

# COUNTY OF MONTEREY

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## HEALTH DEPARTMENT

# Departmental Pandemic Influenza Plan

*Updated: June 11, 2013*



## EXECUTIVE SUMMARY

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The Monterey County Health Department (MCHD) has taken, and will continue to take the lead in preparing Monterey County for Pandemic Influenza. We realize, however, that in order to lead, we must be prepared ourselves. We must be prepared to carry out our critical functions in the mist of massive staff reductions, secondary to illness, death, or fear. This document is the MCHD plan to prepare itself, internally, to maintain its leadership role and continue to provide services to Monterey County, in the mist of a Pandemic crisis.

The MCHD is a diverse and complex department, and consists of the following bureaus:

- Behavioral Health
- Clinic Services
- Emergency Medical Services
- Environmental Health
- Administration
- Public Health
- Public Administrator/Public Guardian

We examined each bureau, its current functions and staffing patterns. We then identified those functions that would be considered critical, based on health, safety, and well being, for the people of Monterey County. Once critical functions were identified, we determined how we would maintain these functions with a 40% to 50% reduction in staff, as well as the operational issues that would facilitate or interfere with the maintenance of these functions.

Is the Monterey County Health Department completely prepared for a Pandemic Influenza crisis? The simple answer is NO, because few can ever be fully prepared. However, the more accurate answer is that we are more prepared today than we were yesterday, but not as prepared, as we will be tomorrow.

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## **I Department Mission**

The Monterey County Health Department exists to protect and improve the health of the people in Monterey County. To accomplish this, the Department provides a wide variety of health-related services in the areas of public health, environmental health, behavioral health and clinic services.

## **II Legal Mandates**

The Department operates under a myriad of local, State and Federal mandates. The goal of all of the mandates is to protect the health and safety of the residents of Monterey County. That goal will remain at the core of the Department's actions during a pandemic.

It is possible that during a crisis some legal requirements may be suspended. However, the management and staff will always take into account the effects of any planned actions on the health and safety of the residents of the County.

## **III Critical Functions and Processes**

### **A. Critical functions that protect the Life/Health/Safety of Monterey County residents and staff**

The Health Department's mission is to protect the health of Monterey County residents. In order to provide the most vital services during a pandemic the Department bureaus have identified the following critical functions must be continued to protect the life, health and safety of the residents.

#### **1. Animal Services**

- Rabies Quarantine
- Brain Removal for Rabies Testing
- Aggressive Dog Pick Up
- Human Contact-Skunk/Bat Removal
- Stray Dog In Traffic Pick Up
- Injured, Suffering Stray Dog/Cat Pick Up for Medical Care
- Law Enforcement/Fire Assistance
- Dogs Threatening Livestock
- Respond to public calls to pick up stray animals

#### **2. Behavioral Health**

- Inpatient NMC Mental Health Unit
- 24/7 Crisis Services function.
- Medication Management
- Outpatient Clinics

#### **3. Clinic Services**

- Provide direct outpatient primary care services to indigent and MediCal populations in Monterey County.
- Provide communicable disease prevention immunization services to the community
- Provide communicable disease treatment, i.e. TB, STI, etc.

#### **4. Public Health**

- Administration:
  - The Health Officer will take a lead role during a crisis situation, either in the Department Operations Center (DOC) or the Emergency Operations Center (EOC).
  - The Deputy Health Officer will assist in that leadership role, as well as giving assistance to other function within Office of the Health Officer.
- Communicable Disease Control (CD)  
Communicable Disease Control will be the most important program during a disease-oriented crisis. All surveillance and disease reporting activity, as well as deployment of contact investigation, will come in at this point.
- Public Health Laboratory  
The Public Health Laboratory will provide the vital function of diagnosis through laboratory testing, which will direct much of our activities.
- Public Information Officer  
This individual will be vital to structure messages and advise on risk communication strategy.
- Vital Records  
The registration of births and deaths will continue to be an important operation during a crisis.
- Research/Data Management/Evaluation  
The ability to analyze incoming data is of vital importance to deployment of staff and resources.
- Tuberculosis (TB) Directly Observed Therapy (DOT)
- Nurse Case Management (including TB investigations). *In the event of a pandemic, this function would include field/community monitoring, investigations, and interventions)*
- Coordination of Childhood Immunization. *In the event of a pandemic, it is possible this function would include Strategic National Stockpile (SNS) issues*
- Distribution of Food Coupons
- Assure providers receive financial support (Maternal Child Health, Calif. Children's Services, Child Health and Disability Prevention)

