Tuolumne-Calaveras
Health Care and Safety Coalition (HCSC)
Infectious Disease Surge Annex

Initial Plan: _____ 2022 Revised:3/23/22

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1. Introduction

1.1 Purpose

This annex applies to an infectious disease outbreak with a large number of hospitalized patients. It supports the existing medical surge plans utilized by members of the Tuolumne-Calaveras Health Care and Safety Coalition (TC-HCSC) by addressing specific needs of infection control and public health during such an outbreak. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing an assessment of current capabilities, outlining procedures and protocols for responding to an infectious disease patient surge, and suggesting trainings and exercises to improve capabilities.

1.2 Scope

This annex was developed during the 2021-2022 grant year to fulfil a requirement of the Hospital Preparedness Program (HPP). All coalition partners were invited to participate in the development of this annex. Participating agencies included:

- Tuolumne County Public Health
- Calaveras County Public Health
- Tuolumne County EMS Agency
- Adventist Health Sonora
- Twain Harte Area CERT
- Area 12 Agency on Aging
- Tuolumne County Behavioral Health

Members of the TC-HCSC are trained in the Incident Command System (ICS) and are encouraged to utilize ICS when responding to events such as an infectious disease surge. This annex does not supersede the plans or authorities of TC-HCSC member entities. Rather, the intent of this annex is to increase the preparedness of the coalition to respond to an infectious disease surge event, in addition to documenting processes and procedures.

NOTE: This annex should be used as a flexible guide for infectious disease response, as each infectious agent will have varying severity, transmissibility, and modes of transmission. It is therefore important that any response to an infectious disease outbreak be tailored to the specific pathogen causing the outbreak.

1.3 Overview/Background of HCC and Situation

The Tuolumne-Calaveras Health Care and Safety Coalition includes the jurisdictions of Tuolumne County and Calaveras County. Health Care Coalitions have existed in each county for a number of years. Core coalition member requirements were introduced in 2017 and one of the new requirements was the participation of at least two acute care hospitals. For this reason, Tuolumne County and Calaveras County combined coalitions in 2017 with Tuolumne County taking the role of the “Lead Coalition” and Calaveras County taking the role of “Subcommittee Coalition.” While the combined Tuolumne-Calaveras Health Care and Safety Coalition plans, meets, trains, and exercises together, each county’s subcommittee of the coalition continues to operate within their own jurisdictions with individual grant and fiscal responsibilities.

Tuolumne and Calaveras counties are both rural jurisdictions in the central Sierra Nevada range of California. Calaveras County borders Tuolumne County to the north. with one acute care hospital in each county. In addition to the two hospitals and other healthcare organizations, the coalition includes safety, non-governmental, faith-based, and educational partners, among others. Neither Adventist Health Sonora nor Mark Twain Medical Center have dedicated infectious disease units, or substantial quarantine/cohorting capacity. Both facilities have limited ICU capacity as well.

Tuolumne and Calaveras Counties lie within the Medical Health Mutual Aid (MHMA) Region IV that includes the counties of Amador, Alpine, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, and Yolo.

Tuolumne and Calaveras Counties both receive high numbers of tourists throughout the year. These tourists often include out-of-state and international visitors. As seen during the COVID-19 pandemic, this can increase the rates at which a viral agent can spread through either county during a pandemic.

1.4 Assumptions

Understanding of the pathogen, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution. Guidance from higher authorities can change day to day as more information is gathered.

A response to an infectious disease outbreak or surge in patients will be longer than a response to most other emergency situations due to its nature. This response may require more integration/coordination between HCC members, including necessitating alternative coordination mechanisms (i.e. video conferencing replacing in-person coordination meetings).

A significant increase in disease throughout the community may place a strain on either county's limited EMS resources, possibly necessitating a stop of non-emergency transportation and increased response times.

Major public health emergencies will require federal Centers for Medicare and Medicaid Services (CMS) waivers, Food and Drug Administration (FDA)-issued Emergency Use Authorization (EUA), and other authorities that may affect healthcare operations and affect coalition options.

Depending on the infectious agent and the scale of the outbreak, it may be necessary to transport some patients to higher levels of clinical care – potentially using specialized transport – or to establish and use alternate care sites.

Staffing at coalition facilities may be challenged by illness, fear of illness, or family obligations (e.g. child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the coalition.

Families of patients will place a strain on the healthcare system through information-seeking about loved ones or concerns about exposure/illness. Family members may have also been exposed and may pose a risk to healthcare workers and others in the community.

Cases will require laboratory confirmation unless authorities no longer require testing to meet the case definition.

Healthcare facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.

