



City of Malibu Pandemic Response Plan

Prepared by the City of Malibu Office of Public Safety

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Table of Contents

Overview	
Purpose	3
Objectives	3
Background	3
Types of Pandemic Illnesses	3
Epidemic vs. Pandemic	4
Transmission	4
Public Health Emergency	5
The Phases of a Pandemic	5
Response Procedures	6
Plan Activation	6
Communication	7
Infection Control During a Pandemic	7
Hygiene	7
Workplace Cleaning	8
Personal Protective Equipment	8
Social Distancing	8
Community Social Distancing	9
Isolation/Quarantine	9
Management of Sick Employees	10
Continuity of City Services	12
Technological Resources	13
Federal, State and County Response Procedures	14
U.S. Centers for Disease Control	14
U.S. Department of Health and Human Services	14
California Department of Public Health	15
County of Los Angeles Department of Public Health	16
Appendices	17
N95 Respirators and Surgical Masks	18
Authorities and Responsibilities	19
Governing Statutes	20

PLAN OVERVIEW

Statement of Purpose

Due to the unique characteristics of a pandemic, this plan was created to supplement the City's Emergency Operations Plan. The primary purpose is to enable the City to respond effectively and efficiently, while ensuring that the safety and welfare of the community is protected and that essential operations are maintained throughout a pandemic incident.

In the event of a pandemic, the City's main responsibility will be to protect public health, maintain critical community services and respond to the needs of its population. The Office of Public Safety is the coordinating office for the City of Malibu. The City will activate its Emergency Operations Center (hereafter termed "EOC") as needed and/or when unified internal response is necessary.

Local mitigation, surveillance, response and recovery efforts will be coordinated with those of the Los Angeles County EOC and Los Angeles County Department of Public Health (Public Health), to promote the health and safety of employees, the community and City partners.

Objectives

The primary objectives during a pandemic are as follows:

1. Protect the safety of the community and city employees first and foremost.
2. Minimize transmission of a pandemic virus among community members and City employees.
3. Maintain mission-critical operations and services.
4. Minimize social disruptions and the economic impact of a pandemic.

BACKGROUND

Types of Pandemic Illnesses

Worldwide pandemics occur when a novel (new) virus emerges to which the population has little immunity. The 20th century saw three such pandemics, the most notable of which was the 1918 Spanish influenza pandemic, an outbreak responsible for 20 million deaths worldwide. Two other similar outbreaks occurred in 1957 and 1968.

The impact of a pandemic cannot be precisely predicted; the extent to which a specific outbreak affects a population depends on the virulence of the virus, how rapidly it spreads, the availability of vaccines and antiviral medications, and the effectiveness of pharmaceutical and non-pharmaceutical community containment measures.

2019 – Novel Coronavirus

A novel coronavirus is a new coronavirus that has not been previously identified. The virus

causing the novel coronavirus disease 2019 (nCOV-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. Similar to influenza viruses, the Coronavirus targets older and younger people; a population who may be immunocompromised

Pandemic Influenza

Influenza, commonly known as the flu, is a disease that attacks the respiratory tract (nose, throat, and lungs) in humans. Although mild cases may be similar to a viral “cold,” influenza is typically much more severe, typically comes on suddenly, and may include fever, headache, tiredness (which may be extreme), dry cough, sore throat, nasal congestion, and body aches and often results in complications such as pneumonia.

Seasonal influenza is a yearly occurrence that kills primarily persons aged 65 and older and those with chronic health conditions, causing significant economic impact. Those who are exposed to the disease, but do not succumb, will develop immunity only to the specific strain circulating that year.

2009- Avian Flu

Public health experts were concerned about the risk of another pandemic arising from the epidemic of Avian influenza that spreads rapidly and affects domestic and wild birds in Asia, Africa, and Europe. When Avian influenza strains interact with those of the common human influenza, there is potential for mutation to occur that could result in the creation of a new virus, capable of human-to human transmission, and thus initiating a pandemic. Depending on the pathogenicity of such a virus, between 25 to 35 percent of the population may become ill and nearly 200,000 Californians could die. This level of disease activity would disrupt all aspects of society and severely affect the economy.

