

PANDEMIC INFLUENZA ANNEX MANUAL FOR CONTINUITY OF OPERATIONS (COOP) PLANNING



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November 2007 – Version 1

VDEM would like to thank the COOP Committee for devoting considerable time and expertise to this effort. The manual and template were written in collaboration with the members of the Committee:

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Pandemic Influenza Annex Manual for COOP

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INTRODUCTION

The Virginia Department of Emergency Management (VDEM) has led the Commonwealth of Virginia and the nation in helping executive agencies, local governments and institutions prepare Continuity of Operations (COOP) plans. A comprehensive COOP plan prepares an organization to address three types of disruptions: loss of access to a facility; loss of services due to equipment or systems failure; and loss of services due to a reduction in workforce. The focus of COOP planning for pandemic influenza is on the efficient and effective management of expected limited human resources. It reveals the interdependencies each agency and department has on others to provide or receive essential services or functions with limited human capital.

In the U.S. and around the world, scientists, health professionals and government leaders are preparing for a pandemic influenza that could potentially affect millions of people. Influenza viruses are unique in their ability to cause sudden illness among humans in all age groups on a global scale. The importance of influenza viruses as biologic threats is due to a number of factors including: the high degree of transmissibility; the vast number of carriers; its ability to change over time; and the unusual properties of the virus (or the time it takes for humans to become immune to the viruses). The infamous “Spanish flu” of 1918-19 was responsible for more than 20 million deaths worldwide, primarily among young adults. Mortality rates associated with the more recent pandemics of 1957 and 1968 were reduced in part by the use of antibiotic therapy for secondary bacterial infections and aggressive care of infected patients. However, despite the aggressive treatment these later pandemics were associated with high rates of morbidity and social disruption. The Centers for Disease Control and Prevention (CDC) estimates the economic loss associated with the next pandemic will be in the billions of dollars.

To prepare for the next pandemic, VDEM in cooperation with many state and local organizations and other partners, has developed this guidance manual to assist executive agencies and institutions in developing an annex to their COOP plans. Through this, VDEM hopes to provide strategies to continue essential functions and services and to reduce pandemic influenza-related morbidity, mortality, and social disruption in the state.

The guidance manual focuses on pandemic influenza; however, it is important to note its applicability to scenarios involving loss of workforce from other highly communicable diseases. The guidance manual begins with an executive summary of the Virginia Department of Health’s Influenza Pandemic (Non-Health) Annex. The Influenza Pandemic (Non-Health) Annex provides information on pandemic influenza and planning considerations for the Commonwealth’s executive agencies. Each agency will need to consider all of the elements discussed in this document and determine their specific applicability to the agency and how it will incorporate relevant sections into the agency’s COOP plan.

As part of the manual, a template was developed. The template provides agencies and institutions with the basic annex itself. The template, in collaboration with the information gathered through use of the worksheets in the manual, will assist in completing a cohesive and comprehensive Pandemic Influenza annex to a COOP plan.

The Commonwealth has many departments, agencies, commissions, institutions, and authorities. However, for simplicity, the term “department” will be used throughout to reference all executive agencies, commissions, institutions, and authorities.

Contact VDEM for assistance:

**Virginia Department of Emergency Management
10501 Trade Center Court
Richmond, Virginia 23326
(804) 897-6500 x 6603**

AUTHORITIES AND REFERENCES

The following authorities and references are in addition to the ones currently listed in department COOP plans. These authorities address specific issues related to pandemic influenza COOP planning.

Virginia Guidance

§ 2.2-203.1 of the Code of Virginia. Authorizes the Secretary of Administration to establish a telecommuting policy.

§ 2.2-2817.1 of the Code of Virginia. Authorizes state agencies to establish alternative work schedules.

Virginia Health Authorities

§ 32.1-35; 32.1-36; 32.1-37 of the Code of Virginia. Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.

§32.1-39 of the Code of Virginia. Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.

§32.1-40; 32.1-48.015 of the Code of Virginia. Authorizes the Health Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.

§32.1-13; 32.1-42; 32.1-20 of the Code of Virginia. Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health. Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.

§32.1-43; 32.1-47; 32.1-48 of the Code of Virginia. Authorizes the Health Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance. Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.

§32.1-44 of the Code of Virginia. Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public. However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.

§32.1-48.05 through 32.1-48.017 of the Code of Virginia. Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances. Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable

disease of public health threat. Outlines the conditions necessary for invoking orders, the process for seeking ex parte court review in the circuit court of residence, and the appeal process.

Authorizes the Health Commissioner, during a state of emergency, to define an affected area (s) wherein individuals are subject to an order of isolation and/or quarantine.

Authorizes the Health Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.

Other References

Virginia Department of Health, <http://www.vdh.virginia.gov/pandemicflu/>

Virginia Department of Emergency Management (VDEM): *Continuity of Operations Planning Toolkit*, <http://www.vaemergency.com/library/coop/index.cfm>

U.S. Department of Health and Human Services: *Community Strategy for Pandemic Influenza Mitigation*, <http://www.pandemicflu.gov/plan/community/commitigation.html>

World Health Organization Pandemic Flu Phases: *Federal Response Phases for Pandemic Flu*, <http://www.pandemicflu.gov/plan/federal/fedresponsestages.html>

FEMA *Pandemic Influenza Continuity of Operations Annex Template Instructions*, http://www.fema.gov/pdf/government/coop/influenza_coop_annex.pdf

Centers for Disease Control, <http://www.cdc.gov>

Occupational Safety and Health Administration: *Guidance for Preparing Workplaces for an Influenza Pandemic*, <http://www.osha.gov>

EXECUTIVE SUMMARY OF THE COMMONWEALTH OF VIRGINIA'S INFLUENZA PANDEMIC (NON-HEALTH) ANNEX

The Virginia Department of Health (VDH) developed the Commonwealth of Virginia (COV)'s Influenza Pandemic (Non-Health) Annex, which is a component of Virginia's Emergency Operations Plan. The purpose of this annex is to assist the Commonwealth's executive branch agencies and VDH's partners in preparing for and responding to an influenza pandemic. This annex is for non-health sectors. VDH has also developed a health-specific plan that meets the CDC criteria for pandemic influenza preparedness and response.