Supply chain and delivery issues will occur and may have dramatic effects on clinical care.

Most emerging infectious diseases will not have vaccines or curative treatments immediately available; treatment for patients may consist mainly of supportive care in the early stage of the outbreak/surge. If vaccines or treatments are available, their allocation and distribution may involve significant logistics operations.

Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask-wearing, contact tracing, individual vaccination, quarantine and/or isolation, community-wide cancellation of events, visitation policies) remain the primary methods for controlling and stopping the spread of infectious diseases. A prolonged outbreak will likely cause fatigue among the public, leading to these strategies being gradually ignored or removed.

Health concerns, difficult work environments, religious beliefs, political ideology and stresses of community mitigation measures may present behavioral health challenges among staff of coalition members and the general public.

Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve healthcare workers.

1.5 Definitions

A. **Unusual event**: an incident that significantly impacts or threatens public health, environmental health or emergency medical services. An unusual event may be self-limiting or a precursor to emergency system activation. The specific criteria for an unusual event may include any of the following:

- The incident significantly impacts or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

B. **MHOAC**: Medical Health Operational Area Coordinator.

C. **CD PHN**: Communicable Disease Public Health Nurse.

D. **RDHMC**: Regional Disaster Medical/Health Coordinator

F. **RDMHS**: Regional Disaster Medical/Health Specialist

2. Concept of Operations

2.1 Activation

The Health Officer or MHOAC is notified of the Unusual Event. After an initial assessment, he or she determines whether the potential exists for an infectious disease outbreak with significant risk to public health, or the possibility exists that an outbreak is the result of bioterrorism. Situations may involve, but are not limited to:

1. A local, regional or statewide increase in a communicable disease above normal background levels (e.g., an outbreak or epidemic) that requires increased communication with the public or the redirection of the local health department and/or State resources.
2. An infectious agent that is known or cannot be identified with testing methodologies.
3. A cluster of cases exhibiting symptoms of communicable disease, especially with sudden onset, that requires increased communication with the public or redirection of the Health Department or State-level resources; or
4. A communicable disease that has the potential to cause unusual morbidity of elevated mortality and requires increased monitoring to determine public health impact.
    i. Diseases that have an Increased urgency in reporting requirements, 17 CCR 2500(h)(i)
    ii. If a suspected bioterrorism incident, local Law Enforcement, the Tuolumne County Office of Emergency Services and the California Department of Public Health (CDPH) are notified.
5. Process when receiving a high urgent/risk/unusual CMR *(Confidential Morbidity Report)* or other notification of communicable diseases.
    i. Initial process is the same as in day-to-day operations, the Department Support Technician logs the report in the CalREDIE and forwards to the CD Nurse who determines that a high risk and/or urgent situation exists. The Health Officer is likely to have directly received this report.
    ii. The CD PHN consults with the Health Officer immediately by person or phone contact. The Director of Public Health is informed of the event.
    iii. The Health Officer initiates a response plan, including investigation and orders when necessary. The Health Officer ensures reporting per regulatory and statutory regulations. See Page 12 of "Section IV. Communicable Disease Response" of the Tuolumne County Health Emergency Preparedness and Response Plan (HEPReP) for a list of immediately reportable diseases.
    iv. The Health Officer and the Director of Public Health determine if resources are needed to respond, and diverts personnel as needed. Possible actions may include:
        I. Risk communications to the public (See "Annex 7, Crisis Emergency Risk Communications, CERC" of the Tuolumne County HEPReP)
        II. Form an epidemiologic team and conduct an investigation (next section)
        III. Direct vector control (in conjunction with the environmental health department)

IV. Provide clinics to provide vaccination or medications in collaboration with local hospitals
V. Initiate orders to isolate or quarantine patients
VI. Redirect resources to support disease control and investigations, which may activate the Department Operations Center (DOC)
VII. Provide Just In Time Training as appropriate for response personnel

6. At completion of the investigation and the response plan, the CD nurse enters case information/conclusion into the CalREDIE database.

2.2 Notifications

Due to the nature of an infectious disease outbreak, notifications may need to flow in more than one direction. If the initial outbreak is occurring within Tuolumne/Calaveras, the Health Officer/MHOAC will need to be notified of the Unusual Event by the hospital treating the patients and/or by the CD PHN. The HO/MHOAC will then make appropriate notifications to the RDHMC/CDPH/CDC as appropriate, as well as craft messaging aimed at the public. Conversely, if the outbreak is occurring outside the Tuolumne/Calaveras OA, the RDHMC/CDPH/CDC will notify the HO/MHOAC, who will then be responsible for disseminating the information to the Public Health Department and hospital, as well as the public.

