Disaster

- Caltrans Emergency Operations Plan, April 2003.

- Caltrans Pandemic Influenza Operations Plan, February 2007.
- Caltrans Personnel Information Bulletin, Employee Notification System During Emergencies
- CHP Pandemic Influenza Operational Plan.

Sub Objective A.6.3 - Protect the public while using transportation systems

PREPARE

- Caltrans Emergency Operations Plan, April 2003.
- Caltrans Highway Information Network, 2007.
- Caltrans Pandemic Influenza Operations Plan, February 2007.
- CHP COOP/COG Plan.
- CHP Pandemic Influenza Operational Plan.

RESPOND

- California Emergency Services Act. Article 9.5 - Disaster
- Caltrans Emergency Operations Plan, April 2003.
- CHP Pandemic Influenza Operational Plan.

CDC GUIDANCE APPENDIX A.7

COOP & COG: Operational Readiness (Testing through Exercises and Real Events)

This activity will be addressed in future revisions.

CDC GUIDANCE APPENDIX B.1

Operating Objective: Ensure Surveillance and Laboratory Capability during Each Phase of a Pandemic

Sub Objective B.1.1 - Implementation Steps for Enhanced Human Surveillance

RESPOND AND RECOVER

- California Code of Regulations, Title 17, Section 2500 (j)
- California Code of Regulations, Title 17, Section 2502 (b)
- California Code of Regulations, Title 17, Section 2505 (e) 1. (j)
- Public Health Pandemic Influenza Surveillance, June 2008.
- This is a primary responsibility of LHDs; their plans also cover investigation of early cases.

Sub Objective B.1.2 - Monitoring of Influenza-Related Hospitalizations and Deaths throughout the Pandemic

- Public Health Pandemic Influenza Surveillance, June 2008.
- This is a primary responsibility of LHDs; their plans also cover monitoring influenza hospitalizations.

Sub Objective B.1.3 – Procedures for Notification and Information Sharing

- California Code of Regulations, Title 17, Section 2500 (j)
- California Code of Regulations, Title 17, Section 2505 (e) 1. (j)
- California Code of Regulations, Title 17,Section 2502 (b)
- California Department of Fish and Game Surveillance and Response Plan for the Occurrence of Highly Pathogenic Avian Influenza in Wild Birds, 2006.
- California Department of Food and Agriculture Foreign Animal Disease Emergency Response Executive Overview, January 2006.
- Public Health Pandemic Influenza Surveillance, June 2008.
- This is a responsibility of LHDs; their plans cover methods of notification for healthcare providers and other partners

Sub Objective B.1.4 – Operating Steps to Obtain and Track Impact of the Pandemic

- Public Health Pandemic Influenza Surveillance, June 2008.

- This is primarily a responsibility of LHDs; their plans cover monitoring newly isolated and quarantined persons.

Sub Objective B.1.5 – Implementation Steps for Augmenting the Capacity of Public Health and Clinical Laboratories

- California State Pandemic Influenza Operations Plan, April 2007.

Sub Objective B.1.6 - Systems and Procedures that will be used to Exchange Specimen-Level Data Electronically Among Laboratories

- California State Pandemic Influenza Operations Plan, April 2007.

- LDI: Work is now in progress for the Laboratory Data Interchange (LDI) system, which can exchange data with the StarLIMS system, can permit sending electronic laboratory reports (ELR) to CDC for influenza, and also will permit both the CDPH (CDPH) Viral and Rickettsial Disease Laboratory (VRDL) and State Microbial Disease Laboratory (MDL) to send ELR reports to the states and any county ELR systems via HL-7 messages. The LDI system, which can exchange data with the StarLIMS system can permit sending ELR test results reports to any clinical laboratories that have the capacity to receive electronic reports via HL-7 messages. StarLIMS will not permit exchange of specimen level information among laboratories, however it does have the ability to import and export HL-7 version 2.3.1 messages so can be configured to exchange this information with other data systems. The LDI system which is approaching production status also has the capability to exchange Hl-7 messages and has been configured to exchange them with StarLIMS. It presently provides web forms usable to exchange test requests and results with local public health and clinical/hospital laboratories; It also will be able to forward influenza reports electronically to CDC until such time as the department's Web CMR-ELR system comes on line to take over this function.

Sub Objective B.1.7 - Call-Down Procedures

- California State Pandemic Influenza Operations Plan, April 2007.

Sub Objective B.1.8 - Locations for Additional Laboratory Facilities

- California State Pandemic Influenza Operations Plan, April 2007.

CDC GUIDANCE APPENDIX B.2

Operating Objective: Assist with Controls at U.S. Ports of Entry

Sub Objective B.2.1 - Plan strategies for controls at ports of entry

PREPARE

- Authority and Responsibility of Local Health Officers in Emergencies and Disasters, September 1998.

- California does not have MOAs between the DGMQ and hospitals. Ongoing discussions between CDPH, California's local health departments, and CDC DGMQ are being conducted to resolve contractual language to ensure communication and collaboration with local health departments. It is anticipated an agreement will be reached and MOAs will be ratified by the fall of 2008.

- CDPH has an active and ongoing relationship with the three CDC Division of Global Migration and Quarantine (DGMQ) stations in California located in San Francisco, Los Angeles, and San Diego. The role of CDPH with the DGMQ's is in technical assistance, laboratory support, and communication/notification. The primary collaboration and management of infection control for points of entry is with the local health departments (LHDs) in or near the jurisdictions of the DGMQs (e.g., Santa Clara, San Mateo, San Francisco, Los Angeles, Orange, San Diego and Imperial counties.) Cases occurring at any of the three stations are reported to CDPH but are managed by the LH+D23D and the DGMQ. CDPH recognizes the importance of pandemic planning for ports of entry and is working to increase collaborative planning and exercising with the CDC Quarantine Stations in California. The Ports of Entry communicable disease response plans/pandemic plans are evolving. Final planning is awaiting the release of the Risk Based Border Strategy document from CDC to ensure consistent and comprehensive planning.

- Emergency Operations Plan, San Ysidro and Otay Mesa Ports-of-Entry, Potentially Ill Travelers and Response Protocols.

- Los Angeles International Airport, Communicable Disease Emergency Response Plan, February 2008.

- San Diego International Airport, Communicable Disease (Pandemic Influenza) Response Plan, March 2007.

- San Francisco County Public Health Department Quarantine Order Packet.