The Influenza Pandemic (Non-Health) Annex addresses the Commonwealth's response to an influenza pandemic in a more comprehensive manner to ensure essential services across all sectors of state government can be maintained throughout the event period, which might last up to 24 months. The Influenza Pandemic (Non-Health) Annex in conjunction with the supporting worksheets will assist with the development and/or revision of Continuity of Operations (COOP) plans for non-health sectors and the Commonwealth's departments. This planning will help ensure an enhanced level of preparedness and capability for sustaining essential services during a pandemic.

Relationship of Continuity of Operations Plans and Pandemic Flu Preparedness Initiative

On February 8, 2006, Governor Kaine issued a Leadership Communiqué requesting “...agencies reevaluate their Continuity of Operations Plans (COOP) to determine if any further planning needs to take place should agencies need to operate with a much reduced workforce. Agencies will want to consider the multiple challenges they would face if an influenza pandemic strikes, or any event that could impact a large percentage of the workforce. Every effort should be made to assure that state government could keep functioning in a large infectious disease outbreak or epidemic situation.”

The focus of COOP planning for pandemic influenza is on human resources. The expectation is that infrastructure will remain intact, but the workforce will be reduced by up to 40 percent for up to 24 months. Plans should focus on maintaining essential services while also ensuring the safety of the workforce through implementation of pandemic mitigation strategies (e.g., infection control procedures). See Table 1 below from the Influenza Pandemic (Non-Health) Annex for comparison of scenarios between a loss of facility event and a reduced work force event.

Note: The Pandemic Influenza annex is a scenario which could activate COOP plans.

Table 1
Scenario Comparison

Scenario 1 – Loss of Facility	Scenario 2 – Reduced Work Force
<ul style="list-style-type: none"> Dealing with a more defined disaster impact area and time period 	<ul style="list-style-type: none"> General impact with recurring episodes
<ul style="list-style-type: none"> Planning period – 30 days 	<ul style="list-style-type: none"> Planning period – 18 to 24 months
<ul style="list-style-type: none"> Moving people and resources out of harms way is a viable strategy in most cases 	<ul style="list-style-type: none"> Limited movement and travel coupled with social distancing are key strategies
<ul style="list-style-type: none"> Primary facilities and associated operations can be shifted to alternate sites 	<ul style="list-style-type: none"> Many more alternate worksites involved requiring support
<ul style="list-style-type: none"> Resource support from outside impact area more readily available 	<ul style="list-style-type: none"> Resource support compromised at all levels
<ul style="list-style-type: none"> Components of critical infrastructure are physically damaged which impacts services and associated systems 	<ul style="list-style-type: none"> Critical infrastructure impacted by lack of personnel and maintenance rather than physical damage
<ul style="list-style-type: none"> Worker safety issues more easily addressed 	<ul style="list-style-type: none"> Greater challenges in ensuring worker safety—potentially more severe consequences

Concept of Operations

The Commonwealth of Virginia will respond to a pandemic influenza event using the already established emergency management system. Event triggers and department roles and responsibilities are addressed in the VDH Influenza Pandemic (Non-Health) Annex and the Virginia Emergency Operations Plan. The World Health Organization (WHO) has defined six phases of a pandemic. A chart describing these phases is located in Table 2 below. Phase 6 will

trigger the implementation of plans and mobilization of resources in an attempt to contain and mitigate the effects of a pandemic.

Table 2
WHO Global Pandemic Phases and the
Stages for Federal and State Government Response

WHO Phases		Federal and State Government Response Stages	
Inter-Pandemic Period			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection might be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
Pandemic Alert Period			
3	Human infection(s) with a new subtype but no human-to-human spread or, at most, rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country.
		1	Suspected human outbreak overseas.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but might not yet be fully transmissible (substantial pandemic risk).		

WHO Phases		Federal and State Government Response Stages	
Pandemic Period			
6	Pandemic Phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas.
		4	First human case in North America.
		5	Spread throughout United States.
		6	Recovery and preparation for subsequent waves.

In addition, the U.S. Department of Health and Human Services and the CDC developed interim planning guidance with regard to the application and timing of non-pharmaceutical interventions for state and local governments in February 2007. This guidance supports the development and implementation of a community’s overall mitigation strategy that includes both pharmaceutical and non-pharmaceutical measures. The interventions that comprise the pandemic mitigation strategy include:

1. Isolation and treatment (as appropriate) with influenza antiviral medication of all persons with confirmed or probable pandemic influenza. Isolation might occur in the home or healthcare setting, depending on the severity of an individual’s illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
3. Dismissal of students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable institution of workplace leave policies that align incentives and facilitate adherence with the non-pharmaceutical interventions (NPIs) outlined above.

Policies supporting social distancing have been developed in concert with the Department of Human Resource Management (DHRM) and can be found in Appendix 4 of the VDH Influenza Pandemic (Non-Health) Annex. Social distancing and protection of workers through disease contact and transmission interventions are key elements to mitigating the impact of a pandemic.

DHRM also will administer the Public Health Emergency Leave and all related human resource policies (worker’s compensation, health benefits administration, absence reporting, etc.), to include application, interpretation, exceptions based on department business needs, and advising

the Attorney General's Office and Governor of the need for temporary waivers to existing policies or the issuance, amendment, or suspension of the provisions of the Virginia Personnel Act as required by Executive Order 4 (2006).

Executive agencies will need to review and clearly communicate these policies to all employees, pre-identify personnel and job functions that might be performed at an alternate location, such as at home, and determine if any additional internal forms or monitoring procedures need to be developed to ensure efficient implementation of these policies.

Additionally, essential functions, key personnel needed to perform these functions, and back-up personnel need to be identified and trained or cross-trained. At the Governor's discretion, personnel who perform support functions might be re-directed to perform essential functions in departments where they might not normally work through implementation of the Governor's supplemental staffing strategy. Essential and supportive functions need to be prioritized in the event not all functions can be performed, those with lower priority might cease. Keep in mind these functions need to be prioritized based on a long-term event, not a short-term event. This means some functions that might not normally be considered essential will become essential.

The mission of VDH's Influenza Pandemic (Non-Health) Annex is to "develop a comprehensive and coordinated strategy to an influenza pandemic that will mitigate the health, public safety, social and economic impacts in the public and private sectors throughout the Commonwealth." The guidance provided by the Influenza Pandemic (Non-Health) Annex and this manual on developing a pandemic influenza COOP annex will help fulfill the mission.

To access a copy of the Commonwealth's Influenza Pandemic (Non-Health) Annex, please contact George Roarty, Recovery and Mitigation Division Director at the Virginia Department of Emergency Management, (804) 897-6500, x6574 or George.Roarty@vdem.virginia.gov.

