PANDEMIC INFLUENZA

A Planning Guide for Washington State Agencies

September 2006

Washington State Department of
Health

EMD Washington Military Department
Emergency Management Division

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Introduction

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Pandemic Influenza Planning Guide for Washington State Agencies

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Definitions

Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Introduction

All Washington state agencies must plan for the impact of pandemic influenza on their staff, clients and the performance of their respective agency's mission. This is of paramount importance for those state agencies which provide essential public services that must continue during any emergency event.

The Washington State Department of Health (DOH) Pandemic Influenza Planning Guide for Washington State Agencies was developed by DOH to assist other state agencies in their respective pandemic influenza planning efforts. During an actual event, health information about the specific outbreak will be made available by DOH.

Objectives

- To promote and facilitate the development of pandemic influenza preparedness and response plans, policies, procedures and/or protocols by state agencies and their integration with other emergency planning efforts within their respective agency.

- To promote and facilitate coordination and collaboration between state agencies for emergency response efforts focused on pandemic influenza consequence management.

- To identify key health care preparedness issues within the workplace and provide guidance on approaches to optimally address them in preparedness and response plans.

Overall DOH Recommendations

1. Use this guide to help your agency write its own pandemic flu plan. Use the World Health Organization (WHO) phases as a guide for planning during the different phases of a pandemic. See page 8 of this guide for the WHO phases.

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2. Consider developing a pandemic flu contingency plan for your agency. See Attachment B for a DOH sample.

3. Consider developing policies and procedures for pandemic flu staffing and management of influenza in the workplace. See Attachments A & C for DOH samples.

4. Consider designating an "emergency staffing coordinator" or similar job to track staffing and coordinate pandemic flu activities/attendance. See Attachment D for DOH sample job action sheet.

5. Consider developing a communications plan for communicating both internally and externally with staff, clients, stakeholders, vendors, etc.

6. Consider human relations/labor relations issues related to sick leave, alternate work schedules, etc. DOP is currently looking at some of these issues on a state-wide basis.

7. Check the DOH website (www.doh.wa.gov/panflu) for updated information prior to and during a pandemic event.

Assumptions

1. At the height of a severe pandemic wave, 30-50% of staff may be absent due to illness or caring for others for periods up to 2 weeks over a 24 week period.

2. A pandemic influenza event is expected to start elsewhere in the world so advance notice is likely.

3. A vaccine may not be available for 4-6 months.

4. Currently available antivirals may or may not work for the pandemic strain.

I. Pandemic Influenza Characteristics

Realize Potential Impact

Pandemic influenza will not be like a natural or other type of physical disaster. Understanding the characteristics of pandemic flu and the differences between seasonal flu and avian flu will help with planning and educating staff. As a communicable disease emergency, pandemic influenza would have unique characteristics rather than those commonly associated with a "typical" disaster. For example:

Impact widespread

The impact of a pandemic would likely be widespread, possibly nation wide, not localized to a single area or region. Therefore, there may be little outside assistance to the state from other states or the federal government.

Not a physical disaster

A pandemic is not a physical disaster. It presents unique characteristics that require implementation of activities to limit human to human contact such as restriction of movement, quarantine, and closure of public gatherings.

Duration of emergency

A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase, as would be the case in an earthquake. A pandemic could last several months, as was the case of the 1918 influenza pandemic, and may contain peaks followed by periods of reduced illness. An estimate as high as a 50% staff absences at peaks of a significant pandemic may be experienced.

Notification

There will be an advance warning from the development of the pandemic outside the state, but it is possible that such a warning period may be very short. Should pandemic influenza spread within Washington state it will probably be some weeks before the full impact on workforce will be felt, although there may be some early impacts resulting from closures of schools and similar containment measures.

Primary effect is on staffing levels

Unlike natural disasters, where any disruption to infrastructure service provision is likely to be hardware-related, disruptions to infrastructure service provision in the event of a pandemic is anticipated to be mainly human-resource oriented. Up to 50% of staff maybe absent for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall a pandemic wave may last about 8 weeks. Note that the pandemic may come in waves of varying severity over time, as such, it would be prudent to plan for a minimum of three consecutive waves.

Staff absences can be expected for many reasons:

- illness/incapacity (suspected/actual/post-infectious);
- employees may need to stay at home to care for the ill;
- people may feel safer at home (e.g. to keep out of crowded places such as public transport);
- people may be fulfilling other voluntary roles in the community; and
- others may need to stay at home to look after school-aged children (as schools are likely to be closed).