- San Francisco County Public Health Department Suspect Avian Influenza A (H5N1): Investigation and Response Procedures, May 2007.

- San Francisco International Airport, Communicable Disease Emergency Response Plan, December 2007.

- San Mateo County Health Department Pandemic Influenza Plan, May 2006.

Sub Objective B.2.2 - Implement strategies for port of entry control of pandemic disease.

RESPOND

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.
- Los Angeles County Pandemic Influenza Operational Plan, September 2007.
- Los Angeles International Airport, Communicable Disease Emergency Response Plan, February 2008.
- San Diego International Airport, Communicable Disease (Pandemic Influenza) Response Plan, March 2007.
- San Diego Pandemic Influenza Plan, May 2007.
- San Francisco International Airport, Communicable Disease Emergency Response Plan, December 2007.

CDC GUIDANCE APPENDIX B.3

Operating Objective: Implement Community Mitigation Interventions

Sub Objective B.3.1 - Implement strategies for isolation and treatment of ill individuals.

RESPOND

- Allocation systems are being developed for distribution of vaccines and anti-viral medications. A Pandemic Influenza Vaccine and Antiviral Advisory Group, a multi-disciplinary group of California stakeholders, has been assembled by CDPH. The group continues to discuss distribution of vaccines and anti viral medications using a Decision Analysis Scoring Tool.
- Be Prepared California website published: www.bepreparedcalifornia.ca.gov.
- California Conference of Local Health Officers Communicable Disease Control and Prevention Committee Meeting Minutes, April 2007.
- CDPH Guidelines for the Management of the First Laboratory-Confirmed Avian Influenza A (H5N1) Infection(s) in Humans, Updated June 2006.
- California Department of Healthcare Services, Infection Prevention Recommendations for Suspected Avian Influenza in Humans, Updated June 2006.
- California Department of Healthcare Services, Screening Form for Suspect H5N1.

- California emergency contact information and communications and education to the general public can be found on the CDPH main website www.bepreparedcalifornia.ca.gov.

- California has a strong structure for delivery of public health services through local health departments located in the State's 58 counties and three incorporated cities. California's independent local health departments (LHDs) are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with LHDs in coordinating public health services statewide; providing policy direction, technical expertise and consultation; and maintaining expert laboratory resources. Management of medical and health disaster response planning is carried out by the local health officer and emergency medical services agency at the county level.

- California State Pandemic Influenza Operations Plan, April 2007.

- California's independent LHDs are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with LHDs in coordinating public health services statewide; providing policy direction, technical expertise and consultation; and maintaining laboratory resources. Management of medical and health disaster response planning is carried out by the LHO and EMS at the county level. In addition the Governor has established an Office of Emergency Services (OES) with three administrative regions. OES carries out the coordination of information and resources within the region and between the SEMS for the State and regional levels. The regions serve as the conduit for local and regional perspective and provide a physical presence for OES functions at the local level in all phases of emergency management. More detailed information can be found at: http://www.oes.ca.gov/WebPage/oeswebsite.nsf

- CDPH Antiviral Medication Stockpile Guidance for Local Agencies and Businesses, March 2008.

- CDPH Guidance for Student Dismissals during an Influenza Pandemic, May 2008.

- CDPH guidelines for the management of the first laboratory-confirmed avian influenza A (H5N1) infection(s) in humans in California during WHO Global Phase, Updated April 2007.'

- CDPH has developed a West Nile Hotline to report dead birds throughout California. This hotline along with its procedures, script, surge capacity, translation, and staffing that will be used in the event of Pandemic Influenza being detected in California.

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- CDPH Pandemic Influenza Preparedness Efforts Quick Facts.

- CDPH Recommendations for Use of Face Masks and Respirators by the Public during an Influenza Pandemic, March 2008.

- CDPH Viral and Rickettsial Disease Laboratory, Specimen submittal Form for suspect Avian Influenza A, June 2006.

- CDPH Website on Hotlines, June 2008. http://bepreparedcalifornia.ca.gov/EPO/ResourcesAndLinks/emergencyContacts.htm

- CDPH Public Health Emergency Response Plan and Procedures, November 2005.

- Conceptual Pandemic Influenza Preparedness Local Health Department Response Matrix, April 2007.

- Currently, the system for reporting infectious disease in California is to use an initial paper form, which is transferred manually into an electronic database. CDPH is currently developing a more rapid reporting system.

- Division of Communicable Disease Control Coordinating Center Communication, Scenario 1.

- In the counties, the local health departments have strong working relationships with the health care community, including the hospital and nursing home staff and administration.
-
- In this past year 2007-2008, CDPH (CDPH) Public Health leadership has presented information to the local health departments (LHDs) at California Conference of Local Health Officers meetings and other community meetings about adopting the February, 2007 CDC Interim Pre-Pandemic Planning Guidance Triggers for Initiating Community Mitigation Interventions CDPH will continue to use the triggers outlined in the Pandemic Severity Index to provide guidance to local health departments. In addition, CDPH will continue to work with LHDs to incorporate these triggers into their pandemic influenza county plans. Specifically, CDPH will incorporate the “Intervals” concept, noted in the March 2008 Federal Guidance, in state recommendations to the LHDs about when to invoke community mitigation techniques.

- Pandemic Influenza Supplemental Gap Analysis Results CDPH, April 2006.

- Pandemic Influenza Vaccine and Antiviral Advisory Group Mission Statement.

- Report from the Pandemic Influenza Work Group and Division of Communicable Disease Control Pandemic Influenza Core Group, February 2007.

- State of California has developed general hotlines, so local health departments and healthcare providers can speak to subject matter experts to obtain emergency information on bioterrorism, chemical emergency and natural disasters. The hotline is available 24 hours a day, by phoning 770-488-7100. Information to describe how to access Hotlines is available the health hare providers and to local health departments on the website: http://bepreparedcalifornia.ca.gov/EPO/.

- The Confidential Morbidity Reporting Project Final Feasibility Study Report, January 2006.

- The State has developed specific plans to distribute treatment medications to ill individuals in isolation. Provide a full description of how ill individuals will access antiviral medication for treatment. CDPH Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile, November 2006.