Epidemic vs. Pandemic

An *epidemic* is a disease occurring suddenly in humans in a community, region or country in numbers clearly in excess of the norm. A *pandemic* occurs when there is a global outbreak of serious epidemic. Because there is little natural immunity, the disease can spread easily from person to person.

Transmission

For any novel virus or influenza strain, the mode of transmission and recommendations for personal protection, isolation precautions and cleaning protocol must be determined at the time of the pandemic. Depending on the specific strain, possible transmission of the virus may occur in three ways:

Droplet Transmission

Involves contact of conjunctivae and or mucous membrane of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking. Transmission via large-particle droplets requires close contact between source and others because droplets do not remain

suspended in the air and generally only travel short distances. Large droplets are considered inhalable or “inspirable”, thus requiring the use of respiratory protection as well as other personal hygiene methods.

Contact Transmission

Involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person. Indirect-contact transmission may occur with the contact of a susceptible host touching or coming into contact with a contaminated intermediate object, usually inanimate, which has already been exposed to an infected or colonized person.

Viable virus can be passed from tissue to hands for 15 minutes and from nonporous surfaces to hands for 24 hours. Virus can be recovered from hands for only five minutes if the hands are contaminated with a high viral titer.

Airborne Transmission

Occurs by dissemination and subsequent inhalation of airborne droplet nuclei or particles in the respirable to inspirable size ranges that contain infectious agent. Microorganisms carried in smaller-size particles may be dispersed over long distances by air currents and may be inhaled by susceptible individuals who have not had close contact with (or even been in the same room with) the infectious individual. Prevention of this type of transmission requires the use of special air handling and ventilation systems.

Public Health Emergency

A public health emergency is defined as an “occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or (a) novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents or permanent or long-term disability” (WHO/DCD, 2001).

The Phases of a Pandemic per the World Health Organization (WHO)

The first four of the following six phases present an increasing risk to the general population:

1. Investigation of cases of a novel virus
2. Recognition of increased potential for ongoing transmission
3. Initiation of a pandemic wave
4. Acceleration of a pandemic wave
5. Deceleration of a pandemic wave
6. Preparation for future pandemic waves

RESPONSE PROCEDURES

It is the responsibility of the City of Malibu to safeguard the health of the public, City employees, customers, and vendors during a pandemic. A pandemic incident will be managed in accordance with the City's Emergency Operations Plan (EOP) and the City Manager's Office will be the lead department for the City of Malibu throughout the duration of a pandemic incident.

However, a pandemic demands a different set of assumptions regarding operations from previous emergency planning because it will be geographically dispersed and may potentially occur in waves that could last for several months at a time. Key assumptions and policies that will guide the City's response include the following:

- Pandemic illnesses are highly transmissible viral illness that represents a threat to public health and safety.
- Transmission of the virus occurs through close contact with a symptomatic individual.
- A pandemic may result in high rates of morbidity and mortality.
- Los Angeles County Department of Public Health (Public Health) will be the lead agency in the County's response.
- The City will base its response on direction from, and in support of, Public Health.
- Protecting the health of community members and City staff will be the guiding priority.
- Public health officials project cumulative absentee rates of 25-30 percent, lasting from three to four months upwards to eighteen months or more, in 4-6 week-long waves of contagion.
- The City will implement infection control strategies appropriate to the situation.
- The City Manager/City Council will declare a local emergency if warranted.
- If necessary, the Emergency Operations Center will be activated at the appropriate level as designated by the Director of Emergency Services, the City Manager, or their designee.
- The City will take an active role in the containment of a pandemic outbreak.

Plan Activation

Upon notification from county, state or federal officials, the City Manager/Director of Emergency Services or their appointee or successor will activate the City's Pandemic Plan. The EOC may be activated when it is deemed necessary to manage and coordinate a response. The EOC is not required to be activated; response may be carried out and coordinated remotely or through meetings instead of at the EOC. If activated, the City EOC will coordinate the operations of City departments and provide multi-agency and jurisdictional coordination. If social distancing measures have been advised, essential personnel reporting to the EOC will be required

to wear personal protection gear as recommended by the CDC or LACDPH.