II. Preparing for Pandemic Influenza

Set the Groundwork

Agency Considerations

Preparing for an influenza pandemic is not an easy task.   Agency resources will be needed to develop and write a plan and provide preventative measures. Some preventative measures may require considerable investments in time and money taxing most state agency's already stretched resources. Agency decision-makers must be willing and able to make difficult choices both before and during a pandemic. A pandemic influenza plan should be reasonable and its implementation should be as practicable as possible.

Questions to address
- Is there recognition of the potential human, social, and economic impact of a pandemic at the highest levels of agency administration?
- Is there a clear strategy on how to deal with these issues?

Planning Checklist

- ☑ Obtain buy-off on influenza pandemic planning at the highest managerial level of administration and the purpose of preparedness should be clearly stated.
- ☑ Commit resources relative to the anticipated preparedness planning effort for your agency.
- ☑ A realistic timeline for completion of the various stages of the plan should be established.
- ☑ Identify individuals and representatives from the areas within the agency that will produce and revise the plan.
- ☑ Obtain agreement on the roles and responsibilities in the planning process from all participating individuals within the agency.

III. Risk Assessment

Conduct a Risk Assessment

Agency Considerations

A pandemic will affect your personnel resources. You should conduct an assessment to estimate the expected impact of the pandemic on your agency. It is important to consider how a pandemic differs from the annual flu and use that information to help assess the risk and impact during a pandemic.

Normally, influenza epidemics occur annually and usually peak between December and March in temperate regions in the Northern Hemisphere. In the United States (U.S.), annual influenza epidemics are associated with an average of 36,000 excess deaths and more than 110,000 excess hospitalizations.

Based on previous pandemics, attack rates for influenza infection in a community during a pandemic are likely to be as high as 35% (i.e. one-third of the population is likely to become infected). Although influenza cases and deaths are likely to occur over a several month period throughout the U.S., within any community most of the impact is likely to occur within 4 to 8 weeks.

Health care demands are likely to increase substantially during a pandemic. The demand for inpatient and intensive care unit beds and for assisted ventilation may increase by more than 25% during a pandemic. These overwhelming demands will likely lead to critical shortages.

In addition to the increased overall need for health care services, illness and death patterns during a pandemic may differ substantially from those seen during non-pandemic years when older adults and persons with compromised immune systems primarily are at risk for serious disease and death. During the three pandemics of the 20th century, a substantial portion of the total deaths occurred among persons younger than 65 years who would not be considered at high risk during non-pandemic years. High rates of work absenteeism are likely to occur as employees become ill or need to care for ill family members.

Questions to address

- How will an influenza pandemic impact the ability to provide services for the agency as a whole and at its various facilities?
- What number of staff will be necessary to maintain agency services that have been determined critical?

Planning Checklist

☑ Assess agency ability to maintain organizational integrity and provide essential public services based upon staff absences of up to 30 to 50 % for a period of 24 weeks.

☑ An assessment of the economic impact to the agency may be helpful to justify the resources expended on preparedness efforts.

IV. Communication

Establish and Ensure Communication

Agency Considerations

Communication strategies are a crucial component in managing any communicable disease outbreak, and are essential in the event of a pandemic. Accurate and timely information at all levels is critical in order to minimize unwanted and unforeseen disruption and economic consequences and to maximize the effective outcome of the response.

Questions to address

- Is there a plan to communicate with agency staff as well as the public?
- Is there an inventory of all available communication resources? (i.e. list of trained call center staff or risk communicators; what technologies are available to use for communicating)
- What is the chain of responsibility, and who are the designated spokespersons for the agency?
- What messages will be communicated to customers about how the pandemic will affect the agency's services?

Planning Checklist

Public Communication

- ☑ Develop a communication plan that addresses different target groups that are consumers of agency services. This might include the development of informational materials in languages appropriate for the community your agency serves.
- ☑ Ensure that all agency media messages are consistent with public health messages.

Staff Communication

- ☑ Ensure a communication plan that addresses all staff.
- ☑ Ensure a mechanism for the timely and consistent dissemination of information from state and federal agencies to the staff.

Communication with other government agencies/organizations

- ☑ Ensure communication mechanisms are in place with local, other state, and federal agencies particularly those that play emergency response roles during a communicable disease emergency.