PROJECT INITIATION

Many COOP plans assume the loss of infrastructure and/or the primary work location as the reason to activate the plan. To begin COOP pandemic influenza annex planning, start by looking at the department's existing COOP plans, and re-examining the information focusing on a reduction of staff. The information contained below will help the department get started.

Convene Department COOP Team

When the department is ready to address pandemic influenza considerations for the COOP plan, re-convene the original COOP Team in a working group session. This team will be best suited to understand the department COOP requirements and priorities.

Review Department COOP Plans

At the first working group session, the COOP Team should review current plans that will assist in the development and implementation of the Pandemic Influenza annex for the COOP plan. Be sure to review the department's COOP plan and the Influenza Pandemic (Non-Health) Annex. This effort will identify information that might be valuable in developing a Pandemic Influenza COOP annex. Also, discuss the department roles and responsibilities for pandemic planning.

Identify Concept of Operations

The Concept of Operations explains how the department implements its COOP plan, how it addresses the elements that comprise the COOP plan, and details plan objectives and assumptions. The Pandemic Influenza COOP annex concept of operations will only address the elements specific to a pandemic influenza event. The department's COOP plan will serve as the foundation for pandemic influenza response and the annex will provide situation specific information and assumptions.

Listed below are the planning assumptions for a pandemic influenza event. These assumptions are included in the Influenza Pandemic (Non-Health) Annex and should be considered by departments when developing their Pandemic Influenza COOP annex.

1. Pre-event planning is critical to ensure a prompt and effective response to an influenza pandemic, as its spread will be rapid, reoccurring (in multiple waves), and difficult to stop once it begins.
2. A pandemic disease outbreak might precipitate infection rates exceeding 25 percent in an affected population, with projected mortality rates as high as two percent among those infected.
3. Workforce absenteeism might rise as high as 40 percent at the height of a given pandemic wave for periods of about two weeks.
4. All essential operations and services within the public and private sector will be compromised to varying degrees throughout the response and recovery phases; however, proper planning and adequate resources might sustain essential operations/services and mitigate the effects of the event across all sectors (e.g., government, education, health, commerce and trade, critical infrastructure, etc.).
5. Due to the universal susceptibility of the public to an influenza virus and the anticipated pervasive impact on all segments of society, the majority of the medical and non-medical consequences of the event will be addressed by the public and private sectors in the context of the existing emergency management framework, supporting infrastructure, available resources, and associated supply chains with marginal support from new or external parties.
6. Although technical assistance and support will be available through the federal government prior to, during, and following the event period, it will be limited in contrast to other natural and made-made events that impact a confined geographic area in a more defined, brief and non-reoccurring timeframe.
7. A comprehensive and integrated strategy will require the involvement of all levels of government, the private sector, non-governmental organizations and citizens.
8. At the state level, the Commonwealth's Emergency Operations Plan, which is in compliance with the National Response Plan and the National Incident Management System (NIMS), will provide the framework to coordinate response and recovery operations and associated support to address the consequences of a pandemic disease outbreak.
9. Pandemic flu planning builds upon and enhances current Continuity of Operations and Business planning initiatives in the public and private sectors, by developing and

implementing strategies that provide management with the necessary tools and flexibility to quickly adapt to an environment where there is a reduced capacity to sustain essential operations, services, resource support, and critical infrastructure due to increased illness and death rates.

10. Although the Commonwealth is in the process of developing an inventory of anti-virals adequate to treat the projected population that might be affected, there will be a significant and sustained increase in demand for medical services during each wave that will overwhelm the healthcare system and compromise the overall standard of care provided.
11. Vaccines will not be available for approximately six months following identification of the virus, and will be in limited quantities when made available, necessitating the need to develop and implement a distribution plan.
12. Local and regional health infrastructure and associated resources will be quickly committed to providing the necessary treatment and supporting strategies to effectively respond to a potentially developing or actual event.
13. Non-pharmaceutical interventions, if applied in a timely manner, will play a significant role in mitigating the impacts of the disease at the local and state level.

Each department should identify specific assumptions that would impact their planning for pandemic influenza. **Worksheet #1** can assist in the development of planning assumptions tailored to the department's unique needs and resources.

Review Essential Functions and Resource Requirements

Essential functions are those that enable the Commonwealth to provide vital services, exercise civil authority, maintain the safety and well being of the citizens, and sustain the industrial and economic base during an event. During a reduction in staff event, it is imperative that a department understand what functions must be continued, and which can be postponed until operations are normalized. It is also important to understand the internal or external vendors that a department relies upon to provide its essential functions.

- **Ensure Essential Functions identified in the COOP plan are up-to-date.**
 - Reconsider all department functions in light of a potential 40 percent reduction in work force for a period of up to 24 months. Functions that were not prioritized as essential in the event of a short term outage might become essential when a longer time frame is considered. Analyze department functions considering the extended timeframe for the workforce reduction. If the essential functions are not different from the original COOP plan, then simply keep them. However, consider the personnel strategies mentioned here for additional back up capability.
- **Ensure Essential Functions identified in COOP plan are prioritized.**
 - The assumption is that up to 40 percent of existing staff will not be available, which might result in the need to temporarily halt some services.

- As staff absenteeism rates increase, the function identified as the least essential that is still being performed, would be suspended. This process would continue to a point where only the most essential functions would be performed.
- Functions need to be prioritized so staff will know which must be performed and which can be performed as resources allow. For some functions it might be easier to identify which will be halted first and then prioritize those remaining.
- **Identify cross-training needs.**
 - Establish what job skills are needed to perform essential functions and determine which employees have all or some of those criteria and job skills. **Worksheet #2** can assist with this effort. Determine which criteria and job skills can be taught just-in-time or at the moment of need, and those which will require a planned, concerted effort to attain cross-training. Consider using the learning management system, the managed online awareness training or other computer-based training mediums to meet training needs. Review current Workforce Plans or other documents to ensure that employee development and training programs include contingencies for extended emergencies such as pandemic influenza.
- **Ensure staff knows delegations of authority and orders of succession. (If the department has a COOP plan, then this might already be addressed.)**
 - Continuity of Government (COG) plans for each Commonwealth of Virginia Cabinet Secretary address overarching priority functions across the executive agencies.
 - With orders of succession and delegations of authority, most COOP plans only designate one or two back ups. With a pandemic influenza or reduced staffing event, strive to identify four to five back ups. Departments might need to identify personnel with decision making experience outside of the department but within the secretariat or institution in order to expand orders of succession.
 - While general COOP planning discourages the practice of assigning multiple roles to one individual, a significant reduction in staff, particularly in leadership roles, might necessitate some individuals taking on more than one responsibility. Determine what roles/responsibilities make sense to combine, keeping in mind that financial transactions often require oversight or approval by more than one individual.
 - Identify if any additional information needs to be documented for COOP in these areas, in light of prioritization of essential functions for a long term event such as pandemic influenza.