Communication

Communication is essential before, during and following a pandemic outbreak. Information must be continuously relayed to employees and the community in a timely manner. There may be a high level of fear, anxiety, rumors, and misinformation regarding a pandemic. Regularly sharing information is one way to reduce staff and community distress. All subsequent information dissemination will proceed only through the City Manager's Office.

The public information officer (PIO) will coordinate with the Joint Information System/ Joint Information Center, established by Los Angeles County. Staff should follow communication protocol as established in the City of Malibu EOP.

INFECTION CONTROL DURING A PANDEMIC

The City will utilize four main components of infection control measures, including:

- Heightened hygiene practices
- Workplace cleaning
- Personal protective equipment (PPE)
- Social distancing
- Isolation/quarantine

Hygiene

Employees will be educated and reminded of hygiene measures that help to limit the spread of disease. These include:

- Using respiratory etiquette (e.g. covering cough or sneeze with tissue).
- Properly cleaning hands with soap and water or hand sanitizer regularly.
- Avoiding direct skin contact with others, such as hand shaking.
- Keeping work areas clean and disinfected.
- Staying home when ill and not sending ill children to school or daycare.

The following hygiene measures will be taken to reduce the spread of disease:

- Hand washing instructions will be posted in shared restrooms.
- "Cover Your Cough" reminders will be posted in waiting rooms and common areas.
- Magazines/papers will be removed from waiting rooms and common areas.
- Notices will be posted at all workplace / facility entry points advising staff and visitors not to enter if they have influenza symptoms.

- Regular disinfection of public counters and doorknobs/handles will be implemented.
- Hand sanitizer will be available in waiting rooms and common areas.
- Tissues and trash cans will be available in waiting rooms and common areas

Workplace Cleaning

During a pandemic and depending on the mode of transmission as identified by the CDC or Public Health, thorough and specific workplace cleansing measures will be required to minimize the transmission of the virus through hard surfaces (e.g. door knobs, sink, handles, railings, objects, and counters) as well as airborne transmission precautions. Surfaces that are frequently touched with hands should be cleaned and disinfected several times a day.

City maintenance staff will be responsible for the decontamination of the workplace once a person suspected to have the virus is identified and has returned home. It is important that the work area, along with any other known places they have been, are thoroughly cleaned and disinfected with bleach. The person cleaning and disinfecting should wear a mask and gloves and must discard them afterwards. Hands must be washed or sanitized at the completion of the procedure.

Personal Protective Equipment (PPE)

N95 face masks are available for community members and City employees when advised by Public Health officials to reduce the risk of acquiring or transmitting a pandemic virus. (See Appendix A for supply inventory.) N95 masks are disposable respirators that cover the nose and mouth. It can trap infected droplets, and if worn correctly it can protect against breathing in small particles that may contain viruses.

If entry into a crowded setting is unavoidable an N95 facemask should be used to protect the wearer from infected individuals' coughs and sneezes. A facemask also reduces the spread of germs should an infected person cough or sneeze in close proximity to others.

The effectiveness of a facemask is reduced after they are worn for a long time and become saturated with moisture, or if they are torn, or disfigured. They can also become less comfortable to wear and more difficult to breathe through after extended use. Individuals with lung or heart disease or other illnesses affecting breathing should consult a healthcare provider before using a respirator. Facemasks should only be worn when in a setting where contact could occur.

Social Distancing

The City will initiate the following social distancing strategies in a pandemic to reduce close contact among individuals (in case of desk workers):

Distance: All staff should be approximately 6 feet away from other persons, whenever possible. Most often, spread of respiratory viruses from person-to-person happens among close contacts (within 6 feet).