Sub Objective B.3.2 - Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine

- Adaptations to the Countermeasures and Response Administration system: LHDs participated in a pilot project to test and evaluate the Countermeasures and Response Administration system during the 2007-08 influenza season. The Counter Measure and Response Administration system is a web-based application that collects and manages data on influenza vaccine doses administered by local health departments. This system may also be employed during an influenza pandemic, or any other public health emergency, to track the administration of countermeasures such as vaccine, antibiotics, antivirals, or Isolation/Quarantine restrictions. CDPH will utilize risk communication strategies to further develop plans to communicate with the people of California and will use the website: "http://bepreparedcalifornia.ca.gov/EPO/PressRoom/", as well as printed material, to disseminate information.

- Bay Area Cross-Sector Pandemic Influenza Exercise, April 2008.

- California has a strong structure for delivery of public health services through local health departments located in the State's 58 counties and three incorporated cities. California's independent local health departments are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with Local health departments in coordinating public health services statewide; providing policy direction, technical expertise and consultation; and maintaining expert laboratory resources. Management of medical and health disaster response planning is

carried out by the local health officer and emergency medical services agency at the county level. Any efforts to work with community organizations to distribute medications, vaccine and other subsistence items (e.g. food or water) to households in isolation will be designed.

- California State Pandemic Influenza Operations Plan, April 2007.

- California's independent LHDs are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with local health departments in coordinating public health services statewide; providing policy direction, technical expertise and consultation; and maintaining expert laboratory resources. Management of medical and health disaster response planning is carried out by the local health officer (LHO) and emergency medical services agency at the county level. Specific plans to identify households with people in quarantine would be formulated by the LHDs. The Countermeasures and Response Administration system could be adapted at the state level for use by counties for such tracking. Specific direct information to households that are under voluntary quarantine and any methods of identifying those households must be under the direction and control of the LHO and LHD staff.

- CDPH Flow Sheet for the Management of Suspect and First Lab Confirmed H5N1 Case, Updated June 2006.

- CDPH California Case Report Form For Laboratory-Confirmed Avian (H5N1) Influenza, Updated June 2006.

- CDPH Infection Prevention Recommendations for Suspected Avian Influenza in Humans, update June 2006.

- CDPH Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile.

- CDPH will continue community outreach efforts in collaboration with local health departments to continue the work on Bay Area Cross Sector achievements of the two northern California summits in April 2007 and April 2008. An application for a Pandemic Influenza Competitive Grant has been submitted to the CDC to clarify sector roles and to solidify plans to share resources between sectors.

- CDPH will utilize risk communication strategies to further develop plans to enhance communications and will use the website: "http://bepreparedcalifornia.ca.gov/EPO/PressRoom/", as well as printed material, to disseminate information. CDPH has launched Brochure 2 Blog, an interactive communication tool using new technologies based on evolving public media consumption. The program will be available to the emergency Preparedness section to enhance multidirectional communication as a pandemic approaches/continues. Before, during and after a pandemic, CDPH will need to provide timely accurate information in a rapidly changing

environment. CDPH plans to use the internet, and other evolving technology to reach Californians and may include but are not limited to: text messaging, interactive online games, virtual reality, podcasting, hand-held devices for quick responses/feedback.

- Confidential Morbidity Reporting Project Final Feasibility Study Report.

- Contact tracing is done by local health departments as a central role and is reported to both the Infectious Disease and Immunization Branches of the CDPH. Capturing, collating, and analyzing data about reportable diseases, including demographic characteristics of household members (both ill and contacts), is the role of CDPH.

- CDPH has submitted an application for a Pandemic Influenza Competitive Grant to the CDC to fund a second phase of the project. CDPH funded Phase 1 of the project called the Public Health Emergency Preparedness Community Outreach Project. The project is designed to enable CDPH to assess community input as decisions are being made. Effectiveness of community mitigation is integral to the project. Tracking those diagnosed with mental health challenges, a system to track counter measures, and outcomes of interventions are part of the mental health project designed by California stakeholders. Tracking those who have been trained and certified to be mental health providers in the midst of significant surge is another aspect of the mental health system design, which will include tracking the metal health status of first Responders and any mental health counter measures they received. A multi-agency collaboration, including CDPH, has worked on the project for several years. A grant application has been submitted.

- Division for Communicable Disease Control Coordinating Center Organization, Activities, and Needed Staffing Skills and Roles.

- Management of medical and health disaster response planning is carried out by the local health officer and emergency medical services agency at the county level. The local health departments are reaching out to community and faith-based organizations to develop coordinated plans.

- Pandemic Emergency Plan Quality Improvement Tool.

- Pandemic Influenza Vaccine and Antiviral Advisory Group Mission Statement.

- Public Health Emergency Preparedness Community Outreach Project.

- Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812 Reportable Diseases and Conditions.

Sub Objective B.3.3 - Develop clear policies and procedures for advising social distancing practices in the community and at the worksite.

- Bay Area Cross-Sector Pandemic Influenza Exercise.
- Bay Area Regional Cross Sector Workgroup has been meeting for several years to discuss how each sector can adjust policies to execute successful management during an influenza pandemic.

- Bay Area Summit on Cross-Sector Pandemic Influenza Planning.

- California State Pandemic Influenza Operations Plan, April 2007.

- CDPH Guidance for Student Dismissals during an Influenza Pandemic,, May 2008.

- CDPH has applied for funding from the CDC for a project to assess worker willingness to work or to self-isolate, if symptomatic and/or exposed to someone with the flu. In addition, the project would seek to address identified barriers to appropriate behavior among specific subgroups of California workers and disseminate the information learned to multiple stakeholders such as schools, businesses, community –based organizations, and state and local governments in order to promote planning for employee absenteeism and "presenteeism" during pandemic influenza. If funded, CDPH staff will form a California Cross Sector Willingness Assessment Workgroup to assess different groups of health care and other workers throughout California in terms of their willingness to work and/or self isolate. Educational interventions will encourage appropriate behavior such as staying home sick or exposed, going to work when well, and staying home to care for others in the family who are ill.

- CDPH has launched a new and efficient means of connecting with the public through interactive communication using new technologies based on evolving public media consumption. Web-users are representative of the U.S. population, including all genders, age groups, ethnicities and socio-economic status. 71% of consumers use the web regularly. 55% of teens are internet-users and nearly a third of 65+ use the web. Brochure 2 blog will be available to the emergency preparedness section, to enhance multidirectional communication as a pandemic approaches and continues. CDPH will need to provide timely accurate information in a rapidly changing pandemic environment, so plans to use the internet, and other evolving technology to reach Californians. Some examples of interactive new technology tools may include but are not limited to: text messaging, interactive online games, virtual reality, podcasting, hand-held devices for quick audience survey responses/feedback. More information is at: http://www.brochure2blog.org/home.aspx

- CDPH is working with local health departments to develop community mitigation plans, including monitoring of the effects of the measures implemented. At this time, there are no processes in place.