Establish Alternate Work Arrangements

Careful planning for alternate working arrangements during a pandemic influenza outbreak might help continue essential services.

- **Closure of Service Locations**

- The COOP Team should take into consideration the possibility of closing service locations, due to a reduction in workforce. For example, if there were not enough personnel to staff all available department branches, which branches would be closed and which would remain open continuing to provide services to the public? Keep in mind the regulatory, legal, financial, or other customer service obligations the department has and ensure that they are considered when reducing service. If the department has a regulatory requirement to be open so many days per week then that requirement must be factored into the service reduction. For example, the Department of Motor Vehicles might elect to close some of their drivers' license locations and direct customers to other offices. **Worksheet #3** can assist in identifying closure priority for service locations.
- **Identify which essential functions might be performed off-site**
 - When determining which essential functions to maintain during a reduction in workforce, consider alternate sites where some functions can be performed. If employees can perform various essential functions from home or from other off-site locations, employees will have more opportunity to stay healthy and continue working. This also might allow the department to close some facilities.
 - Allowing employees to work at alternate work sites, whether at home or from other off-site locations, might provide enough social distancing to mitigate the spread of a pandemic influenza.
 - Review the policies for Virtual Private Network (VPN) access, DHRM's Personnel Management Information System requirements, and its Policy 1.61, to fully understand any issues and policies that might affect a person's ability to work from home or an alternate site. **Worksheet #4** can assist in determining which functions can be performed offsite.
- **Other alternate work arrangements issues**

Alternate work arrangements cannot happen without significant pre-planning before the pandemic event and should be exercised routinely in preparation. Some considerations for alternate work arrangements include:

- **Supplies and equipment.** What special supplies or equipment will employees need that are not readily available to the general populace?
- **Availability of information needed to perform job.** Some job functions require specific types of information that are typically only found in the primary work site. What arrangements have been made for replication and availability of vital records and documents outside of the usual work environment?
- **Offline versus network access.** What job functions can be performed away from network access and which require direct access to networks? Is VPN access available? What security and access standards must be considered from the Virginia Information Technology Agency (VITA) (i.e. Use of Non-Commonwealth Computing Devices to Telework, among other standards)?
- **Special software.** Some essential functions require specific software programs to operate. Will this software be available off-site?

- **Management approval process.** What is the process for approving work for completion off-site? How will work hours or assignments be tracked and documented? How can the Personal Management Information System be used? What is the impact of DHRM Policy 1.61 on this process?
- **Working remotely with sensitive information.** Some job functions require additional security to maintain operational security. Can these functions be performed away from the primary worksite while maintaining the necessary level of security? Will the department's legal mandates, Library of Virginia requirements for back up and other sensitive data requirements be met?
- **Telecommuting agreements.** Employees with existing telecommuting agreements will increase the likelihood of continued operations. What arrangements can be made *in advance* of a pandemic so more employees have the ability to telecommute during a pandemic?
- **Expenses.** Please see the DHRM policy, which is currently being developed, regarding the eligibility for expense reimbursement for telecommuting.
- **Operating Alternate Work Schedules**
 - Another consideration for supporting social distancing would be to operate using alternate work schedules. For those functions which operate inside the typical workday, (i.e., 9 a.m. to 5 p.m.) consider the use of alternate work schedules, or shifts, for employees. Splitting the work schedule might allow for greater use of available workforce resources, while continuing to provide essential services. **Worksheet #5** can assist in developing alternate work schedules.

Identify Internal and External Vendors

Successful pandemic influenza planning requires the consideration of internal and external vendors and contractors. No department is self-sufficient for all aspects of its mission. Departments rely upon other departments, agencies, outside vendors, and contractors for everything from mail and package delivery to office supplies and communications tools.

- Determine which vendors and contractors are critical for essential functions, understanding that the same pandemic influenza that strikes the department might strike vendors and contractors equally.
- Determine if appropriate, alternate vendors and contractors to support the vendors and contractors the department currently uses.
- No department works in a vacuum. Interdependencies among agencies and departments are common-place in today's government. Assess which agencies and departments the department provides data, information, or supplies to, and those who provide data, information, or supplies to the department. An analysis of how critical that interdependency will be towards the success of continued operations is an important step in pandemic influenza planning. **Worksheet #6** can assist with identifying current and alternate internal and external vendors and contractors.

Review Human Capital Management

Human capital management is the process of acquiring, optimizing, and retaining the best talent by implementing processes and systems matched to the organization's underlying mission. Successfully utilizing available human capital during a pandemic influenza allows senior leadership to utilize the right people in the right jobs to perform essential functions. Further, successful utilization of human capital ensures that all employees have a clear understanding of what to do in an emergency.

During COOP plan implementation related to pandemic influenza, agencies will need to function with reduced staffing. Human capital management is critical in ensuring the flexibility required of key personnel during this time of crisis. Departments should ensure that all key personnel are adequately trained and cross-trained to enable the performance of all essential functions.

■ Alert and Notification of Employees and Stakeholders

- Ensure procedures for the alert and notification of employees, such as phone trees, are in place for activation of disaster plans, including pandemic influenza.
- Ensure contact information is up-to date.
- Develop and utilize a communications plan to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of the department operations, possible changes in working conditions and operational hours. For example, hotlines with pre-recorded messages might be used.

■ Employee roles and responsibilities

- During an event, employees will need to focus on maintaining essential functions. This focus will be disrupted if the employees are also concerned about their family's safety and security. Employees and their families will appreciate knowing the department is concerned for their safety; therefore, management should encourage all personnel to plan for their family's well being before a disaster strikes.
- Employees should seek to become cross-trained in as many specific department essential roles as practical. Because of the expected 40 percent absenteeism, cross-trained employees will be the greatest asset to the department.
- Staff need to understand that measures will be taken to control the spread of disease, including but not limited to:
 - Restriction of travel to geographic areas affected by the pandemic;
 - Employees who become ill or are suspected of becoming ill while at their normal worksite might be required to go home;
 - Notification to management of returning previously ill, non-infectious, employees to work;
 - Maintain reasonable social distancing as directed by management or public health officials through alternate work schedules and working off-site;

- Review of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies); and
- Implement infection control measures, including (if applicable) the appropriate selection and use of personal protective equipment.