## **5. Emergency Medical Services**

- Medical Disaster Planning
- Monitoring of Ambulance/Paramedic Franchise agreement
- Oversight of medical control of pre-hospital personnel

## **6. Environmental Health**

- Consumer Health Protection Services - CHPS
  - Vector control Program
  - Childhood Lead Poisoning Prevention Program
  - Foodborne Illness Investigation Program
  - Food Complaint Investigation Program
  - Complaints re: Recreational Water, Housing, Sanitation
- Solid Waste Management Services - SWMS

- Solid Waste Facility Inspection Program
- Illegal Dumping Enforcement Program
- Hazardous Materials Management Services - HMMS
  - Emergency Response Program
  - Pesticide Exposure Program
  - Accidental Release Prevention Program
  - Hazardous Materials Management Program
  - Hazardous Waste Generator Program
  - Underground Storage Tank Program
- Drinking Water Protection Services - DWPS
  - Water Well Construction, Repair & Destruction Insp.
  - (LAP, State & Local Small Compliance Monitoring
- Environmental Health Review Services - EHRS
  - Standard Onsite Wastewater Treatment Systems

**7. Public Administrator or Public Guardian**

- Probate Conservatorships.  
Serve as court appointed surrogate decision maker responsible for financial management, arranging for and consenting to necessary medical treatment and placement.
- LPS Conservatorships.  
Serve as court appointed surrogate decision maker. Consent to involuntary psychiatric treatment, placement in locked, long term, and psychiatric treatment facilities throughout central California. Assure due process rights and procedures are followed through a variety of court proceedings and petitions. Arrange for and consent to involuntary psychiatric commitments for individuals approaching the end of legal holds in acute psychiatric hospitals in order to avoid inappropriate discharge to the community. Responsible for provision of food, clothing, shelter, and psychiatric care of Conservatees.
- Public Administrator.  
Required by law to take charge of the property of Monterey County residents who have died when no executor or estate administrator has been appointed. Manage and safeguard estate assets in accordance with relevant sections of the Probate, Health and Safety, and other relevant codes.
- Public Representative Payee.  
Manage public entitlement benefits and finances of individuals incapacitated by mental and physical diseases. Provide payment of necessary expenses of food, clothing, and shelter. Maintain benefits necessary for payment and access to medical care.

**B. Critical “daily” functions needed during a pandemic**

Although, the following daily functions have been identified as critical by the Department’s bureaus, it is understood daily functions such as answering the telephone, opening buildings and providing support to critical services are vital to the Department’s ability to function at reduced staffing levels.

**1. Animal Services**

- Clean kennels, Feed animals, Give Vaccinations, Microchip
- Return animals to owners (charge fees)
- Euthanize animals
- Place animals in foster care, breed rescue facilities

## **2. Clinic Services**

Clinic Services management will create a list of essential support titles (e.g., administrative, clerical, medical records, IT, billing) that are essential to maintain clinic operations.

## **3. Public Health**

Generate State and federal revenues/grant programs

## **4. Environmental Health**

- Environmental Health Bureau Fiscal Services
  - Computer Hardware & Software Maintenance
  - Vehicle Fleet Maintenance
  - Purchasing Equipment & Supplies

## **5. Facility and Administrative**

This Bureau must continue to procure and supply keys, cards and security codes to authorized individuals to access Health Department Buildings. In addition, it is critical that needed facility repairs are quickly made to ensure ongoing safe and secure working conditions for all available Health Department employees.

## **6. Fiscal and Systems**

During a crisis this Bureau must continue to procure needed supplies, equipment, and medication for the Health Department. To ensure ongoing communications and information sharing regarding the crisis it is critical to maintain the ability to quickly make needed repairs and modifications to our network. The maintenance of Payroll is also critical. This Bureau is also charged with the accounting of potential reimbursable costs such as overtime and supplies used in order to pursue a potential claim with FEMA and/or the State, depending on the level of the disaster.