V. Response by Pandemic Phase

Respond by Pandemic Phase

Agency Considerations

To facilitate quick and effective response during a crisis, all those concerned should know what to do and in what order. To address this, the World Health Organization (WHO) has developed phases to help guide response planning for pandemic influenza. Your agency response should follow the WHO phases. The phases are as follows:

Phases of Pandemic Influenza

Phase	Phase Definition
Interpandemic Period	
Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
Phase 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	
Phase 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.
Phase 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.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	
Phase 6	Increased and sustained transmission in general population.
Phase 6a	Pandemic influenza affecting the Pacific Northwest region

Questions to address

- Is there an agency response plan in place that identifies agency and staff duties and responsibilities at varying stages of the pandemic?

Planning Checklist

☑ Address the issues in the following table for each pandemic period. The list is not exhaustive, but does indicate issues that must be addressed. Further, actions and activities to address issues will vary in pandemic periods.

Agency Considerations	Interpandemic Period		Pandemic Alert Period			Pandemic Period	
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 6a
Decision making and coordination							
Internal to agency							
External with other governmental agencies							
Human Resources							
(Staffing, Time-off policies, etc,)							
Mental health issues for staff							
Business continuity							
Vaccination of staff			**				
Antivirals for staff							
Disease Management in the Workplace							
Respiratory hygiene/cough etiquette							
Staff education							
Cleaning & disinfection							
Facility entry & visitation control							
Employees with influenza-like illness							

Vaccine – An effective vaccine will not be available for at least 4-6 months because new strains of the flu virus require the development of a new vaccine. Encourage staff to get an annual flu shot.

Antivirals – it is unknown if current antivirals will work on a new strain of flu virus. The federal government is stockpiling supplies of certain antivirals to use in a pandemic.

**Note: Shaded areas in the above phases indicate that you are to follow the most current health advice and recommendations from DOH and CDC as per their respective websites or public announcements.

VI. Continuity of Operations
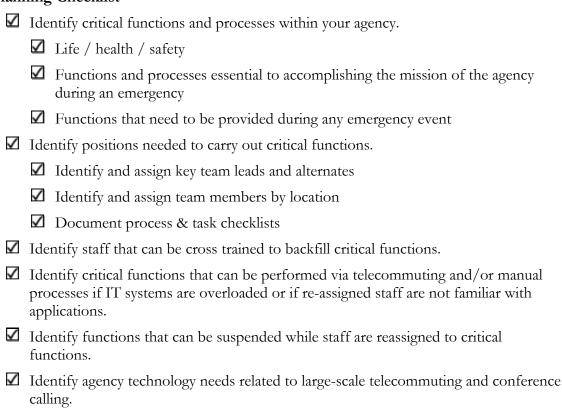
Ensure Continuity of Operations

Agency Considerations

Continuity of operations planning is essential, particularly in light of the negative impact an influenza pandemic may have upon the staffing of your agency. Plans need to be in place to mitigate the possibility of 30 to 50 percent staff absences. See Attachment B, sample DOH Pandemic Flu Contingency Planning Guidance.

Questions to Address

- What are agency critical functions, services and processes that must continue during any emergency event?
- How will the agency identify and prioritize critical functions?
- How will the agency maintain staffing levels for critical functions under duress?
- Have you explored human relations/collective bargaining rules on leave policies, alternative work schedules, telecommuting, etc?
- Have you explored with your IT staff the possibilities of additional staff working remotely or with alternative technologies?

Planning Checklist

- ☑ Identify critical functions and processes within your agency.
    - ☑ Life / health / safety
    - ☑ Functions and processes essential to accomplishing the mission of the agency during an emergency
    - ☑ Functions that need to be provided during any emergency event
- ☑ Identify positions needed to carry out critical functions.
    - ☑ Identify and assign key team leads and alternates
    - ☑ Identify and assign team members by location
    - ☑ Document process & task checklists
- ☑ Identify staff that can be cross trained to backfill critical functions.
- ☑ Identify critical functions that can be performed via telecommuting and/or manual processes if IT systems are overloaded or if re-assigned staff are not familiar with applications.
- ☑ Identify functions that can be suspended while staff are reassigned to critical functions.
- ☑ Identify agency technology needs related to large-scale telecommuting and conference calling.