■ **Workforce Protection**

To maintain the health of those employees who either do not become ill during the initial wave of pandemic influenza, or who return to work after recovering from influenza, the department must continue to protect its workforce. Each department will need to assess their employees' risk based on job function and make decisions regarding which steps they will need to take to help protect their workforce. The list below is for consideration and the department is not required to implement all of these methods for protecting its workforce. **Worksheet #7** can assist in determining how these suggestions might be implemented within the department.

- Review Occupational Safety and Health Administration (OSHA) requirements applicable to the department.
- Take appropriate hygiene and sanitation actions.
 - Provide employees and customers with easy access to soap and warm water, hand sanitizers, tissues, sanitizing wipes, and other office cleaning supplies. Consider stockpiling these supplies. Stockpiles should be rotated using the oldest first and ensure proper storage conditions for products.
 - Install hand sanitizer dispensing units throughout facilities.
 - Use no-touch trash containers.
 - Educate employees on proper hand washing techniques. Hands should be washed frequently using soap and warm water. Rub hands together for at least 30 seconds with soap on them and rinse under warm water. Do not touch potentially contaminated/dirty surfaces with clean hands.
 - Train employees on proper use for wearing and removing masks, such as N95 or surgical masks, and other personal protective equipment (PPE). Ensure proper fitting of N95 masks. FIT testing is required to use N95 masks. Proper PPE for each person will be contingent on job functions and the amount and type of interaction with other persons. Employees will need to protect their mucus membranes (eyes, nose, and mouth) from contaminated air droplets. Follow recommendations issued by the Virginia Department of Health and the Centers for Disease Control and Prevention.
 - Educate employees on cough etiquette. You should cough into your sleeve, shirt, or a tissue and not into your hands. If you must cough into your hands, wash them immediately.
 - Employees should regularly clean frequently touched work surfaces such as telephones, computer equipment, and vehicle steering wheels of the department.

- Require employees to stay at home if they are ill or at the first sign that they might become ill.
- Check with janitorial staff or vendor to ensure proper cleaning of common areas such as bathrooms.
- **Managing Public Access.** Each department will need to determine how to handle public access to facilities and services provided by the department.
 - Install barrier protections such as sneeze guards or other clear barriers in offices that serve the general public. Consider the use of drive-thru windows for offering public services. By providing physical barriers between employees or between employees and customers, the spread of disease can be mitigated.
 - Provide customers with surgical masks and ask them to wear them while seeking department services.
 - Identify what precautions the department will take to minimize personal interactions. How can technology be used to substitute for personal interaction? Can conference calls, Web casts, videoconferencing, and other services be used instead of face-to-face meetings?
- **Human Resources Policy and Procedures**

Issues related to human resources policy and procedures should be identified prior to the onset of a pandemic influenza. **Worksheet #8** can assist in this planning effort.

- **Leave.** Employees who become ill during a pandemic influenza should refer to the Public Health Emergency Leave Policy No 4.52 effective June 10, 2007.
- **Adjunct Emergency Workforce.** This supplemental staffing strategy is designed to reinforce services to citizens by closing critical gaps in staffing at Virginia Emergency Response Team agencies during periods of extended emergencies. State employees whose primary jobs do not normally require their presence during emergencies, and who meet established job requirements, may volunteer for redeployment to emergency response teams for up to 2 weeks.
- **Telecommuting Policy.** The Public Health Emergency Leave Policy encourages telecommuting, alternate work schedules, and multi-shift approaches to promote social distancing.
- **Telework.** Telework is an integral part of plans and procedures to maintain essential functions and services in a pandemic influenza. For additional information on Commonwealth policies on Telework, refer to Commonwealth of Virginia Information Technology Standard, Use of Non-Commonwealth Computing Devices for Telework, July 1, 2007.
- **Mutual Aid.** Mutual aid and the use of the Emergency Management Assistance Compact will likely not be an option for departments, since the pandemic influenza could affect resources nationwide.

Pandemic Influenza COOP Annex Checklist

To aid in the planning process, **Worksheets #9 and #10** can assist in addressing the planning issues relevant to pandemic influenza preparedness. **Worksheet #9** is a checklist covering the points discussed in this document and other related issues. **Worksheet #10** can assist in developing checklists specific to the department.

ANNEX DESIGN AND DEVELOPMENT

The design and development phase includes the development of the actual annex document and scope, entry of gathered data into the annex template and finalization of the annex structure.

Each annex should reflect the following sections, which is detailed in the Pandemic Influenza COOP Annex Template:

- **Introduction.** This section describes the purpose and focus of the pandemic influenza annex.
- **Assumptions.** This section provides general assumptions for pandemic influenza planning. It is up to each department to modify these as needed. (See pages 9-11 of the manual.)
- **Alternate Work Arrangements.** This section addresses alternate work arrangements that departments might implement to maximize the ability of their workforce to continue working during a pandemic. (See page 12 of the manual.)
- **Vendors.** This section includes information about determining alternate vendors and contractors that support essential functions. (See page 13 of the manual.)
- **Human Capital Management.** This section addresses staffing strategies for the efficient and effective management of human resources. (See page 14 of the manual.)
- **Activation, Execution and Implementation.** This section describes activation procedures for the department, including who has the authority to implement the annex and how employees will be notified. (See page 18 of the manual.)
- **Checklist.** This section assists departments in developing a checklist for its response actions and procedures upon implementation. (See page 36-39 of the manual.)

ANNEX PUBLICATION AND DISSEMINATION

During this phase, the annex is put into effect. This requires publishing the annex, distributing the plan to senior leadership and any other appropriate personnel and educating all employees on their roles and responsibilities during the implementation of the annex. After initial training, the annex should become a part of day-to-day activities. Although the annex is intended to become a part of daily activities, refer any request for a copy of this document to the department's attorney. The information contained in the annex could potentially reveal a department's vulnerabilities, would expose employees' confidential information, and according to the Code of Virginia § [2.2-3705.2](#), is not subject to Freedom of Information Act (FOIA) requests in the Commonwealth.