## **7. Human Resources**

- Payroll processing and pay adjustments
- Benefits processing/problem solving/processing necessary personnel actions
- Administrative/Human Resources Reception
- Safety Training

# **C. Standard Operating Procedures**

The purpose of this section is to provide guidance for the continuation of critical services for each of the bureaus. The development of standard operating procedures is an ongoing and ever evolving process nevertheless at this point in time the following bureaus have identified needs and plans for procedures.

## **1. Animal Services**

In the event it is necessary the following are procedures that may be done manually in lieu of Chameleon software data entry

- Animal Records
- Microchip Data
- Medical Records
- Owner Information
- Foster Home and Breed Rescue Placement
- Euthanasia Records/Drug Logs

## 2. Clinic Services

- Patient care will be consolidated due to staff shortages. The Clinic Services Bureau (CSD) management will estimate the minimum number and categories of personnel needed to provide/support patient medical care. Clinical staff will be reassigned to work at any of the CSD clinic locations. For example, the Marina Clinic would merge with the Seaside Family Health Center. On the Peninsula, the Marina Clinic site could be used as a triage site for patients with flu associated symptoms to curb transmission to non-infected patients. In Salinas, the Laurel Internal Medicine Clinic would be used to triage patients with flu-associated symptoms.
- Administrative staff would be assigned to work at any clinic location to provide management support, and/or to assist other bureaus within the Department, if necessary.
- Laboratory issues: Determine how essential laboratory services will be provided. CSD management team and medical providers will contact Stanford Labs, Public Health Laboratory, Natividad Medical Center and Community Hospital of the Monterey Peninsula Laboratory to request that they provide us with a plan as to how they will handle the collection of lab specimens, processing and the distribution of lab results in an epidemic situation.

## 3. Environmental Health

### *Specialized Knowledge*

All activities required to perform the critical functions require the specialized knowledge of an Environment Health Specialist (EHS). Most, but not all, of the critical functions require the leadership of a Senior EHS. The *Current Staffing* chart, (See next section) gives the breakdown within each EHD Service of Senior EHSs, Journeyman EHSs, and EHS Trainees. Trainees may be called upon to fill in where other EHSs are not available.

### *Specialized Training and/or Certification*

Some activities require specialized training and /or certification in addition to that typically possessed by the Journeyman or even Senior EHS.

- Emergency Response—Certification as hazardous materials technician (emergency responder) is needed, requiring a minimum of 160 hours training plus additional on-the-job training of 40-80 hours. Although a 40%-50% reduction in current staffing would still allow for the minimum performance of this critical function, emergency responder training of EHSs outside of Hazardous Materials Management Services may be needed to insure the Environmental Health Bureau's ability to respond if the staff reduction should exceed 50%, or if Hazardous Materials Management Services should be particularly hard hit by employee absences.
- Childhood Lead Poisoning Prevention Program—EHD currently has only two staff members that are certified to operate the X-Ray Florescence (XRF) unit used to

investigate lead-based paint investigations for the Program. Certification requires passage of the State's certification exam. Again, although a 40%-50% reduction in current staffing would still allow for the minimum performance of this critical function, at least one other EHD who has been certified for XRF use would help insure EHD's continuing ability to provide this critical service.

#### **D. Departmental plan to operate with severely constrained staffing**

Bureaus within the Department have identified key actions that will be taken in order to continue to operate despite the anticipated high absentee rates. This is by no means a complete response plan; much will depend on the severity of the pandemic, the impact on services and the community's need for Department services. If the need arises the Department will move staff between bureaus in order to staff those functions most critical for the safety and health of the County.

##### **1. Animal Services**

- Direct community calls to County Communications, OR assign Animal Services clerical staff to dispatch, to relieve Animal Control Officers from dispatch duties in order to spend more time in the field.
- Place volunteers in positions of clerical, feeding, cleaning functions, to free up Animal Services staff.
- Assign select staff to assist animal control in the field
- Assign all euthanasia certified staff to euthanasia duties in shelter rotation schedule

##### **2. Behavioral Health**

- Inpatient NMC Mental Health Unit- the inpatient unit staff will train outpatient staff to perform the treatment and discharge planning functions of the inpatient social work staff. Outpatient psychiatrists will be trained to perform the inpatient Psychiatrists functions of the inpatient psychiatrists.
- 24/7 Crisis Services – Adults and Children-the 24/7 crisis staff in adults and children's are cross-trained and credentialed to perform the emergency functions. Additional outpatient staff is trained but not all credentialed to perform this function.
- Medication Management- Physicians will be stationed to appropriate sites as needed and are able to fill in for each other.
- Outpatient Clinics-clerical staff will have scheduling and appointments in computers, supervisors and back ups will be trained in accessing these databases. Clinical staff will be covering for each other sometimes within teams and at times across teams depending on absences.
- Modification of Duties-Behavioral Health staff can fill in for each other as noted above. If needed for other duties within the Health Department, once coverage is secured at all sites redeployment of staff will be made with other bureau chiefs.