- CDPH Pandemic Influenza Preparedness and Response Plan Updated, September 2006.

- CDPH Recommendation for Use of Facemasks and Respirators by Public during an Influenza Pandemic, March 2008.

- CDPH reviewed local pandemic response plans, including strategies for introducing community mitigation strategies, based on the Pandemic Emergency Plan Quality Improvement Tool. CDPH Guidance was that "procedures for implementing NPI measures as recommended by CDHS/CDC" should be designed to fulfill the role of the LHD in Pandemic planning. Plans varied in their response, those that fully addressed the requirement included characteristics of: types of mass gatherings that might be affected identified by venue; decision making process described, including: partners to be consulted, triggers and criteria to be used; how the public will be notified; how cancellation of mass gatherings will be coordinated with partners; how workplaces can be altered to reduce contact but allow continuity of business; issues regarding freedom of assembly, speech, due process and equal protection rights. CDPH will provide feedback to all the counties about their Pandemic Influenza plans and to develop exercises to enable LHDs to promote social distancing to their community partners.

- CDPH will continue community outreach efforts in collaboration with local health departments to implement recommendations delineated at the Bay Area Cross Sector northern California summits in April 2007 and April 2008. An application for a Pandemic Influenza competitive grant has been submitted to the CDC to clarify sector roles and solidify plans to share resources among sectors, as noted in cross sector meetings in Northern and Southern California.

- In 2007-2008, CDPH leadership presented information to LHDs at California Conference of Local Health Officers meetings and other community meetings about the value of the February 2007 CDC Interim Pre-pandemic Planning Guidance. CDPH will continue to work with LHDs as they review their pandemic influenza plans, to assure that they will incorporate these social distancing strategies, noted in the February, 2007 CDC Interim Pre-pandemic Planning Guidance, using the Pandemic Severity Index, into their updated Pandemic Influenza plans. These social distancing strategies will be used using federal interventions during a pandemic. However, the March 2008 document "Federal Guidance to Assist States in Improving State-level Pandemic Influenza Operating Plans" better defines when to alert personnel to get ready to implement various community mitigations, when to put personnel and systems on standby and when to fully activate community mitigations.

- Pandemic Emergency Plan Quality Improvement Tool.

- Southern California Summit on Cross Sector Pandemic Influenza Preparedness After Action Report.

Sub Objective B.3.4 - Implement steps for cessation of community mitigation interventions

RECOVER

- CDPH has launched a new and efficient means of connecting with the public through interactive communication using new technologies based on evolving public media consumption. Web-users are representative of the U.S. population, including all genders, age groups, ethnicities and socio-economic status. 71% of consumers use the web regularly. 55% of teens are internet-users and nearly a third of 65+ use the web. Brochure 2 blog will be available to the emergency preparedness section, to enhance multidirectional communication as a pandemic approaches and continues. CDPH will need to provide timely accurate information in a rapidly changing pandemic environment, so plans to use the internet, and other evolving technology to reach Californians. Some examples of interactive new technology tools may include but are not limited to: text messaging, interactive online games, virtual reality, podcasting, hand-held devices for quick audience survey responses/feedback. More information is at: http://www.brochure2blog.org/home.aspx

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- The State spokesperson is CDPH Public Information Officer in the Department's Joint Emergency Operation Center. In California, this is identified as a position not assigned to a specific person. Multiple people are trained to cover position 24/7 with back-ups.

CDC GUIDANCE APPENDIX B.4

Operating Objective: Enhance state plans to enable community mitigation through student dismissal and school closure

PREPARE

Sub Objective B.4.1 - Review legal authorities and delegations of authority for closing schools and/or dismissing students.

- CCC: Education Code 71020.5.

- CDPH Authority: California Health & Safety Code Sections 120145-120150.

- Governor: California Emergency Services Act, Article 13, State of Emergency.

- Local Authorities: California Health & Safety Code Sections 101000, 101025, and 101030.

- UC: UC Policy on Campus Emergencies

Sub Objective B.4.2 - Develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening.

- CCC Chancellor's Office has launched a Disaster Resistant California Community Colleges program to provide leadership and support in all phases of emergency management. See the California Community Colleges Pandemic Flu Readiness Summary Response for more information. CCC will be conducting pandemic planning for their campuses and will use the CDHS Pandemic Influenza Preparedness for Schools Training Program.

- CCC: See California Community Colleges Pandemic Flu Readiness Summary Response.

- CCC: There are 72 local districts functioning as separate jurisdictions. Each jurisdiction has primary responsibility for all actions within their district from closing schools during a disaster to resumption of educational services.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 counties, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CDHS Pandemic Influenza Preparedness and Response Plan 2006:

- CDPH Guidance for Student Dismissals During an Influenza Pandemic, May 23, 2008.

- CDPH works closely with the California Department of Education to increase pandemic influenza planning and surveillance. A CDPH representative meets at least annually with the state school nurses to develop infection control and pandemic response procedures, including issues surrounding surveillance. The local health departments (LHDs) and school districts are collaborating to establish surveillance for illness and absenteeism rates in schools K-12. Information from a survey conducted in November 2007, shows that forty of the 61 LHDs do some syndromic surveillance; twenty-one LHDs included school absenteeism in their surveillance on a regular basis; six collect data from 911 calls and eight from EMS systems.

- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006

- CSU: Each of the 23 CSU Campuses has developed a pandemic response plan. The plan from California State University Los Angeles is cited throughout this document as a sample of the plans from the 23 campuses.

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley

- UC: Policy on Safeguards

- UC: The UC Office of the President has delegated emergency Preparedness activities to the Chancellor of the 10 UC campuses. Each campus has developed a pandemic response plan. The plan from UC Berkeley is cited throughout this document as a sample of the plans from the 10 campuses.

Sub Objective B.4.3 - Develop and/or enhance communications planning for school closure/student dismissal and reopening.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Responsibility of the 23 CSU campuses, if applicable.

- UC: Responsibility of the 10 UC campuses, if applicable.

Sub Objective B.4.4 - Establish expectations and procedures for providing continuity of education for students.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006

- CSU: Responsibility of the 23 CSU campuses.

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley.

Sub Objective B.4.5 - Establish policies and procedures for use of school facilities and resources during a pandemic.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Responsibility of the 23 CSU campuses.