ANNEX IMPLEMENTATION

To mobilize the necessary resources to respond to a pandemic influenza, the Health Commissioner will make a declaration of a *Communicable Disease of Public Health Threat* in the anticipation of *Exceptional Circumstances* or in response to a specific incident. This is consistent with the activation of the Public Health Leave policy and the annex will be implemented.

The state will use the framework of the federal government stages to enhance the coordination of response initiatives between the levels of government. A summary of state agency actions from the Virginia Emergency Operations Plan Influenza Pandemic (Non-Health) Annex is detailed below. **Worksheet #10** can assist in determining specific actions the department might take during the different stages of a pandemic and the corresponding stages of COOP plan implementation.

Table 3
Agency Action Matrix

Stage	Action
Stage 1 – Suspected Human Outbreak Overseas	<ul style="list-style-type: none"> ▪ Develop, exercise, refine COOP and/or emergency management plans with pandemic influenza ▪ Provide education and training ▪ Develop communications plan ▪ Review resource inventories and sustainability of supply chains
Stage 2 - Confirmed Human Outbreak Overseas	<ul style="list-style-type: none"> ▪ Continually brief agency staff ▪ Review plans ▪ Reinforce contact and transmission strategies ▪ Review resource inventories ▪ Pre-deploy assets as appropriate
Stage 3 – Widespread Outbreaks Overseas	<ul style="list-style-type: none"> ▪ Review COOP plans ▪ Place essential staff on recall ▪ Reach out to critical infrastructure providers to ensure COOP plans in place ▪ Review resource inventories ▪ Reinforce protective measures
Stage 4 – First Human-to-Human Case in North America	<ul style="list-style-type: none"> ▪ Activate COOP and/or pandemic influenza plans across all levels ▪ Limit non-essential domestic travel ▪ Maintain overall situational awareness ▪ Begin monitoring absenteeism ▪ Implement protective measures
Stage 5 – Spread throughout U.S.	<ul style="list-style-type: none"> ▪ Maintain overall situational awareness ▪ Limit non-essential domestic travel ▪ Monitor absenteeism ▪ Implement protective measures ▪ Sustain essential services

Stage	Action
Stage 6 – Recovery/ Preparation for Subsequent Waves	<ul style="list-style-type: none"> ▪ Assess impact on agency personnel/essential services ▪ Adjust plans based on lessons learned ▪ Replenish critical resources ▪ Prepare for subsequent waves

APPENDIX A: ACRONYMS AND DEFINITIONS

Acronyms

ACF	Alternate Care Facility
ASTHO	Association of State and Territorial Health Officers
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
DHHS	Department of Health and Human Services
DHRM	Department of Human Resource Management
ECS	Emergency Communication System (CDC)
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FDA	Food and Drug Administration
GCDC	General Communicable Disease Control Branch
HCW	Health Care Worker
ICS	Incident Command System
JIC	Joint Information Center
NEDSS	National Electronic Disease Surveillance System
NIMS	National Incident Management System
NVAC	National Vaccination Advisory Committee
OCME	Office of the Chief Medical Examiner
PIO	Public Information Officer
PPE	Personal Protective Equipment
USPHS	United States Public Health Service
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VITA	Virginia Information Technology Agency
WHO	World Health Organization

Definitions

Avian influenza – Also referred to as bird flu, is a disease of birds (e.g., ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds, a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.

Bacteria – Single-celled microorganisms which can exist either as independent (free-living) organisms or as parasites (dependent upon another organism for life).

Communicable Disease of Public Health Threat - This is an illness of public health significance, as determined by the State Health Commissioner in accordance with regulations of the Board of Health. It is caused by a specific or suspected infectious agent that might be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment as described in Section 32.1-48.06, Code of Virginia.

Contact – A term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

Exceptional Circumstances – When one or more persons within the Commonwealth are known or are reasonably expected to have been exposed to or infected with a Communicable Disease of Public Health Threat, as described in Section 32.1-48.05, Code of Virginia.

Epidemic – The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy.

Epidemiology – The study of the distribution and determinants of health-related states and events in a population.

H5N1 – H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.

Hand hygiene – A term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 to 30 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60 percent.

Human-to-human transmission – The ability of an infectious disease to be passed continuously from one person to another.

Immune – Protected from or resistant to a disease or infection by a pathogenic organism as a result of the development of antibodies or cell mediated immunity. It is the state of being immune to or protected from a disease.

Immunity, acquired – Immunity resulting from the development of active or passive immunity, as opposed to natural or innate immunity.

Immunity, active – Immunity resulting from the development within the body of antibodies or sensitized T-lymphocytes that neutralize or destroy the infective agent.

Immunity, herd – Immune protection through vaccination of a portion of the population, which might reduce the spread of a disease by limiting the number of potential hosts for the pathogen.

Immunization – The process of creating immunity to a specific disease in an individual.

Infection – The state or condition in which the body (or part of the body) is invaded by an infectious agent (e.g., a bacterium, fungus or virus), which multiplies and produces an injurious effect (active infection).

Infection control – Broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment, prophylaxis, isolation, and quarantine.

Infectious disease – An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g., viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g., breath), or with an item touched by them.

Influenza – A viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection also can occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

Isolation – When sick people are asked to remain in one place (e.g., home, hospital), away from the public, until they are no longer infectious.

Outbreak – An epidemic limited to localized increase in the incidence of a disease (e.g., in a village, town, or closed institution). *Upsurge* is sometimes used as a euphemism for outbreak: the sudden increase in the incidence of a disease or condition in a specific area.

Pandemic – An epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people.

Pandemic influenza – A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza.

Personal Protective Equipment (PPE) – Specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Prophylaxis – An infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g., nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g., influenza).

Quarantine – When people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory etiquette – Good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal influenza – Commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason, people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.

Social distancing – An infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

Virus – A microorganism smaller than a bacterium, which cannot grow or reproduce apart from a living cell. A virus invades living cells and uses their chemical machinery to keep itself alive and to replicate itself.

APPENDIX B: WORKSHEETS

The use of the worksheets is not required. The worksheets are tools to help gather the raw data needed to develop the annex. Modify them to fit the needs of the department.