##### **3. Clinic Services**

A 50% reduction in staffing would result in a significant reduction in routine medical services at most clinic locations. A plan for triaging/managing patients in the CSD clinics will consist of:

- Developing and implementing a telephone management (triage) program to determine who requires a medical evaluation in an effort to limit clinic visits to those that are medically necessary. Patients with the following complaints would be given urgent appointments: fever, dyspnea and skin infection and referred to the clinic site selected to manage these patients.
- Depending on the severity of the situation, the majority of medical care provided would be shifted to open and/or designated clinics and/or managed via telephone. The emphasis of our clinic’s medical care services is to provide what is necessary while limiting as much as possible the spread of this epidemic.
- Managing patient care at the onset of pandemic flu may include temporarily canceling non-essential medical visits) e.g. annual physicals) and designating separate blocks of time and/or clinic locations for non-influenza and influenza-related patient care.
- The most common primary diagnoses at all the clinics are pregnancy related and routine well child exams with the exception of the Laurel Internal Medicine and Laurel Family Practice clinics where diabetes mellitus is the primary diagnosis.
- If necessary, all routine well child exams and normal pregnancy related medical visits would be suspended. Telephone management would be available for pregnant patients, if necessary. Patients with stable/controlled chronic diseases such as diabetes mellitus, hypertension and asthma would also be managed via telephone.
- Identify strategies to ensure uninterrupted provision of medicines to patients.
  - Providers will determine individual patient’s needs.
  - Managing patients’ requests for refills and/or new medications via telephone.
  - Ordering and storing (on site) a stock of the most commonly prescribed medications to be dispensed at the clinic, for emergency purposes only.
  - CSD staff will work with the Central Coast Alliance for Health to allow for the dispensation of a 90-day supply of an individual’s prescribed medications.
  - Work collaboratively with local pharmacies to refill medications for patients with chronic diseases such as diabetes, hypertension, asthma and birth control.

#### **4. Public Health**

- The Health Officer will take a lead role during a crisis situation, either in the Department Operations Center (DOC) or the Emergency Operations Center (EOC).
- The Public Health Bureau Chief will assist in that leadership role, as well as giving assistance to other function within Office of the Health Officer.
- The remaining focus of the Bureau will be:
  - Communicable Disease Control (CD)
  - Public Health Laboratory
  - Public Information
- It is anticipated that much of the Directly Observed Therapy (DOT) activities could be accomplished by sending or delivering tuberculosis patients a months supply of medication, and having the nurse call the patients and talk him/her through the taking of the medication. Although this technique is not ideal, it eliminates a nursing visit, and allows staff, other than nursing, to accomplish this function over the phone.

- WIC food coupons, without clients being seen at the office, thus allowing more to be done with fewer staff, and less contact with potentially sick clients.

## 5. Environmental Health

The *Critical Function Staffing Requirements chart*, (see next page) when compared the *Current Staffing* chart, shows that EHD is sufficiently staffed (and generally staffed in good proportion between the services) to be able to withstand a 40%-50% reduction in force and continue to provide a minimum acceptable level of service to the public in the critical functions identified.

**CURRENT STAFFING 08/11/06**

SERVICE	SR EHS	EHS	TRAINEE	OTHER	VACANT
EHDAS	3	0		1	1 (SEC)
EHDFS				4	
HMMS	4	4	1	4	
CHPS MBO	2	3	1	2	
CHPS KCBO	1	2		1	
CHPS CO	2	3	1	2	
SWMS / RRRS	2	1	3	3	2 (SR EHS & RA)
DWPS	3	2	1	3	2 (EHS)
EHRS	3	0	3	1	1 (EHS)