- UC: Responsibility of the 10 UC campuses.

Sub Objective B.4.6 - Ensure that Continuity of Operations and Business Continuity Plans include considerations for pandemic for the state educational agency.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a COOP/COG Plan that will address essential functions within CDE, include considerations for pandemic for the SEA; protect state assets during a pandemic; and restore the learning environment. The plan is expected to be completed by the fall of 2008.

- CSU: Responsibility of the 23 CSU campuses.

- UC: Responsibility of the 10 UC campuses.

Sub Objective B.4.7 - Implement policies and procedures for closing schools and/or dismissing students

RESPOND

- California State Pandemic Influenza Operations Plan 2007

- CCC: Responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley

- UC: Responsibility of the 10 UC campuses.

Sub Objective B.4.8 - Implement policies and procedures for continuing education during prolonged school closure/student dismissal.

- California State Pandemic Influenza Operations Plan 2007

- CCC: Responsibility of the 72 district offices.
- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be

shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Responsibility of the 23 CSU campuses.

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley

- UC: Responsibility of the 10 UC campuses.

Sub Objective B.4.9 - Clearly communicate policies and procedures about school closures/dismissal of students and other important information.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley.

Sub Objective B.4.10 - Protect state assets (school facilities and resources) during a pandemic.

- CCC: Responsibility of the 72 district offices.

- CDE is developing a COOP/COG Plan that will address essential functions within CDE, include considerations for pandemic for the SEA; protect state assets during a pandemic; and restore the learning environment. The plan is expected to be completed by the fall of 2008.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Responsibility of the 23 CSU campuses.

- DGS: Division of State Architect reviews and approves building and construction plans. Ownership and operation of schools/universities are

under the purview of the local jurisdiction, California Department of Education, and/or specific University.

- UC: Responsibility of the 10 UC campuses.

- UC: UCs are not considered state agencies. This activity is the responsibility of the 10 UC campuses.

Sub Objective B.4.11 - Implement steps to reopen schools/reconvene students.

RESPOND

- California State Pandemic Influenza Operations Plan 2007

- CCC: responsibility of the 72 district offices.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006

- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley

- UC: Responsibility of the 10 UC campuses.

Sub Objective B.4.12 - Communicate policies for reopening schools/reconvening students.

- CCC: Chancellor, Public Information Officer

- CCC: responsibility of the 72 district offices.

- CDE is developing a COOP/COG Plan that will address essential functions within CDE, include considerations for pandemic for the SEA; protect state assets during a pandemic; and restore the learning environment. The plan is expected to be completed by Fall 2008.

- CDE is developing a Pandemic Flu Manual that will cover essential functions within CDE, how to communicate imperative messages to all 58 County Departments of Education, continuity of educational services, use of state-owned facilities, and other issues. The Manual is in draft form and will be

shared after approval by the California Superintendent of Public Instruction. Release of the Manual is anticipated in the fall of 2008.

- CDE: Communications Director and Communications Press Secretary
- CSU: Avian Influenza Pandemic Business Continuity Plan Draft June 2006
- CSU: Chief Risk Officer
- UC: Influenza Pandemic Emergency Operations Plan, University of California, Berkeley
- UC: Office of the President

CDC GUIDANCE APPENDIX B.5

Operating Objective: Acquire and Distribute Medical Countermeasures during Each Phase of a Pandemic

Sub Objective B.5.1 - Receive and store antiviral drugs, personal protective equipment and medical supplies from SNS.

PREPARE

- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2008.

Sub Objective B.5.2 - Allocate and distribute drugs within the State.

RESPOND

- CDPH Emergency Preparedness Office Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile (SNS), June 2009.
- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2008.

Sub Objective B.5.3 – Ensure a safe and secure environment

- CDPH Emergency Preparedness Office Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile (SNS), December 2007.
- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2008.

Sub Objective B.5.4 – Administer drugs in a legal and ethical manner

- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2009.

Sub Objective B.5.5 – Monitor for adverse reactions to drugs

RECOVER

- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2008.

CDC GUIDANCE APPENDIX B.6

Operating Objective: Ensure Mass Vaccination Capability During Each Phase of a Pandemic

- CDPH Vaccine Prioritization Guidance 4_28_08.
- Citations: LHD Pandemic Influenza Guidance.
- In California, LHDs are responsible for distribution of vaccine to institutions and agencies within their jurisdiction and will be responsible to develop MOAs with any local providers or organizations they will delegate to administer vaccine. This is supported by the cited documents. Current CDC plans include decentralizing pandemic vaccine to local sites. Therefore only a small percentage will be received by CDPH. The CDPH Immunization Branch already has MOAs with providers throughout the State for "routine" vaccines. Any provider who dispenses federal or state purchased vaccines must sign a provider agreement. If necessary, these could be adapted for a pandemic event.
- Local SNS Guidance 8_2007.
- Public Health Pandemic Influenza Mass Vaccination, June 2008.
- This is an activity required of the local health departments (LHDs) to address in their pandemic influenza operational plans.

Sub Objective B.6.1 - Vaccine Monitoring

PREPARE

- Public Health Pandemic Influenza Mass Vaccination, June 2008.

RESPOND

- CDPH formed the PIVA to guide the development of vaccine and antiviral implementation strategies. The PIVA is made up of 25 key stakeholders representing the State. The first working group meeting was held on May 1, 2008. Through input received from the workgroup, CDPH anticipates to have a draft vaccine implementation guidance completed by August, 2008. At that

time it will enter the State's review process. Part of the guidance will address issues relating to a second dose of vaccine.

- In California, this is primarily a LHD responsibility but the State works closely with LHDs in providing policy direction, technical expertise and consultation. This was an activity that was required of the LHDs to address in their operational plans. Sixty out of 61 LHD plans were reviewed by the State Immunization Branch and were assessed for the completeness of this activity in their plans. Citations: LHD Pandemic Influenza Guidance.

- Public Health Pandemic Influenza Mass Vaccination, June 2008.

- The results from the California statewide Vaccine Ship-to-site Survey have been compiled and include the required information asked for in this s**ub objective**. Upon request, CDPH can supply the information.

- This was an activity that was required of the LHDs to address in their operational plans. Sixty out of 61 LHD plans were reviewed by the State Immunization Branch and were assessed for the completeness of this activity in their plans.

- Vaccine Ship-to-site Survey, June 2008.