- Worksheet #1: Assumptions
- Worksheet #2: Essential Personnel and Cross-Training
- Worksheet #3: Closure of Service Locations
- Worksheet #4: Off-site Functions
- Worksheet #5: Alternate Work Schedules
- Worksheet #6: Internal and External Vendors and Contractors
- Worksheet #7: Workforce Protection
- Worksheet #8: Human Resource Policies and Procedures
- Worksheet #9: Pandemic Influenza COOP Annex Checklist
- Worksheet #10: Annex Execution and Activation

Worksheet #2: Essential Personnel and Cross-Training

List the department's essential functions from the COOP plan in their prioritized order. In the next column, identify the positions that can perform the function. When considering upwards of a 40 percent absenteeism rate, strive to have four to five persons who can perform essential functions. In the event four to five persons cannot perform the essential function, identify which positions could easily be cross-trained to perform the function. The number of people that need to be cross-trained will depend on how many people already know how to perform the function. For example, three people know how to do payroll for the department. It is suggested that you identify two additional people that can be cross-trained that could perform payroll functions. An example is provided on the first line. Each department will need to determine how many people need to be cross-trained and realistic expectations for cross-training.

Essential Function	Positions/Persons who can perform this function	Positions/Persons who can be cross-trained for this function
<i>Payroll</i>	<ol style="list-style-type: none"> 1. <i>HR Manager</i> 2. <i>HR Coordinator</i> 3. <i>Benefits Coordinator</i> 	<ol style="list-style-type: none"> 1. <i>Finance Coordinator</i> 2. <i>Finance Manager</i>
	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

Worksheet #7: Workforce Protection

All Commonwealth of Virginia departments should take measures to help ensure the safety of their employees and control the spread of disease. Review the Virginia Emergency Operations Influenza Pandemic (Non-Health) Annex Appendix 7. Efforts should be made to stay informed of current recommendations from the VDH, CDC, OSHA and other appropriate sources regarding worker safety and infection control. Ensure the general public and customers are informed of any changes the department makes to daily operations.

From the list below which was developed from OSHA and VDH guidelines, highlight which measures the department will take to help control the spread of disease. Below each measure selected, identify steps that need to be taken to implement the infection control measure. This also might help to reduce absenteeism for seasonal influenza. The first measure listed has been completed as an example.

- Provide employees and customers with easy access to soap and warm water, hand sanitizers, gloves, surgical masks, N95 masks, safety glasses, tissues, sanitizing wipes, and other office cleaning supplies. Consider stockpiling these supplies. Stockpiles should be rotated using the oldest first and ensure proper storage conditions for products.

Action steps for implementation:

Purchase and stockpile hand sanitizer and surgical masks. Identify proper storage locations and conditions for supplies. Develop distribution procedures.

- Install hand sanitizer dispensing units throughout facilities.

Action steps for implementation:

- Use no-touch trash containers.

Action steps for implementation:

- Have all staff watch VDH’s Influenza Pandemic video to learn about how to reduce the spread of disease such as pandemic influenza.

Action steps for implementation:

- Educate employees on proper hand washing techniques. VDH has developed “Cover Your Cough” posters, which also address cleaning hands. It is available at www.vdh.virginia.gov/pandemicflu.

Action steps for implementation:

- Train employees on proper use and fit for wearing and removing masks and other personal protective equipment (PPE). Follow recommendations issued by the Virginia Health Department or the Centers for Disease Control and Prevention.

Action steps for implementation:

- Educate employees on cough etiquette. VDH has developed the “Cover Your Cough” posters available at www.vdh.virginia.gov/pandemicflu.

Action steps for implementation:

- Install barrier protections such as sneeze guards or other clear barriers in offices that serve the general public. Consider the use of drive-through windows for offering public services.

Action steps for implementation:

- Provide customers with surgical masks and ask them to wear them while seeking services.

Action steps for implementation:

- Encourage employees to obtain seasonal flu shots.

Action steps for implementation:

- Require employees to stay at home if they are ill or at the first signs they might become ill.

Action steps for implementation:

- Employees should clean frequently touched work surfaces such as telephones, computer equipment, and steering wheels of department vehicles or shared vehicles regularly.

Action steps for implementation:

- Consider limiting access or reducing the number of entry and exit points for the general public to your facility.

Action steps for implementation:

Are there any additional infection control measures that might be required by the department? If so, please list them and their associated action steps for implementation below.

Infection Control Measure	Action Steps for Implementation

Worksheet #8: Human Resource Policies and Procedures

Review the Virginia Emergency Operations Influenza Pandemic (Non-Health) Annex's Appendix 4 and its Attachment 1. In the appendix, there is information on DHRM's policies and procedures applicable to a pandemic influenza event. It also provides human resource management guidance. Attachment 1 is a copy of the Public Health Emergency Leave Policy.

After carefully reviewing Appendix 4 and the Public Health Emergency Leave Policy, determine if any additional procedures need to be established within the department prior to the onset of a pandemic. Listed below is a checklist that the department can use to help identify potential gaps in existing policies and procedures for an event resulting in significant employee absenteeism.

- Review current human resource policies and encourage all staff to do the same.
- Review Adjunct Emergency Workforce strategy. Communicate this strategy with all staff. Establish department-specific criteria for staff to self-assess if they can participate in the adjunct emergency workforce. Establish procedures within the department for tracking personnel who participate in the Adjunct Emergency Workforce (i.e., approval forms, sign-up sheet).
- Establish processes for providing just-in-time training to staff on the use of the absenteeism reporting system that will be established by DHRM.
- Review and communicate applicability of worker's compensation services for this type of scenario.
- Review and discuss the Public Health Emergency Leave Policy with all staff.
- Establish procedures for communicating work assignments to personnel working off-site. Establish procedures for tracking work assignments, hours, among others, for work performed off-site. For example, develop a log for employees to complete for their work.

Worksheet #9: Pandemic Influenza COOP Annex Checklist

- Convene Department COOP Team
- Review Department COOP plans
- Review Virginia Emergency Operations Plan Influenza Pandemic (Non-Health) Annex
- Review pandemic influenza planning assumptions
- Develop department specific planning assumptions for pandemic influenza
- Review essential functions
- Ensure essential functions are prioritized
- Identify cross-training needs of staff to ensure at least three and preferably five persons can perform essential functions
- Identify functions that can be performed off-site
- Establish procedures associated with staff working off-site
- Identify orders of succession five to six deep for key personnel
- Determine the order of service location closures (for same services offered at multiple locations)
- Identify staff who can work alternate work schedules.
- Establish alternate work schedules (i.e., staggered hours to support social distancing).
- Identify vendor or department needs and contingency options for services should primary vendor or department not be able to provide service(s)
- Review human resource management guidance and policies
- Determine if additional human resource procedures are needed within the department
- Establish human resource procedures as needed
- Review infection control measures
- Establish procedures for mitigating the spread of disease by identifying infection control measures that the department will take
- Educate staff on how to control the spread of disease
- Ensure good communication strategy with staff
- Document the information identified above in the pandemic influenza annex
- Distribute and train staff on department's plan and annex

Worksheet #10: Annex Execution and Activation
WHO Global Pandemic Phases and the
Stages for Federal and State Government Response

WHO Phases		Federal and State Government Response Stages	
Inter-Pandemic Period			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection might be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
Pandemic Alert Period			
3	Human infection(s) with a new subtype but no human-to-human spread or, at most, rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country.
		1	Suspected human outbreak overseas.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but might not yet be fully transmissible (substantial pandemic risk).		
Pandemic Period			
		3	Widespread human outbreaks in multiple locations overseas.
		4	First human case in North America.