**CRITICAL FUNCTION STAFFING REQUIREMENTS**

SERVICE	#1		#2		#3		#
	SR EHS	EHS	SR EHS	EHS	SR EHS	EHS	
EHDAS							
EHDFS	0.5 (DISC)		0.03 (FM)		1 (SAC)		
HMMS		5		0.1	0.4		1
CHPS MBO							
CHPS KCBO	0.25		0.5		1		
CHPS CO							
SWMS / RRRS	1	1	1	1			
DWPS	1		1				
EHRS	1	2					

**CRITICAL FUNCTIONS BY SERVICE**

EHDFS	#1	Computer Hardware & Software
	#2	Vehicle Fleet Maintenance
	#3	Purchasing Equipment & Supplies ((+ Payables & ...
HMMS	#1	Emergency Response Program
	#2	Pesticide Exposure Program
	#3	Accidental Release Prevention
	#4	Hazardous Materials Management
	#5	Hazardous Waste Generator / Tiered Permitting
	#6	Underground Storage Tank Program
CHPS MBO + CHPS KCBO + CHPS CO	#1	Vector Control Program
	#2	Childhood Lead Poisoning Prevention
	#3	Foodborne Illness Investigation
	#4	Food Complaint Investigation
	#5	((Complaints re Recreational Water, Housing, ...
SWMS / RRRS	#1	Solid Waste Facility Inspection Program
	#2	Illegal Dumping Enforcement Program
DWPS	#1	Water Well Construction, Repair & Destruction Inspection
	#2	((LPA, State & Local Small Compliance
EHRS	#1	Standard Onsite Wastewater Treatment

**DEFINITIONS**

DISC	Departmental Information Systems
FM	Finance Manager
SAC	Senior Account Clerk
EHS	Environmental Health Specialist
SR EHS	Senior Environmental Health

## 6. Fiscal and Systems

- Surplus staff in the financial and systems (DISCs) area of each bureau will be used in the Financial and Systems Bureau.
- If accounting staffs from other Bureaus dwindle, their functions may be centralized in this Bureau.

## 7. Public Administrator or Public Guardian

- The ability to monitor, supervise, and consent to care and treatment of clients would be significantly impacted. Staff energies would be directed towards clients living independently. Supervision and monitoring of clients residing out of county would be significantly curtailed or eliminated.
- Over all financial management would be limited to receipts and disbursements for necessary food, clothing, shelter, and medical care.
- Initiation of new cases would be limited to emergent situations involving psychiatric commitments.
- There would be a significant increase in deaths requiring Public Administrator involvement. Coordinating services with the Sheriff-Coroner would be required.
- Any actions taken by the state or federal governments to suspend or change due process rights related to involuntary civil commitments or any sort would necessarily impact services accordingly.

## **IV Key Staff**

### **A. Key team leads and alternatives**

Each bureau is responsible for developing key team/program leads. Currently leadership is clearly defined by the Department's organizational chart. The key leaders for each bureau are the bureau chiefs and their designees.

### **B. Key team members by location**

The Safety Officer and building managers are the key leaders for their respective locations.

### **C. Task checklists for key staff**

The Department is in the process of revising the Departmental Disaster Plan. As this process goes forward, checklists will be created for key Departmental staff.

## **V Functions to be suspended**

During a pandemic some non-essential functions may need to be suspended in order to staff the essential functions. The Department to allocate staff to the suspended functions as more staff becomes available and the need for those services becomes apparent.

### **A. Animal Services**

- Barking and nuisance complaint resolution
- Trapped feral cat pick up
- Responding to livestock on road
- Adoptions
- Licensing
- Spay/Neuter surgeries
- Assisting neighboring, incorporated city animal control agencies

### **B. Clinic Services**

- Clinic Services management will create a list of non-essential positions that can be reassigned to support critical clinic operations and/or Department functions.

## **C. Human Resources**

- Recruitment and exam\*
- New hire processing/orientation\*
- Classification
- Bilingual administrator
- Maintaining workers' compensation claims and American's with Disabilities Act issues
- Coordinating training/staff development
- Performance management and disciplinary actions
- Special projects
- Internal Investigations

\* At some point, if a Pandemic becomes a "long-term" crisis as a, as a result of staff illness, mortality, resignations, etc., recruitment, exam and new hire processing could become a critical function. In that event, we would need to reassess immediate critical functions and potentially reallocate analysis and technicians to perform related tasks.