CDC GUIDANCE APPENDIX B.7

Operating Objective: Provide Health Care

Operating objective B.7 – Provide health care

RESPOND

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- CDPH, Crisis Standard of Care Workgroup, April 2008.

- CDPH, Letter of invitation from Dr. Mark Horton to stakeholder groups to participate, January 2008.

- California Dept. of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Volume II: Government-Authorized Alternate Care Sites.

- CDPH Recommendations for Use of Facemasks and Respirators by the Public during an Influenza Pandemic, March 2008.

- In January 2008, the CDPH formed a workgroup to develop a "crisis standard of care", also known as altered standards of care, to develop guidance on the ethical allocation and prioritization of healthcare services and resources during a large scale emergency. The Workgroup was convened in March 2008 and developed a mission and purpose statement. The workgroup is comprised of key medical and health stakeholders from across California and subject matter experts from across the nation (e.g., Sally Phillips from the Agency for Healthcare Research and Quality (AHRQ), including ethicists from the University of California, Davis and San Francisco. This workgroup will meet regularly and develop resource allocation guidelines, ensuring that legal and ethical distribution of scarce resources during a mass casualty event (e.g., an influenza pandemic).

- Public Health Pandemic Influenza Communications, June 2008.

- The ESAR-VHP software purchased by California has the ability to deploy and track volunteer health care providers; however, written procedures have not been developed. Estimated completion date for written procedures is December 2008.

- This is a local response because every community is different. To assist the local health departments (LHDs) in their efforts, CDPH conducted six (6) regional Special Populations Forums with emphasis on pandemic influenza planning. A committee comprised of LHDs, Loma Linda University, CDPH Office of Multicultural Health, and other agencies designed the content of the forums which 1) introduced CDC's model for conducting special population outreach, 2) provided networking and relationship building opportunities, and 3) provided a tabletop exercise. At these forums, LHDs were given the tools necessary to align with their community partners to develop a more comprehensive and coordinated emergency response as it relates to special populations.

RECOVERY

- CDPH Public Health Emergency Response Plan and Procedures.

CDC GUIDANCE APPENDIX B.8

Operating Objective: Manage Mass Fatalities

<u>Operating objective B.8 – Manage mass fatalities</u>

RESPOND AND RECOVER

- California Electronic Death Registration System Version 2.4 Local Registrar Users Guide.

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- CDPH Public Health Emergency Response Plan and Procedures.

- DMH is developing a comprehensive training plan which will address: overview of the emergency management system; basic mental health clinical procedures; weapons of mass destruction; anxiety and related topics; medically unexplained physical symptoms, coping skills, and long-term psychosocial implications; delivering bad news: families, victims, and agencies; and risk management, isolation, and quarantine issues. They are also developing a communications and training plan on local response and recovery techniques for mental health providers.

CDC GUIDANCE APPENDIX B.9

Operating Objective: Ensure Communication Capability During Each Phase of a Pandemic

Sub Objective B.9.1 - Operating Plans for Two-Way Communication

PREPARE

- Cal OES can augment or relay information through the State Warning Center mechanisms. The California State Warning Center has operation procedures, which are SSI, that can be brought into play for this contingency.

- Cal OES participates annually in Golden Guardian exercises. JIC plans and procedures are tested through this process.

- Cal OES: Networks are tested daily, weekly, and monthly. Protocols and procedures are security sensitive information (SSI).

- Public Health Pandemic Influenza Communications, June 2008.

- State of California Emergency Plan

Sub Objective B.9.2 - Culturally-Appropriate and Language Specific Information

- Cal OES will evaluate the State Emergency Public Information Plan and JIC Procedures Working Draft to determine specific procedures that should be incorporated for special needs population.

- Public Health Pandemic Influenza Communications, June 2008.

- State Emergency Public Information Plan and JIC Procedures Working Draft, February 2007.

- The culturally-appropriate and language specific information provided is written at a sixth-grade level. The information fact sheets contain pictures and graphics to convey the appropriate messages.

- The California State Warning Center has established operating procedures to communicate with the Governor's Office, Legislative members and State agency leadership. Cal OES's public information has networked with CDPH and local government, public health, about "messaging issues" and trusted figures.

Sub Objective B.9.3 - Development and Dissemination of Essential Information

RESPOND AND RECOVER

- California Pandemic Influenza Operations Plan, April 2007.

- OES JIC would support CDPH Public Information staff.

- Cal OES will evaluate the State Emergency Public Information Plan and JIC Procedures Working Draft to determine specific procedures that should be incorporated.

- Public Health Pandemic Influenza Communications, June 2008.

- The California State Warning Center maintains a 24-hour roster of state and other key agencies, including Public Information points of contact. Operating procedures are categorized SSI.

Sub Objective B.9.4 - Culturally-Appropriate and Language Specific Information

- Cal OES will evaluate the State Emergency Public Information Plan and JIC Procedures Working Draft to determine specific procedures that should be incorporated.
- Public Health Pandemic Influenza Communications, June 2008.

- The culturally-appropriate and language specific information provided is written at a sixth-grade level. The information fact sheets contain pictures and graphics to convey the appropriate messages.

Sub Objective B.9.5 - Media Spokesperson

- Cal OES will evaluate the State Emergency Public Information Plan and JIC Procedures Working Draft to determine specific procedures that should be incorporated.

- Public Health Pandemic Influenza Communications, June 2008.

- The California State Warning Center maintains a 24-hour roster of state and other key agencies, including Public Information points of contact. Operating procedures are categorized SSI.

CDC GUIDANCE APPENDIX B.10

Operating Objective: Mitigate the impact of an influenza pandemic on workers in the State

Operating objective B.10 - Mitigate the impact of an influenza pandemic on workers in the State

PREPARE

- California State Pandemic Influenza Operations Plan, April 2007.

- Labor and Workforce Development Agency (LWDA) Employment Development Department (EDD) Division of Workers Compensation (DWC) Pandemic Influenza Operations Plan.

RESPOND AND RECOVER

- California State Pandemic Influenza Operations Plan, April 2007.

- LWDA-EDD-DWC Pandemic Influenza Operations Plan.

CDC GUIDANCE APPENDIX B.11

Operating Objective: Understand Official Communication Mechanism For Foreign Missions, International Organizations, and Their Member in the United States

Operating objective B.11 - Operating Objective: Understand Official Communication Mechanism For Foreign Missions, International Organizations, and Their Member in the United States

RESPOND

- There are 215 California Consular Corps members who reside in 18 counties across the state, with Los Angeles (95 members) and San Francisco (65

members) housing most of the members. In addition to the information coming from the Governor's Office of Protocol, the members will also get information as residents of the counties in which they live.