WHO Phases		Federal and State Government Response Stages	
6	Pandemic phase: Increased and sustained transmission in general population.	5	Spread throughout United States.
		6	Recovery and preparation for subsequent waves.

Review Virginia Emergency Operations Plan Influenza Pandemic (Non-Health) Annex Tab 7, which details suggested actions for specific Commonwealth agencies. The Tab addresses the following specific agencies below. Please note that the specific agencies listed in the Tab have additional information regarding their agency’s actions for pandemic influenza.

- Agriculture
- Commerce and Trade
- Education
- Emergency Management
- General Services
- Health
- Human Resource Management
- Labor and Industry
- Office of Commonwealth Preparedness
- Virginia Department of Transportation
- Virginia Information Technology Agency (VITA)
- State Police
- Social Services
- Employment Commission

List the departments identified actions based on the pandemic influenza phases. Identify and list additional actions as appropriate. Review the table listed in Annex Implementation in this manual for actions to tailor to your specific department. The first stage has been completed as an example.

STAGE 1 – Suspected Human Outbreak Overseas	
ACTION	Develop, train, and exercise COOP and emergency management plans for a pandemic influenza event.
ACTION	Develop communications plan.
ACTION	Review resource inventories and sustainability of supply chains.
ACTION	

	STAGE 1 – Suspected Human Outbreak Overseas
ACTION	

	STAGE 2 – Confirmed Human Outbreak Overseas
ACTION	

	STAGE 3 – Widespread Outbreaks Overseas
ACTION	

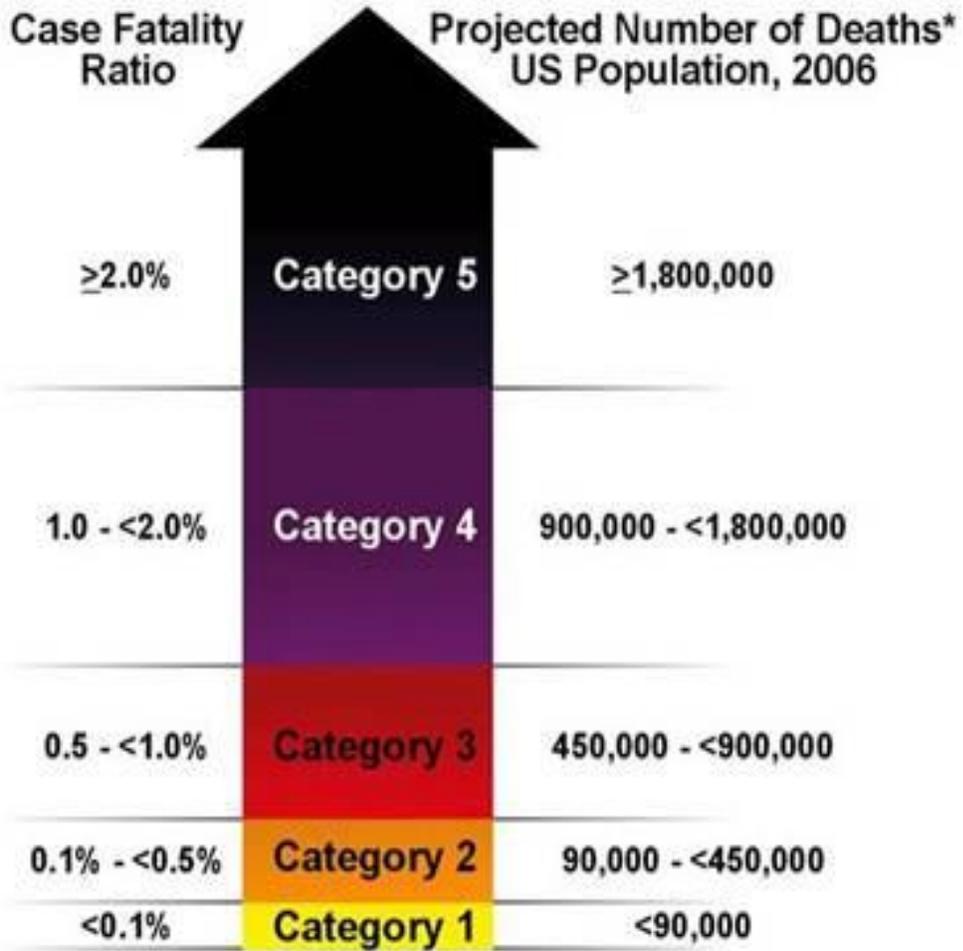
	STAGE 4 – 1st Human-to-Human Case in North America
ACTION	

	STAGE 5 – Spread throughout U.S.
ACTION	

	STAGE 6 – Recovery/Preparation for Subsequent Waves
ACTION	

APPENDIX C: SUMMARY OF CENTERS FOR DISEASE CONTROL AND PREVENTION COMMUNITY MITIGATION STRATEGY

SUMMARY OF THE COMMUNITY MITIGATION STRATEGY BY PANDEMIC SEVERITY INDEX



*Assumes 30% illness rate and unmitigated pandemic without interventions

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended-Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences might outweigh the benefits.

Consider-Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors might vary globally, nationally, and locally.

Recommended-Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at <http://www.pandemicflu.gov/>.

†This intervention might be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§Many sick individuals who are not critically ill might be managed safely at home.

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons might be at increased risk of contracting pandemic disease from an ill household member. These household members might have asymptomatic illness and might be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention might be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than four weeks.

§§Plan for prolonged implementation of this measure—that is, one to three months; actual duration might vary depending on transmission in the community as the pandemic wave is expected to last six to eight weeks.