Telecommuting: Any employee with access to a laptop computer and a high-speed internet connection may be asked to tele-commute using Outlook. For access to the employee's network folders, a Secure ID fob is required and available for approximately 100 employees. The City is in the process of ordering additional Secure ID fobs for

distribution in case of emergency.

Staggering work shifts: Employees who do not need to perform their work during the same time of day can be staggered throughout a 24-hour period to decrease personal contact with other employees.

Face-to-Face Barriers: Services that do not require face-to-face contact may be provided through alternate means. See Service Alternatives below.

Alternative Service Delivery: In the event that social distancing has been suggested or required by the City Manager/Director of Emergency Services, alternative approaches to provision of services may be adopted to ensure the continuity of government.

Community Social Distancing

In the event of a pandemic, the City Manager, local Health Officer, or Public Safety Manager, may call for the discontinuation of public gatherings and installation of health and safety precautions such as masks, gloves, etc.

Isolation/Quarantine

The following may be used in the event that a voluntary isolation/ quarantine is advised by the County Health Officer:

- Home isolation
- Employee triage prior to start of work
- Monitoring of symptoms at home and at work for essential personnel
- At-work quarantine for essential personnel
- Closure of work places or portions thereof in high incidences of reported sickness
- Monitored ingress/egress of specific buildings, including taking people's temperatures before entering a workspace.

Infection Control Guide	
Circumstance	Infection Control Procedures
Growing epidemic situation, but no immediate threat to Los Angeles region	Hygiene
Public Health Emergency declared with confirmed cases in Los Angeles County	Hygiene, social distancing, and community social distancing, and alternative service delivery
Public Health Emergency declared in Los Angeles with confirmed cases in Malibu	Hygiene, social distancing, community social distancing, alternative service delivery, and isolation/quarantine

MANAGEMENT OF SICK EMPLOYEES

In the event of a pandemic, the City will take the following actions to manage sick employees:

1. Notify employees they should not come to work if they are unwell, particularly if they are exhibiting any influenza symptoms.
2. If an employee becomes ill at work, they are to contact their supervisor by *telephone* if possible.
3. If an employee observes that another person is exhibiting symptoms of influenza at work, they should contact their supervisor.
4. If an employee falls ill while at work, said employee's department is responsible for ensuring that the sick employee's workspace is disinfected once the sick employee has gone home.
5. Employees that have the flu are encouraged to stay home for 7 days. (CDC guidelines)
6. All employees with flu or flu-like symptoms are asked to stay home for a minimum of 24 hours after their fever subsides without taking fever reducing medication. (CDC guidelines)
7. If an employee is staying home to care for a family member who is confirmed to have the pandemic virus, that employee should self-quarantine for the length of time determined by Public Health officials to ensure the virus has not infected them.
8. Provide department heads with protocol for employees who become ill.
9. Ensure that ill employees have completed the required isolation period (guidance to be provided by the Los Angeles County Department of Public Health) and are healthy and no longer infectious before allowing them to return to work.
10. Sick Leave should be used for days absent from work for flu or flu-like symptoms.
11. Sick Leave should be used for those employees asked to go home because they are sick.
12. Another form of personal leave may be used for employees that do not have Sick Leave. This should be discussed with Human Resources.
13. Employees that need to stay home to care for a family member can use Sick Leave.

CONTINUITY OF GOVERNMENT SERVICES

During a pandemic the City will find alternative modes of communication to minimize social contact. The following table provides a list of traditional services provided by the City, the possible impact of a pandemic on said services, and possible alternative methods of provision.

Alternative Service Delivery Matrix			
Service Type	Staff Involved	Potential Impact	Alternatives
Reception Services	Receptionists at public counters	Face-to-face interaction with various publics, proximity to others in an office environment with joint use of office equipment may increase potential for transmission.	Since offices may be closed, the employees providing these functions may be temporarily transferred to other operations or staff a live hotline.
Counter Reviews/ Service	Planning, Environmental and Sustainability and Public Works	Extended face-to face contact with partners reviewing documents and resolving issues with proximity to others in office environment may increase potential for transmission.	Counter service by appointment only to reduce exposures. Or, documents sent to a central processing center, logged and mailed to personnel working remotely
Finance Document Processing	Finance and accounting staff	Proximity to others in an office environment with joint use of equipment and facilities may increase potential for transmission.	Handle remotely using technologies.
Management Assistants	Administrative staff	Small office with joint use of equipment/ facilities may increase transmission risk	Handle remotely using technologies.