- While there are no written plans in place, the Governor's Office of Protocol will provide the California Consular Corps any pertinent information as directed.

CDC GUIDANCE APPENDIX B.12

Operating Objective: Assure the Emergency Medical Services System (EMS) and the 9-1-1 System are Integral Component of a State's Pandemic Influenza Planning and Response.

Sub Objective B.12.1 – EMS Planning.

RESPOND

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- California Disaster Medical Operations Manual, California Emergency Medical Services Authority, Draft January 10, 2008.

- California has a strong structure for delivery of public health services through local health departments (LHDs) located in the State's 58 counties and three 3 incorporated cities. California's independent LHDs are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with LHDs in coordinating public health services statewide; providing policy direction, technical expertise consultation, communication, and maintaining expert laboratory resources. Management of medical and health disaster response planning is carried out by the local health officer and emergency medical services agency at the county level.
- California State Pandemic Influenza Operations Plan, April 2007.

- CDPH and the EMSA will develop, coordinate, and disseminate pandemic influenza information and guidelines through the Joint Emergency Operations Center. Guidelines and information will be distributed to local providers through multiple communication mechanisms and technologies including the California Health Alert Network (CAHAN), the California Response Information Management System, fax, email, and conference calls on a regular basis. The LHD and local emergency medical services agencies are responsible for direct communications with EMS providers.

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of

EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.

RECOVER

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and responding to pandemic influenza. Although a written plan has not been developed, it is the policy of EMSA to debrief following incidents, note successes and weaknesses, and plan for corrective actions. Correction actions are included in after action reports. Estimated completion date of the plan is July 2009.

Sub Objective B.12.2 – The Role of EMS in Influenza Surveillance and Mitigation.

RESPOND AND RECOVER

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- California has a strong structure for delivery of public health services through LHDs located in the State's 58 counties and 3 incorporated cities. California's independent LHDs are the direct point of delivery of public health services, including communicable disease response. The LHDs and emergency medical services (EMS) agencies collaborate on infection control and surveillance. EMS providers do not diagnose and collect only certain assessment elements and therefore can only provide presenting or chief complaint of the patient. The value of this data is limited for influenza surveillance. However, local EMS agencies do collect contact information and call volumes which can reflect a trend or upward swing of infectious disease. The information gathered by EMS agencies is reported to the LHDs. During a healthcare surge, due to natural (e.g., outbreak of infectious disease) or man-made events, EMS status and call information is assessed and evaluated by the LHDs and healthcare system emergency managers. EMS information is monitored and tracked and may reflect surveillance data, but does not provide precise influenza surveillance information.

- EMS providers are a key response partner and would be included in all community mitigation strategies for healthcare providers and the public. Public health and community mitigation strategies would be recommended through the Joint Emergency Operations Center, an operations center formed by CDPH and EMSA which represents the EMS and hospital emergency department communities. EMS will be considered and addressed in any recommendations, strategies, and measures implemented during a pandemic.

- In California disease surveillance is carried out by LHDs. CDPH is finalizing a report on a survey of syndromic surveillance done by LHDs. As of November 2007 when the survey was done: Forty of the 61 LHDs do some form of syndromic surveillance; Twenty one LHDs included school absenteeism in their syndromic surveillance on a regular basis; Six collect data from 911 calls and eight from EMS systems on a regular basis. Many of the LHDs in the state use Reddinet or Firstwatch for their hospital diversion systems. Although the LHDs may not be receiving the data currently, these systems do have the capability of reporting data on the EMS calls to LHDs.

Sub Objective B.12.3 – Maintaining Continuity of EMS Operations During an Influenza Pandemic.

- Ambulance Strike Team/Medical Task Force System Manual.

- At the local level, there are plans for effective, reliable interoperable communications systems.

- California Disaster Medical Operations Manual Draft, January 2008.

- California State Pandemic Influenza Operations Plan, April 2007.

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Although a written plan that addresses augmenting local EMS personnel is not currently completed, the State does plan to utilize California Medical Volunteers (ESAR-VHP) to identify potential volunteers to augment the EMS workforce if needed. Estimated completion date of the plan is July 2009.

- Public Health Pandemic Influenza Communications, June 2008.

Sub Objective B.12.4 – Legal Authority

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.

- In addition, a local health officer may declare a public health emergency in which case EMS providers may deviate from their established procedures. In this case, when a local public health emergency is declared, the local health officer may coordinate with the local EMS agency medical director to deviate from their established procedures.

Sub Objective B.12.5 – Clinical Standards and Treatment Protocols

- CAHAN will be utilized to rapidly distribute protocols.

- CDPH has developed procedures and protocols in the Guidelines which define what will need to occur in a healthcare surge to allow for effective patient triage. The Guidelines manuals and tools provide protocols to be used across healthcare systems for how to shift from individual to population-based medical care procedures to maximize the number of lives saved. Triage during a healthcare surge will focus on identifying and reserving immediate treatment for individuals who have a critical need for treatment and are likely to survive. A Healthcare Surge Plan Template is provided with a section specifically on triage of patients during a healthcare surge. Included in this section are considerations from the California Hospital Association Surge Plan Checklist for dealing with issues of patient triage.

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.

- EMSA will work in conjunction with the State Public Health Officer to provide Statewide medical oversight.

- In 2008, CDPH released the Standards and Guidelines for a Healthcare Surge during Emergencies (Guidelines). The Guidelines address scope of practice, licensure flexibility, reimbursement, liability for licensed health facilities and professionals, and planning for surge and alternate care sites. The tools and checklists included in the Guidelines provide hospitals and LHDs with protocols to address staffing concerns including skills and abilities of licensed healthcare staff and volunteers, plans for augmenting nursing staffing, emergency credentialing procedures for healthcare professionals, inventory of supplies and pharmaceuticals, patient tracking, security concerns, patient registration, disclosure of protected health information, and health insurance verification, payment, and reimbursement for services provided.

- This must be done in conjunction with local EMS agency medical directors.

Sub Objective B.12.6 – EMS Workforce Protection

- CDPH Pandemic Influenza Preparedness and Response Plan, September 2006.