## **D. Public Health**

- Preparedness Coordinator: This function would probably not be active during crisis, but this individual will be deployed to other functions within Office of the Health Officer

# **VI Training**

The Bureaus within the Department will continue to seek opportunities to cross train staff wherever possible. The goal of this cross training is to ensure continuity of services regardless of the crisis or emergency.

## **A. Cross training**

### **1. Animal Services**

- Shelter feeding and cleaning (all clerical staff)
- Animal control duties (advanced shelter staff only)
- Clerical duties (volunteers)

### **2. Clinic Services**

- Support staff, i.e., would be cross-trained to pull medical records, do billing, documentation, and assist other bureaus within the Department, if necessary.
- Cross training of personnel will be conducted to provide support for essential patients care areas at times of severe staffing shortages.

### **3. Community Health**

- The Public Health Nursing unit will be asked to perform an increase of existing duties, as well as many new duties. Although there is little opportunity for the creation of redundancy in nursing, modification of duties, along with "just-in-time" training will facilitate supplementation of many nursing duties.

### **4. Environmental Health**

- The Environment Health Bureau (EHD) will be studying the results of this preliminary planning to identify areas where further training, outside of each employee's ordinary

purview, would be justified to maximize EHD’s ability to protect the public health during an avian influenza pandemic or during any other extraordinary event that would reduce the normal workforce.

- EHD also plans a further survey which will determine the amount of practical experience each employee has had with each of the identified critical functions, as a way to help assess in which functions extra training may be needed, and to determine to which individuals extra training should be provided.

#### **5. Facilities and Administrative**

- Staff from general administration, facilities and maintenance have the ability to be cross-trained on security and access systems. This training is in place and will begin upon word from the Director of Health/Health Officer.

#### **6. Fiscal and Systems**

- Staff from payroll, financial, and systems have the ability to be cross-trained in their respective areas. This training is in place and will begin upon word from the Director of Health/Health Officer.

#### **7. Human Resources**

- Human Resource Management staff will be cross-trained to backfill critical functions

#### **8. Public Health**

- Communicable Disease Unit: Through cross-training the goal of at least 4 staff being present at all time of operations should be obtainable.
- Public Health Laboratory staff are so specialized, it will be difficult, if not impossible to cross-train or do just-in-time training for other than clerical positions. We will explore the option of having local hospitals laboratories redeploy some of their staff to Public Health Laboratory.
- Public Information Officer: The Health Officer, Deputy Health Officer, and Preparedness Coordinator will be cross trained for this position.
- Vital Records: This function will be filled with at least one staff person by cross training and just in time training to provide support to current staff.
- Research/Data Management/Evaluation: Given the nature of the specialty, cross training and just-in-time training are options.

#### **9. Public Administrator or Public Guardian**

- Deputy level staff could be cross-trained to fill minimal accounting functions involving receipts and disbursements.

### **B. Just in time training**

Bureau management will continue to identify those critical tasks that may be assigned to staff with minimal training. The identified tasks may only need job action sheets or simple instructions. There may be more complicated tasks that require two to four hour training. As the tasks are identified, training will be created in order to respond to an emergency.

### **1. Animal Services**

For all positions except clinical and animal control officers

### **2. Behavioral Health**

If necessary staff not previously trained on site-specific interventions will be trained by site staff remaining on duty. Crisis staff will be deployed especially those with credentials. We will work with Natividad Medical Center on how to get emergency credentials for those trained but not currently credentialed.

### **3. Facilities and Administrative**

“Just-in-time” training place and will begin upon word from the Director of Health/Health Officer.

### **4. Human Resources**

A step-by-step payroll entry/processing manual is being developed for a reference and training tool, should it be needed.

Human Resource Analysts will be available to provide additional support and backup as needed for all critical functions. Each are trained in general terms, will discuss training needs.

### **5. Public Health**

Just in time training will be feasible for clerical procedures and Vital Records. Depending on the skill of the employees available during the crisis Research/Data Management/Evaluation duties may be options for specific just in time training.

## **C. Preparedness training**

### **1. Personal preparedness**

The Department has an on going training plan that includes providing personal preparedness training to staff. The topics covered are emergency kits, plans and what employees can do now to prepared themselves and their loved ones for an emergency.

This training is augmented by publications on topics that include preparedness and emerging issues. The Preparedness Minute is a short publication designed to provide information about these topics to County staff and residents. Preparedness Minutes are released as issues arise or are requested by the community.