Management	Department heads, supervisors	Meetings, public gatherings, proximity to others in an office environment may increase potential for transmission.	Handle remotely using technologies.
Management Analysts and Professionals	All City staff located in City office space	Proximity to others in an office environment with joint use of equipment and facilities may increase potential for transmission.	Handle remotely using technologies.
Field and Inspection Services	Building and Safety, Code Enforcement and Public Works	Contact in the field with various publics, joint use of vehicles, briefings, office utilizations, etc. may increase potential for transmission.	Work distributed and collected electronically; use of personal vehicles.
Public meetings	City Council, Commission Meetings	Close proximity for extended periods of time (hours) may contribute to increased potential for transmission.	Cancel non-essential meeting and/or conduct critical business using technological means if possible
Public Gatherings and Centers	Community centers	Inability to assure appropriate social distancing and joint use of tables, chairs and other facilities may contribute to increased potential of transmission.	Close facilities for duration of the emergency.

In addition, if continuity of government services is threatened due to numerous employees being out sick, the City Manager may temporarily re-assign staff from other departments to assist with essential services when appropriate.

TECHNOLOGY RESOURCES

The City currently has the technology to continue numerous key services during a Pandemic, which pose no or reduced risk to humans. Technologies include remote computing, conference calls and other media that allow staff to access their work files from home. Below is a list of technological resources that the City currently possesses.

- **Call-forwarding:** Telephone calls to the office may be directed to other telephone numbers as chosen by the employee (mobile, home or other location)
- **Everbridge Mass Notification:** The mass notification system can call, email, text, or fax employees with emergency information, as well as poll employees for recalls as necessary.
- **Microsoft Outlook:** Every employee has access to Microsoft Outlook which provides for emailing, calendaring, scheduling, task tracking, etc. It is accessible from the employee's desktop and via the internet.
- **Internet/Intranet:** The City maintains a public website available for public notifications and alerts, as well as an intranet site for access by City employees from their desktop and via the internet using the city's secure VPN.
- **Mobile Computing devices (e.g. smart phones or tablets):** Given to all senior managers across the organization, these devices allow for remote email and scheduling, as well as mobile phone and direct connect options.
- **Laptops:** Currently there are XX laptops assigned to individuals or departments within the City of Malibu, providing for remote computing capabilities.
- **VPN Access:** Virtual Private Network (VPN) access is currently available upon request and authorization. Once an employee is added to the system, she/he is able to remotely login to the city's network upon sign-in and input of a one-time code, which the system can email, text, or send via telephone.
- **Conference Calls/Bridges:** To be scheduled through Outlook, conferences can accommodate remote participants via speakerphone. Bridges allow remote participants to dial into a virtual conference room via voice network.
- **City TV:** The City maintains television station Channel 3 which is available for public service announcements and emergency alerts.
- **Social Media:** Facebook, Twitter, and other forms of social media are maintained by City departments and are available for public announcements and alerts.
- **Nixle:** The Nixle emergency notification system can provide text message alerts to subscribed phones.

FEDERAL, STATE AND COUNTY RESPONSE

US Centers for Disease Control and Prevention

The US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) conduct extensive surveillance programs to monitor the occurrence of influenza activity worldwide, including the emergence of potential pandemic strains of influenza virus.

The national target for Federal and State antiviral drug stockpiles is 81 million regimens. This includes 6 million regimens to contain or suppress initial pandemic outbreaks overseas and in the United States, and 75 million regimens targeted for treatment of ill persons.

The CDC's Health Alert Network (HAN) is the CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories.

HAN Message Types:

Health Alert

Provides vital, time-sensitive information for a specific incident or situation; warrants immediate action or attention by health officials, laboratorians, clinicians, and members of the public; and conveys the highest level of importance.