2.3 Roles and Responsibilities

Role	Responsibility	Contact Information
Health Officer ***Authority*** *California Health and Safety Code, Division 105, Communicable Disease Prevention and Control* *California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1,*	*Supervises the Communicable Disease program and has ultimate responsibility for the coordination and implementation of communicable disease surveillance for infectious disease outbreaks.* • Review the statewide communicable disease reporting system (CalREDIE) as needed • Receipt of reports from the Director of Public Health, director of Environmental Health, the Communicable Disease Coordinator and Public Health nursing staff. *The Public Health Officer has the ultimate responsibility for recognizing an infectious disease outbreak, initiating an evaluation and investigation of such an outbreak in order to*: • Make an etiologic diagnosis • Recruit consultants from state and federal resources to assist in undertaking such an investigation • Reporting to the CDPH when a local emergency is suspected. • The Health Officer is an ex officio member of the Infection Control Committee at the local hospital. • The Health Officer assumes Incident Commander role in an activation of the emergency response to a communicable disease event. • Law Enforcement may likewise establish an Incident Command to contend with the criminal investigation and	209-533-7401 After hours, holidays and weekends 209 533-8055

Role	Responsibility	Contact Information
Reportable Diseases and Conditions	Law Enforcement issues. Integration between the Health Department and local Law Enforcement occurs through the structure of the OES, supported by the exchange of Agency Representatives from each agency when necessary	
Director of Public Health or Supervising Public Health Nurse	• Immediate supervisor of the Communicable Disease Coordinator • Receives reports when CD Coordinator unavailable • Provides coverage for the Health Officer's monitoring responsibilities in the absence of the Health Officer	209 533-7401 After hours, holidays and weekends 209 533-8055
Communicable Disease Coordinator	*The Coordinator position provides the first line of data review for the purpose of recognizing clusters of infectious disease that fall outside of what might be expected from natural occurrence. Case statistics are compiled weekly and are compared with historical local trends in infectious disease* • Compiles data regarding CD reports • Maintain files on CD investigations • Follows up on CD inquiries that are ongoing • Communicates monitoring and surveillance activities to the state agencies. • Observes trends of unexplained increases in frequencies of reportable illnesses and marks for further review • Causes of death reviewed monthly for trends • Investigation undertaken when statistics indicate exceptional increases in the prevalence of certain medical conditions. • Lead coordination efforts with epidemiology and disease intervention specialist staff as needed	209 533-7401
Department Support Tech –Morbidity Clerk	• Facilitates receipt, distribution, and organization of CMR and/or other reporting directed • Performs data entry and compilation of data • Trains other clerical support as needed to manage increased volume	209 533-7401
Hospital Infection Preventionist	When the incidence of a communicable disease exceeds the usual historical frequency in the local hospital inpatient population, or when reportable communicable diseases occur in inpatients, it is the responsibility of the Infectious Disease Coordinators at the hospital to see that reports of such conditions are submitted to the Health Department. The hospital-based component of the Tuolumne County Syndromic Surveillance Program, including influenza surveillance, is supervised by the Hospital Infection Preventionist.	209 536-3384
Environmental Health Staff	If, during inspections or the receipt of citizen "tips" a pattern of illness is reported to an Environmental Health Specialist, this	209 533-5633

Role	Responsibility	Contact Information
	report is communicated to the Health Officer and consideration of an epidemiological assessment is made.	
Healthcare Providers and Responders	Notify Tuolumne County Public Health and State agencies in accordance with California Code §2500 Cooperate with the investigation, implement control measures and mitigation activities, and follow guidance, protocols and orders released by Public Health, Environmental Health, Emergency Medical Services, and other regulatory agencies. Provide laboratory samples as directed by the Health Officer Provide situation, case or other requested information to Public Health and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program.	
Laboratories	In accordance with California Code §2500, local hospital laboratories, reference laboratories, and contracted Public Health laboratories have the responsibility of reporting communicable diseases to the local Health Authority as delineated in the regulations. The San Joaquin Public Health Laboratory (SJPHL) receives local specimens to identify pathogens. All specimens are submitted through the LRN reference laboratory, unless otherwise directed by the LRN or CDPH. Specimen's positive for a suspected novel influenza strain will be submitted to the State Viral and Rickettsial Disease Laboratory (VRDL) for confirmation. Throughout the remainder of the pandemic, VRDL may request selected specimens for specific purposes to monitor for antiviral resistance or antigenic drift during progression of the pandemic. Public Health Laboratory Surge Capacity: SJPHL tests respiratory specimens for influenza on a year-round basis from all providers within the county and contract counties. SJPHL has a surge capacity plan in place. They have an inventory of necessary supplies and equipment sufficient for 2 weeks to a month depending on testing volume. Adventist Health Sonora utilizes Adventist Health Lodi Memorial and Associated Regional and University Pathologists (ARUP) for reference lab services and some local clinics contract with Quest lab services for assorted tests.	
School Health	In the event of an outbreak of illness among local students leading to absences exceeding 10% of the student population in any one school, the Health Department is notified of this occurrence.	School Nurse 209 536-2048
Tuolumne County Assessor/Recorder	Death certificates will be provided to the Health Department CD Coordinator for monthly review in order to identify trends in causes of death for local residents.	209 533-5535
CDPH Division of Communicable Disease Control (DCDC)	Provides technical assistance, policy guidance, lab support, field assistance and resources that are not otherwise available in Tuolumne County, such as consultant	(916) 552-9700 during normal business hours.