### **2. Professional preparedness**

The Department provides Disaster Service Worker training. As part of this training staff members are encouraged to be prepared at work. This is not only having supplies at their place of work but also planning for what they can do now as a professional to help the people they serve to plan for emergencies.

### **3. Communicable disease**

Training for those employees not involved in providing health care is provided through informational publications, such as the Preparedness Minute, Health Dispatch and through simple trainings that

include the key messages: Wash your hands, Cover your cough and Don't come to work when you are sick.

## **VII Operations**

The purpose of this section is to identify operational issues that may arise during a pandemic. In order to provide critical services the Department will utilize alternative worksite, modified hours, and telecommuting. This response is not only to insure the continuation of Department services but also to control possible transmission of the disease among employees.

### **A. Alternative Work sites**

#### **1. Clinic Services**

- Depending on the duration and severity of impact on staff and community, revisit need for and capacity of operation of all seven clinic sites:
  - Consider transferring staff to assist with hospital inpatient care based on community need
  - Consider closing one or more Laurel Clinic sites
  - Consider closing Marina Clinic site

### **B. Use of modified shifts**

#### **1. Animal Services**

- Reduce shelter Hours Open to Public
- Flex animal control officers hours to include Saturday and Sunday as regular schedule

#### **2. Clinic Services**

- As the flu takes its toll and staff becomes impacted, we will shift as many employees as possible to flex schedules (assuring essential coverage)

#### **3. Facility and Administrative/Fiscal and Systems**

- Flex shifting: If necessary bureau staff could work longer hours with flexible work schedules.

#### **4. Human Resources**

- Flex shifting is a viable option should it become necessary.

#### **5. Public Health**

- Flexible hours may become necessary for many of the bureau staff. With the exception of Vital Records, given that serving the public is the focal point of this function, we are unlikely to be open during other than business hours.

### **C. IT issues**

#### **1. Emergency Medical Services**

- Monitoring of ambulance/paramedic franchise agreement can be performed from an alternative site if IT connections can be established to permit Internet access to franchisee's secure database.

- Internet connection and access to franchisees secure database and ongoing communication with hospital emergency department staff and EMS field personnel will permit continuation of medical control from any location.

## **2. Fiscal and Systems**

- Although many functions of the bureau can be accomplished by telecommuting, Data entry and Records Management still need to be done on site.

## **D. Telecommuting and conference calling**

### **1. Clinic Services**

- The following functions to be explored for telecommuting may include:
  - Patients billing
  - Implementation of telephone banks
  - Appointment scheduling and changes
  - Staffing (recalling and reassigning staff)
  - Personnel functions
  - Purchasing and contracting
  - Community education through mailers, press releases, updates, emails, etc.

### **2. Public Health**

- Communicable Disease Unit: Telecommuting will not be an option. However, contact investigation can be initiated by nurses leaving from their homes, rather than from the Department.
- Vital Records: Given our state of technology this is not an option.
- Research/Data Management/Evaluation: Telecommuting will be an option for this function, and discussions are underway to examine it.
- Public Health nurses have laptop computers, which could/would be utilized from home or other remote locations and thus reducing travel to the office.

### **3. Emergency Medical Services**

- Medical disaster planning can be performed from an alternative worksite, including an employee's home. This function may be fully integrated into the operations of the Emergency Operations Center.
- Monitoring of ambulance/paramedic franchise agreement can be performed from an alternative site.

### **4. Facility and Administrative**

- Telecommuting is not an option for this Bureau as most duties are site specific. However, the maintenance staff would be instrumental in assisting with delivery an installation of furniture/equipment for Health Department staff that are telecommuting.

### **5. Fiscal and System**

- All computer functions can be made available for telecommuting. Access can be granted to a user's desktop computer, through which they can access all their normal daily systems and function. This can be done from any computer with Internet access, home,

library, school, etc. However, Data entry and Records Management still need to be done at the Health Department.

**6. Human Resources**

- Payroll processing would potentially be too complicated to provide for off-site. However, responding to benefit-related problems could be done remotely, as a lot of the necessary work involves research and communication.

**E. Other technology needs**

The Department has a communications plan as part of the Departmental Disaster Plan.

**VIII Recovery**

The Department will begin to plan for recovery as soon as response to the pandemic begins. It is understood the Department will not look the same as it did before the crisis.