Health Advisory

Provides important information for a specific incident or situation; contains recommendations or actionable items to be performed by public health officials, laboratorians, and/or clinicians; may not require immediate action.

Health Update

Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service

Provides general public health information; unlikely to require immediate action.

U.S Department of Health and Human Services (HHS) Pandemic Plan

This plan provides guidance for national, state and local policy makers, as well as health departments so that all involved can achieve a state of readiness and respond quickly at the first indication of a pandemic. The major preparedness and ready response components are as follows:

- Intensifying surveillance and collaborating on containment measures both internationally and nationally.
- Stockpiling antivirals and vaccines in addition to working with the industry sector to

increase their production capacity.

- Developing a seamless network of Federal, state and local preparedness that can accommodate a surge in health care.
- Improve the public education and communications efforts that will be necessary to inform the public of up-to-date pandemic news.

Antiviral Prophylaxis

Antiviral prophylaxis is a preventative measure and can reduce the spread of influenza by giving antivirals to individuals who have a high risk of exposure. The HHS recommends that critical workers, those that provide essential services to the community health, safety and wellbeing should receive antiviral prophylaxis. Antiviral prophylaxis would be administered to workers with an elevated risk of exposure to pan flu as a preventative measure.

Antiviral Post-Exposure Prophylaxis (PEP)

The HHS also recommends the use of post-exposure prophylaxis (PEP) antivirals, where individuals within a household that have been exposed to the flu are given antivirals. PEP antivirals have been extremely effective during seasonal influenza. There are several potential benefits for the use of PEP antivirals including:

- Prevent infection and illness within the home, which is where 1/3 of all influenza transmissions are estimated to occur.
- Since people treated with PEP are less likely to become infected they are also less likely to spread the disease.
- People might be more willing to voluntary quarantine if they received the PEP antivirals also reducing the spread of the disease within the community.

California Department of Public Health

California's public health system is composed of local health departments with authority and responsibility for public health preparedness and response at the local level. The California Department of Public Health (CDPH) leads, supports, and coordinates this effort and provides statewide policy guidance. CDPH Emergency Pharmaceutical Services Unit (EPSU) will be responsible for obtaining and distributing vaccines and antiviral drugs.

Although pandemics may affect multiple jurisdictions simultaneously, all jurisdictional responsibilities are maintained. CDPH will provide additional support to leadership at the local level, without usurping the authority of local health departments.

Key assumptions guiding CDPH pandemic planning and response activities are listed below.

- The first human cases of infection with a novel influenza virus will likely occur outside of the U.S. and will be detected by the global surveillance network.
- An influenza pandemic could last from 18 months to several years, with at least two to three waves of activity.
- Non-pharmaceutical community containment measures will be the principal means of

disease control until adequate supplies of vaccine or antiviral medications are available.

- Vaccination and antiviral treatments are anticipated to be the most effective pharmaceutical strategies for reducing pandemic morbidity and mortality. However, the production of effective vaccines and/or antiviral medications may be delayed or in limited supply.
- California's standard operating procedure is for all levels of governance to coordinate emergency response activities through SEMS and NIMS.
- CDPH will activate its risk communication strategies and quickly disseminate public advisories and alerts based on information from the Centers for Disease Control and Prevention (CDC) and other credible sources.

Los Angeles County Department of Public Health

The Los Angeles County Department of Public Health's (Public Health) is responsible for protecting health, preventing disease, and promoting health and well-being for everyone in Los Angeles County.

California Health and Safety Code section 101 080 authorizes a local health officer to declare a local health emergency within the health officer's jurisdiction, whenever the local health officer reasonably determines that there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent.

Public Health officials will alert local jurisdictions of a pandemic virus found internationally and/or domestically. They will work with and in support of the CDC and will host regular conference call briefings for local officials.