- ☑ Pre-establish conference bridge lines and status call schedules by division
- ☑ Identify number of laptop computers and availability and access to agency network
- ☑ Information security
- ☑ Determine whether critical functions could be performed through flex shifting.
  - ☑ Establish shifts, longer hours of operations, alternate work days, etc.
- ☑ Review human resource and labor policies regarding the implementation of flex schedules.
- ☑ Promote agency wide education campaigns with posters in all facilities and via staff newsletters, emails, etc.
  - ☑ Conduct staff "plan walkthroughs" to identify inconsistencies and/or areas of confusion
- ☑ Consider other impacts a pandemic may have on the agency's provision of services, for example:
  - ☑ supplies of materials needed for ongoing activity may be disrupted
  - ☑ availability of services from contractors may be impacted
  - ☑ demand for infrastructure services may be impacted – demand for some services may increase (e.g., telephone and internet access)

VII. Public Health Recommendations

Understand Public Health Guidance

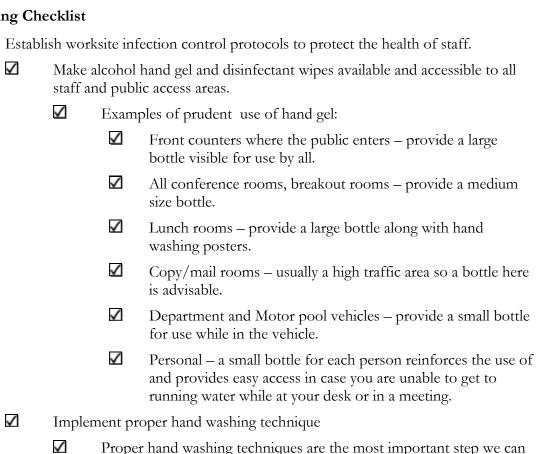### Agency Considerations

Understanding good public health practices will help limit or slow the progression of influenza spread in the workplace.

Questions to address

- Have you made simple tools and educational materials available to your staff? See Attachments E, F, G, H and the resources listed on page 15.
- Have you included training on infection control and social distancing for managers/supervisors?

Planning Checklist

- Establish worksite infection control protocols to protect the health of staff.

    ☑ Make alcohol hand gel and disinfectant wipes available and accessible to all staff and public access areas.

      ☑ Examples of prudent use of hand gel:

        ☑ Front counters where the public enters – provide a large bottle visible for use by all.

        ☑ All conference rooms, breakout rooms – provide a medium size bottle.

        ☑ Lunch rooms – provide a large bottle along with hand washing posters.

        ☑ Copy/mail rooms – usually a high traffic area so a bottle here is advisable.

        ☑ Department and Motor pool vehicles – provide a small bottle for use while in the vehicle.

        ☑ Personal – a small bottle for each person reinforces the use of and provides easy access in case you are unable to get to running water while at your desk or in a meeting.

    ☑ Implement proper hand washing technique

      ☑ Proper hand washing techniques are the most important step we can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for 20 seconds (sing the "Happy Birthday" song to yourself, even if it isn't your birthday – this takes about 20 seconds). Be sure to rub your hands together and scrub all surfaces of your hand. However, if soap and

clean water are not available, use an alcohol-based product to clean your hands.

☑ Wash your hands after coughing, sneezing or blowing your nose; before eating; after going to the bathroom and after handling garbage.

☑ It is also important to wash your hands thoroughly after touching common surfaces like hand railings, etc. in the workplace or public counter, shopping carts, etc. Germs can live up to 2 hours or more on surfaces like door knobs, desks, tables.

☑ Cleaning surfaces

☑ Influenza viruses can live on surfaces for up to 2 hours, however, other than in a healthcare setting, cleaning of environmental surfaces is not routinely recommended.

☑ If cleaning is requested, use an Environmental Protection Agency (EPA)-registered household disinfectant labeled for activity against bacteria and viruses, an EPA-registered hospital disinfectant or EPA-registered chlorine bleach solution. Always follow label instructions when using any EPA-registered disinfectant. If EPA-registered chlorine bleach is not available and a generic (i.e., store brand) chlorine bleach is used, mix ¼ cup chlorine bleach with 1 gallon of cool water.

☑ Routine cleaning of your own work area is always a good idea. DOH does not recommend any special cleaning of work or public surfaces beyond normal janitorial cleaning.

☑ Implement social distancing strategies and practices

☑ Stay home when you are sick

☑ If you are a supervisor, encourage sick staff to go home (be sure you are familiar with current human resources, collective bargaining rules).

☑ Avoid face-to-face meetings when possible. Cancel non-essential gatherings. Use alternative practices, like video conferencing, telephone and email to conduct business.

☑ Encourage staff to remain at least 3 feet from others to reduce the risk of spreading germs.