**IX Review of Plan**

**A. Staff responsible**

The Health Officer, Preparedness Program Staff and the Bureau Chiefs are responsible for reviewing and maintaining the plan.

**B. Testing**

Each Bureau will have a tabletop exercise in order to find gaps in their response. These exercises will have an After Action Report and a list of corrective actions to be taken. It is expected that management will review the corrective actions on a regular basis to ensure the needed actions have been taken.

**C. Date of review**

The Departmental plan will be reviewed by March 2010.

**X ANNEXES**

Annex A - List of Staff by Bureau

## Annex A: List of Staff by Bureau

### I Current Composition and Staffing

#### A. Animal Services

24 employees

- Animal Control Officers (ACO) (6 employees)
- Shelter Staff (7 employees)
- Clinical Staff (2 employees)
- Clerical Staff (5 employees)
- Administrative Staff (2 employees)

#### B. Behavioral Health

273 employees

- Admin/Fiscal (26 employees)
- Adult Services (58 employees)
- Children's Services (142 employees)
- Managed Care/Alcohol & Drug Programs (24 employees)
- Medical Director (20 employees)
- Inpatient Unit (3 employees)

#### C. Clinic Services

163 employees

- Clinical
  - Physicians (25)
  - Physician Assistants/Nurse Practitioners (12)
  - Nurses (15)
  - Medical Assistants (40)
- Administrative/Fiscal
  - Managers (5)
  - Outpatient Services Manager I (1)
  - Administrative Services Officer (1)
  - Clinic Office Supervisors (6)
  - Accounting Technician (1)
  - DISC (1)
  - Supervising Patients Account Representative (PAR) (1)
  - Patients Account Representatives (billing staff) (9)
  - Patient Services Representatives II (40)
  - Other (HEAs, CSAs) (6)

**D. Community Health**

188 employees

- Health Promotion Branch (30 employees)
- Women, Infants, and Children (WIC) Branch (43 employees)
- Public Health Nursing Branch (38 employees)
- Children’s Medical Services (CMS) Branch (65 employees)
- Admin/Fiscal (12 employees)

**E. Emergency Medical Services**

12 employees

- Data Entry Operator II (1 employee)
- EMS Administrator (1 employee)
- EMS Analyst (3 employees)
- EMS Instructor (several part time)
- Management Analyst I (1 employee)
- Office Assistant II (2 employees)
- Secretary (1 employee)
- EMS Medical Director (half time contractor)

**F. Environmental Health**

72 employees

- EHD Administration Services (EHDS) (5 employees)
- EHD Fiscal Services (EHDFS) (4 employees)
- Consumer Health Protection Services (CHPS) (20 employees)
- Solid Waste Management Services (SWMS) (5 employees)
- Recycling & Resource Recovery Services (RRRS) (6 employees)
- Hazardous Materials Management Services (HMMS) (13 employees)
- Drinking Water Protection Services (DWPS) (11 employees)

**G. Facilities and Administrative**

6.5 employees.

- General Admin & Facility’s (2 employees)
- Maintenance, Security & Access systems (3 employees)
- Phones, Reception & Information (1 employees)
- .5 Temp to back up Reception

**H. Fiscal and Systems**

18 employees

- Financial (4 employees)
- Systems (4 employees)
- Dotted Line Relationship with Other Bureaus
  - o Financial (4 employees)

- o Systems (6 employees)

## **I. Human Resources**

11 employees

- Human Resources Manager (1 employee)
- Payroll (2 employees)
- Recruitment & Exam/Classifications (4 employees)
- Employee Benefits Administration/New Hire Orientation/LOA's (1 employee)
- Performance management and disciplinary actions (1 employee)
- Workers' Compensation & Safety (1 employee)
- HR/Administrative Bureau Reception &HR Support (1 employee)

## **J. Office of the Health Officer**

21 employees

- Administration (2 employees)
  - o Health Officer and Deputy Health Officer
- Communicable Disease Control (4 employees)
- Public Health Laboratory (9 employees)
- Public Information Officer (PIO) (1 employee)
- Vital Records (2 employees)
- Preparedness Coordinator (1 employee)
- Research/Data Management/Evaluation (3 employees)

## **K. Public Administrator/Public Guardian**

61 employees

- Public Administrator/Public Guardian (1 employee)
- Deputies (5 employees)
- Support Staff (5 employees)
- Representative Payee Managers (40-50 employees)