- California has a strong structure for delivery of public health services through LHDs located in the State's 58 counties and 3 incorporated cities. California's

independent LHDs are the direct point of delivery of public health services, including communicable disease response. CDPH works closely with LHDs in coordinating public health services statewide; providing policy direction, technical expertise consultation, communication, and maintaining expert laboratory resources. Management of medical and health disaster response planning is carried out by the local health officer and emergency medical services agency at the county level.

- CDHS Public Health Emergency Response Plan.

- CDPH has identified the EMS workforce as a priority group in an influenza pandemic.

- EMS providers receive basic infection control procedures in their basic training, but these are mostly related to blood borne pathogens. Additional training may be necessary based on recommendations for specific type of personal protective equipment, etc.

- EMS workforce will be provided vaccines and antivirals from the county in which they live.

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Department of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.

- The issues associated with the isolation or quarantine of any healthcare partner, including EMS person(s), are the responsibility of the LHD including the monitoring, treatment, and logistical support. Each local Emergency Medical Services Agency (LEMSA), in collaboration with the LHD develops mechanisms and policies for their own EMS personnel who are under isolation or quarantine.

CDC GUIDANCE APPENDIX B.13

Operating Objective: Ensure Communication Capability during Each Phase of a Pandemic

Sub Objective B.13.1 – Guiding Principles for Public Safety Answering Points (PSAPs).

RESPOND

- California State Pandemic Influenza Operations Plan, April 2007.

- State of California Emergency Plan

RECOVER

- California Emergency Services Act, Section 8607(f)
- Conforms with NIMS requirements.

Sub Objective B.13.2 – Provision of Information to the Public.

RESPOND AND RECOVER

- California State Pandemic Influenza Operations Plan, April 2007.

Sub Objective B.13.3 – Facilitation of Call Screening.

- This activity will be addressed in future revisions.

Sub Objective B.13.4 – Assistance with Priority Dispatch of Limited EMS.

PREPARE

- This is under the authority of the local EMS agency medical director.

Sub Objective B.13.5 – Education and Training of PSAPs.

PREPARE

- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Dept. of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.

Sub Objective B.13.6 – Continuity of Operations.

RESPOND AND RECOVER

- CDPH Vaccine Prioritization Guidance 4 28 08.
- EMSA is in the process of adapting the EMS Pandemic Influenza Guidelines for Statewide Adoption developed by the U.S. Dept. of Transportation, May 2007, for California. The plan will focus on delivery of emergency care and 9-1-1 services during an influenza pandemic. It will define the role of EMS in preparing for, mitigating and Responding to pandemic influenza. Estimated completion date of the plan is July 2009.
- Public Health Pandemic Influenza Mass Vaccination, June 2008.

- This will be addressed through SEMS/NIMS and requests through emergency operations centers.

CDC GUIDANCE APPENDIX B.14

Protect Citizens: Operational Readiness (Testing through Exercises and Real Events)

Operating objective B.14 – Protect Citizens: Operational Readiness (Testing through Exercises and Real Events)

- This activity will be addressed in future revisions.

CDC GUIDANCE APPENDIX B.15

Operating Objective: Public Safety and Law Enforcement

Operating objective B.15 – Public Safety and Law Enforcement.

- This activity will be addressed in future revisions.

CDC GUIDANCE APPENDIX C.1

Operating Objective: Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles And Responsibilities

Operating Objective C.1 - Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles and Responsibilities

- Additional temporary regulatory adjustments/waivers will be addressed in future revisions.
- California Emergency Services Act.
- California State Pandemic Influenza Operations Plan April 2007.

CDC GUIDANCE APPENDIX C.2

Operating Objective: Build Public-Private Partnerships and Support Networks

Operating Objective C.2 - Operating Objective: Build Public-Private Partnerships and Support Networks

- California State Pandemic Influenza Operations Plan, April 2007.
- This activity will be addressed as OHS implements State of California Homeland Security Strategy (Copy is provided). Activities will include coordinating through working groups such as Infraguard.

CDC GUIDANCE APPENDIX C.3

Operating Objective: Implement NIPP Risk Management Framework for a Pandemic

Operating Objective C.3 - Operating Objective: Implement NIPP Risk Management Framework for a Pandemic

- California State Pandemic Influenza Operations Plan, April 2007.
- State of California Emergency Plan
- This activity will be addressed as OHS implements State of California Homeland Security Strategy. Activities will include coordinating through working groups such as Infraguard.

CDC GUIDANCE APPENDIX C.4

Operating Objective: Bolster CIKR Information Sharing and Protection Initiatives

Operating Objective C.4 - Bolster CIKR Information Sharing and Protection Initiatives

- Assembly Bill 1495, Chapter 476, Statutes of 2005.
- California State Pandemic Influenza Operations Plan, April 2007.
- OHS Policies and Procedures Governing Protected Critical Infrastructure.
- This activity will be addressed in future revisions.

CDC GUIDANCE APPENDIX C.5

Operating Objective: Leverage Emergency

Operating Objective C.5 - Operating Objective: Leverage Emergency Preparedness Activities for CIKR Protection, Planning, Preparedness, Response, and Recovery

State of California Emergency Plan

CDC GUIDANCE APPENDIX C.6

Operating Objective: Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning,

Operating Objective C.6 - Operating Objective: Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning, Preparedness, Response, and Recovery Activities

This activity will be addressed in future revisions.

CDC GUIDANCE APPENDIX C.7

Operating Objective: Prioritize and Allocate Scarce Resources

Operating Objective C.7 - Operating Objective: Prioritize and Allocate Scarce Resources

- California Emergency Services Act, 2008. Article 3, Section 8570.
- CDPH has a MOU with CalFire for access to their Emergency Resource Directory.
- CDPH Standards and Guidelines for Healthcare Surge During Emergencies, Volume I: Hospitals.
- Executive Department, State of California Executive Order S-04-06
- Fact Sheet, FEMA, IS-701, 2007. Multi-Agency Coordination System (MACS). Course description:
- Pandemic Influenza Antiviral Allocation and Distribution Plan, June 2008.
- CDPH Preparedness Office Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile.

- Standardized Emergency Management System (SEMS), ACI Module 17: Field and Local Government, 2003.

- This document is in hard copy only. Due to the sensitive nature of some of the information, CDPH cannot provide the actual document.

CDC GUIDANCE APPENDIX C.8

Operating Objective: CI/KR: Operational Readiness (Testing through Exercises and Real Events)

Operating Objective C.8 - Operating Objective: CI/KR: Operational Readiness (Testing through Exercises and Real Events)

This activity will be addressed in future revisions.