☑ Explore telecommuting possibilities to keep the business of the agency running when communal gatherings are not advisable.

☑ Explore alternate work schedules to avoid all staff being at the workplace at the same time.

☑ Use of masks

☑ Masks and gloves are used in hospitals, clinics, and other settings where there are lots of sick people because research has shown that

measures like isolating patients and wearing gloves and face masks control the spread of infections in those situations. If you are sick, you may be asked to use a mask in a clinic or hospital. Although there is very little information on how well masks and gloves work to control the spread of flu outside of healthcare settings, supplies of these items are plentiful and it may be reassuring for some people to have a supply on-hand in the event of a pandemic. A plain surgical or procedure mask is good for protection against the flu. Fancy, expensive respirators are not necessary.

- Develop or anticipate training that addresses communicating with staff during a crisis.

  ☑ Plan internal communications and updates on a regular basis

- Provide access to educational materials and training if applicable.

  ☑ Access www.doh.wa.gov/panflu/ for more information and educational materials.

- Ensure alcohol hand gel, warning signage and health education materials on pandemic influenza are located at all public entrances to all agency facilities.

- Trash containing used tissues, etc. from sick staff should be disposed of as done routinely.

VIII. Implementation, Testing and Maintenance of the Plan

Routinely Test the Plan

Agency Considerations

To ensure full implementation of the plan within the agency, it is important to set targets or define progress indicators that can be used to measure progress. A pandemic plan needs to remain a dynamic document to ensure that it is available and viable. This can only be achieved if the plan is routinely reviewed, updated, tested and revised.

Questions to address

- Is there a mechanism in place to ensure that the plan is being implemented?
- How is the level of implementation being measured?
- How will the plan be tested?
- Is there a schedule to update the plan in the absence of a pandemic, and reviewing it after outbreaks of comparable diseases or threats such as SARS?
- Does the plan comply with existing federal, state, and local statutes, regulations and guidelines?

Planning Checklist

- ☑ Set targets, define indicators or develop a benchmark system that can be used to assess progress in implementation. Define who is responsible for supervision of the plan's progress.
- ☑ Consider a table-top exercise of the preparedness and response plan, or carry out a simulation exercise, focusing on specific aspects of the response plan.
- ☑ Utilize or create opportunities to test components of the plan, e.g., during the regular influenza season.
- ☑ Revise the plan based on experience obtained during exercises or real-life events; ensure that changes are communicated to key stakeholders within and outside the facility.
- ☑ Revise the plan to reflect changes in federal, state, and local statutes, regulations and guidelines.
- ☑ In the absence of a pandemic, define a period after which the plan will be revised.

IX. Additional Resources Online

- **Centers for Disease Control and Prevention (CDC)**
  www.cdc.gov

- **Washington State Department of Health**
  Pandemic Influenza Information
  www.doh.wa.gov/panflu

- **World Health Organization (WHO)**
  Pandemic Preparedness
  www.who.int/csr/disease/influenza/pandemic/en

- **Health and Human Services (HHS)**
  Pandemic Influenza Response and Preparedness Plan
  www.dhhs.gov/nvpo/pandemicplan

- **Seattle King County Department of Public Health**
  Local agency planning
  www.metrokc.gov/HEALTH/pandemicflu/gov/

- **US Federal Government**
  Information on pandemic flu and avian influenza.
  www.pandemicflu.gov

Department of Health
Policy 00.000

Title:	**Pandemic Influenza: Management of Influenza in the Workplace**	Number: 00.000
Procedure:	See associated procedure	
References:	Washington State DOH Comprehensive Emergency Management Plan	
	DHHS Pandemic Influenza Plan 2005	
	WAC 296-800-110 Workplace Safety	
Applies to:	All DOH employees	
Contact:	Public Health Emergency Preparedness & Response	
Effective Date:		Review Date:
Supersedes:	N/A New Policy	
Approved:		Secretary, Department of Health

Policy Statement:

The Department of Health is committed to creating and maintaining work environments free from diseases such as influenza. Influenza in the workplace could create unhealthy working conditions, adversely impact employees and jeopardize the mission of the agency.

Definitions:

> **Pandemic**   A pandemic or global epidemic is an outbreak of a communicable disease that severely affects people and is spread over an extensive geographical area.

> **World Health Organization (WHO) Pandemic Influenza Phases**   Phases 1-6 describe increasing risk of human illness and death associated with the emergence of a new influenza virus that may pose a pandemic threat. For each phase, there are specific steps that public health and other agencies will take to prevent and control disease.