Role	Responsibility	Contact Information
	Epidemiologists for aid with incident recognition and investigation.	(916) 328-3605 CDPH Duty Officer
Centers for Disease Control and Prevention	Provides technical assistance when outbreaks exceed state capacity, are multi-state or international, or result from bioterrorism. CDC involvement usually only occurs on the request of the state health department.	800-CDC-INFO (800-232-4636) www.cdc.gov
Pharmacists	As key informants of trends in communicable disease by way of the utilization of antibiotic and palliative medications, communications will be maintained with local Tuolumne County pharmacists through access to the Tuolumne County California Health Alert Network (CAHAN). Local pharmacists will be able to notify the Health Department CD Coordinator about apparent deviations in pharmaceutical utilization that appear significant. Subsequent investigations may then be guided by this information.	

2.4 Operational Mission Areas

2.4.1 Surveillance

See "Section III. Surveillance" of the Tuolumne County HEPReP.

2.4.2 Safety and Infection Control and Prevention

All patient-facing staff in healthcare settings should be annually fit-tested for an N95 respirator, as well as attend annual training on proper PPE protocols. In response to an infectious disease outbreak, all facilities shall follow all infection control guidelines set forth by the CDC/CDPH/Cal-OSHA in addition to the infection control policies/procedures of the individual facility. All healthcare-focused coalition members are encouraged to maintain a 90-day supply of PPE (gloves, masks, N95 respirators, isolation gowns, and disinfectant products) necessary for a medical surge response or POD operation. Funding for purchasing/maintaining this cache is available through the HPP grant to coalition members.

2.4.3 Non-Pharmaceutical Interventions

Depending on the mode of transmission, the Health Officer may attempt to prevent the spread of the disease by issuing health orders; all coalition members will be expected to comply with these orders. Such restrictions may include masking mandates, limiting/eliminating mass gatherings, requiring proof of vaccination or recent negative test prior to entry of some buildings/businesses, restrictions on healthcare facility/long term care facility visitors (i.e. limiting number of guests/restricting guests completely, adapting entry protocols for outside vendors, etc.). Member organizations may implement additional restrictions at the discretion of their governing body.

For isolation/quarantine protocols, see "Annex 4. Isolation and Quarantine" of the Tuolumne County HEPReP.

2.4.4 Surge Staffing

For staffing using volunteers, see "Annex 10. Volunteer Management" of the Tuolumne County HEPReP. For tactics to consolidate hospital/clinic staff see "Annex 12. Public Health and Operational Area Surge – Section V. Attachments" of the Tuolumne County HEPReP.

2.4.5 Supply Chain, Supplies, Personal Protective Equipment

See "Section VI. Resource Management" of the Tuolumne County HEPReP.

2.4.6 Support Services

Support services may be available from state or federal partners through the MHOAC. Additional wraparound services (food preparation, cleaning services, etc.), may be available through jail/prison inmate labor. These additional services may be necessary during an immediate emergency, but in an infectious disease surge with a slower buildup or a longer duration, contracts with outside vendors will likely be preferred.

2.4.7 Laboratory

There are no Public Health laboratories in the coalition's operational area, and the hospitals have limited capabilities. As such, most PCR test samples will need to be sent to out-of-county labs. Depending on how widespread the outbreak is (county/state/nation/global) CDPH may set up testing contracts on behalf of the counties with various labs throughout the state, as was seen in the COVID-19 pandemic response.

2.4.8 Patient Care/Management

Patient care will be provided following each facility's established plans and procedures. Due to the nature of an infectious disease surge, each facility will need to decide individually the best course for treatment/isolation/discharging etc. based on their facility's capabilities and supplies. The ability to be flexible and adapt plans and procedures to rapidly changing conditions/guidance/restrictions will be key to successfully responding to an infectious disease surge.