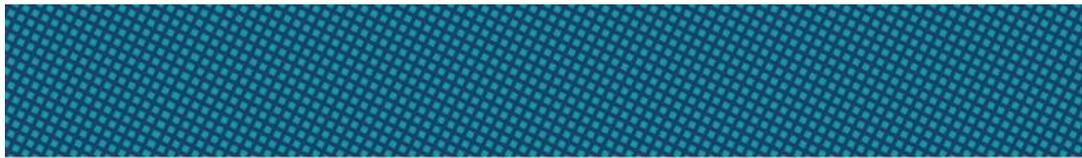
Appendices

A. Information about N95 Respirators and Surgical Masks

B. Authorities and Responsibilities

C. Governing Statutes

Appendix A: Information about N95 Respirators and Surgical Masks



Understanding the Difference



Surgical Mask



N95 Respirator

Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.



Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Appendix B: Authorities and Responsibilities

World Health Organization (WHO)

WHO monitors global pandemic conditions and provides information updates. WHO facilitates enhanced global pandemic preparedness, surveillance, vaccine development and public health response. They are responsible for declaring a global pandemic phase and adjusting phases based on current outbreak conditions.

Department of Health and Human Services/Centers for Disease Control and Prevention

The Center for Disease Control and Prevention (CDC) is responsible for national and international disease surveillance, issuing travel advisories and providing treatment guidance, direction and information from the federal government to state and local public health agencies. The CDC investigates and monitors pandemic outbreaks and is the national liaison to the WHO. The CDC manages the Strategic National Stockpile (SNS) as well as overseeing the vaccine distribution and the Laboratory Response Network.

California Department of Public Health (CDPH)

The CDPH coordinates planning, preparedness, communication efforts, surveillance activities, and disease containment strategies at the state level and across multiple counties and regions within the state. CDPH is responsible for coordinating the receipt and distribution of anti-virals and vaccines provided through federal and State stockpiles. They provide public information on the pandemic, including guidance on preventative measures.

Los Angeles County Public Health

LA County Public Health protects, prevents disease and promotes health and well-being for all persons in LA County. Their focus is on the LA County population as a whole, and conduct activities through a network of public health professionals throughout the community.

The City of Malibu

The Los Angeles County Public Health Department has primary responsibility for a pandemic incident and all other health related emergencies. The City of Malibu will act in a supporting role for medical emergencies. The City will assist by jointly setting up Points of Dispensing (POD) sites for disease prevention and distribution of medications to the community. Additionally, the City will assist by supplying personnel and facilities to POD operations when needed.

Appendix C: Governing Statutes

- **California Emergency Service Act (Government Code Title 2, Division, Chapter 7, Section 8550 *et seq.*):** Confers emergency powers upon the Governor and chief executives of political subdivisions of the state to provide for state assistance in organization and maintenance of emergency programs; establishes the California Emergency Management Agency; 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 Governor to create standby orders exists in Government Code section 8567. Authority for the Governor to suspend statutes and agency rules exists in Government Code section 8671.

- **California Health and Safety Code Sections Pertaining to State Authorities:**
 - o **Sections 20, 131000-131225:** Establishes the authority of CDPH to enforce regulations to address threats to the public health.
 - o **Sections 120125-120140:** Establishes the authority of CDPH to investigate and control communicable disease within the state.
 - o **Sections 120145-120150:** Establishes the 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.

- **California Health and Safety Code Sections Pertaining to Local Authorities:**
 - o **Sections 101000, 101025, 101030:** Establishes the authority of county health officers to preserve and protect the public health by enforcing county orders, ordinances, and statutes pertaining to public health.
 - o **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 the absence of consents or contracts with the county, authorizes cities to appoint a health

- **CDPH Pandemic Influenza Preparedness and Response Plan –September 8, 2006** Chapter 1: Overview of the Pandemic Emergency Preparedness and Response Plan officer to enforce and observe all orders, ordinances, quarantines, regulations, and statues relating to public health.
 - o **Sections 101040, 101080.2:** Authorizes county and city health officers to take preventive measures during emergency.
 - o **Section 120175:** Authorizes the local health officer to take measures necessary to control the spread of communicable diseases.

- **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.