2.4.9 Medical Countermeasures

See "Annex 5. Medical Countermeasures" of the Tuolumne County HEPReP.

2.4.10 Community-based Testing

The coalition will coordinate among members to provide tests to both staff and the public. Healthcare providers may become primary testing locations (unless state/federal funded test sites are set up, as during the COVID-19 pandemic response). Community organizations (i.e. ATCAA, ICES, etc) may help distribute OTC tests to the general public, if supply allows. Depending on the availability of tests, faith-based partners may agree to be used as testing sites for the public or additional distribution centers for OTC tests to the public.

2.4.11 Patient Transport

County EMS agencies will continue to be the primary method of patient transport for interfacility transfers. Tuolumne County Public Health can transport positive-testing patients

released from the hospital that are unable to self-transport, using the Public Health van. This should be an option of last resort, as Public Health staff will likely be involved in other aspects of the infectious disease response.

2.4.12 Mass Fatality

See "Annex 13. Mass Fatality Plan" of the Tuolumne County HEPReP.

2.5 Special Considerations

2.5.1 Behavioral Health

People with behavioral health issues may respond to disaster and hospitalization in similar ways to neurotypical adults, but may also experience, mediate, and communicate trauma and anxiety in unique ways. Hospital staff should consider this when helping patients with behavioral health issues cope with their hospital visit after a disaster. Staff can help these patients feel safer in the unfamiliar environment of a hospital by including familiar people, belongings, and routines. Hospitals should also prepare staff for the different ways anxiety and fear of an infectious disease (transmissibility, testing concerns, vaccine/treatment hesitancy, etc.) may affect these patients and influence their behavior during intake and/or treatment.

If shelter-in-place orders and/or mask mandates are utilized, the county Behavioral Health Department should consider offering increased virtual/telehealth services. This has multiple benefits, including a decrease in exposure risk for both staff and patients, a decrease in possible vectors in the community, and potentially increased access to services, especially if BH contracts outside vendors to help provide the telehealth services.

2.5.2 At-Risk Populations

Both Tuolumne and Calaveras counties have significant elderly populations. Extra efforts may necessary to ensure this population is aware of all Public Health orders and updates regarding any infectious disease outbreaks and vaccination efforts, especially since elderly populations tend to be particularly vulnerable to infectious diseases. In addition to more common communication methods (Internet, social media, etc.) updates should be regularly published in/on legacy media (radio, television, newspapers, etc.) to reach this particular population. Several coalition member organizations provide services to these at-risk populations and may experience demand for an increase or expansion of services provided, especially in the event of a long-term surge. As seen during the COVID-19 pandemic, increases in meals-on-wheels demand and non-emergency transportation to vaccination sites likely during a long-term surge.

2.5.3 Situational Awareness

The coalition coordinator will use coalition meetings as an opportunity to provide regular, non-urgent updates relevant to any outbreak or infectious disease surge. Urgent updates will be sent via email to coalition members as necessary, with the coalition coordinator acting as the intermediary between the coalition and the MHOAC/RDMHS/CDPH/CDC.

2.5.4 Communications

Communications between coalition members will likely need to increase for coalition-wide coordination during an infectious disease surge. Many in-person meetings will likely need to be moved to a virtual format. Healthcare partners may need to establish weekly (or more frequent) calls for increased coordination on vaccine/testing/treatment efforts. For example, each organization should have closed POD plans (if applicable), but the transition to open PODs will necessitate increased communications to prevent redundant efforts and to maximize coverage.

2.6 Training and Exercises

Adventist Health Sonora and Mark Twain Medical Center regularly train and exercise on topics relevant to this plan, such as infection control, mass vaccination, and HazMat. Both hospitals also participate in exercises in conjunction with the Tuolumne-Calaveras Health Care and Safety Coalition, which includes EMS agencies, Public Health departments, and the sheriff's offices of both counties.

As this plan was drafted, Health Care and Safety Coalition partners were given an opportunity to review it and provide feedback before final approval. No tabletop exercise will be necessary, as most aspects of this plan were utilized during the COVID-19 pandemic response.

2.7 Deactivation and Recovery

All patients requiring inpatient hospitalization will be treated at Mark Twain Medical Center or Adventist Health Sonora as space allows, unless the patient requires more specialized care the facility is unable to provide. As patients diagnosed with the disease recover and are discharged, surge response will begin to scale down as appropriate. Once the final patient diagnosed with the disease has been discharged, or the disease has been officially declared endemic by the CDC/CDPH, the plan will be fully deactivated.