Framework:

DOH provides critical public health functions and processes that must continue during any communicable disease emergency affecting Washington State. This policy and accompanying procedures describes how critical public health functions and processes will be sustained, in part, through effective management of the disease in the workplace. Review of these procedures will be undertaken by all divisional managers, directors and supervisors upon declaration of: **Pandemic Influenza Phase 5**.   Procedures will automatically be implemented throughout the agency upon declaration of: **Pandemic Influenza Phase 6a**.

Review and Approval:

Public Health Emergency Preparedness and Response (PHEPR) will be responsible for coordinating any updates or rescinding of this policy or its associated procedure(s) with the Business Practices Coordinator in the Office of Human Resources. The Secretary, Department of Health, has full authority to review and approve this policy and associated procedure. The Secretary also has the authority to delegate this responsibility.

This policy will be reviewed at least once every three years.

Department of Health
Procedure(s) for Policy 00.000
Pandemic Influenza: Management of Influenza in the Workplace

Key Function	Activity	Person(s) Involved
Facilities Protection	Preventing entry of disease into DOH facilities	Security Officers/Security & Reception Personnel
Infection Control	Proper hand washing	All DOH Personnel
Disease Prevention	Implementation of social distancing	Managers / Office Directors / Supervisors / All DOH Personnel
Disease Management	Management of persons becoming ill in the workplace	Emergency Staffing Coordinator (ESC) / Supervisors/ Individuals who become ill at work

Link(s) to resources:

Official U.S. government web site for information on pandemic and avian influenza: www.pandemicflu.gov

Process: Restricting Entry for Persons with Influenza-like illness

Steps	Activity or Event(s)	Person(s) Involved
1	Influenza warning notices will be posted at all DOH facility entry points by Security and/or Reception personnel. These notices will advise staff, contract staff, clients and visitors not to enter if they have an influenza-like-illness (sample notice attached). The Divisional Emergency Response Planner (DERP) for EHSPHL will be responsible for the content and wording of such notifications, to include notifications in other major languages (e.g., Spanish). The Safety & Emergency Response Manager (SERM) will ensure that the notifications are of appropriate size to be easily read and are posted in visible locations at each entry point.	ESC / SERM / Security Personnel / Reception Personnel / DERP EHSPHL
2	Influenza prevention educational materials (e.g., Cover your Cough", etc.) will be available at all points of entry.	SERM / Security Personnel / Reception Personnel

Process: General Cleaning and Disinfection of Environmental Surfaces

Steps	Activity or Event(s)	Person(s) Involved
1	All DOH personnel will be personally responsible for additional measures to minimize the transmission of the virus, including conscientious hand-washing or use of alcohol-based gels if soap and water are not available. *Cleaning Agents* Influenza viruses are inactivated by alcohol and by chlorine. Other than in healthcare settings, cleaning of environmental surfaces is **not routinely recommended**.	All DOH Personnel

Steps	Activity or Event(s)	Person(s) Involved
	If cleaning is requested, use an Environmental Protection Agency (EPA)-registered household disinfectant labeled for activity against bacteria and viruses, an EPA-registered hospital disinfectant, or EPA-registered chlorine bleach/hypochlorite solution. Individuals will follow label instructions when using any EPA-registered disinfectant. If EPA-registered chlorine bleach is not available and a generic (i.e., store brand) chlorine bleach is used, mix ¼ cup chlorine bleach with 1 gallon of cool water. *Eating and Kitchen Utensils* All staff are reminded not to share cups, dishes, and eating utensils and to ensure these items are thoroughly washed with soap and hot water after use.	
2	Magazines and newspapers are to be removed from waiting rooms and common areas located at or before entrances to a facility.	Security / Reception Personnel
3	Adequate supplies of facial tissue, hand hygiene products and surgical or procedure masks should be available in all work areas for people who become ill at work. Monitoring of work areas for adequacy of supplies will be conducted by the ESC.	ESC / Managers / Directors / Supervisors

Process: Social Distancing

Steps	Activity or Event(s)	Person(s) Involved
1	(Managers/Directors/Supervisors) will implement social distancing strategies as appropriate to their respective work areas and activities. Listed below are recommendations: *Avoid Meeting People Face to Face* Use the telephone, video conferencing and the internet to conduct business as much as possible – even when participants are in the same building. *Non-essential Gatherings* Cancel or postpone non-essential meetings/workshops/ training sessions. *Work from Home* If possible, management will arrange for employees to work from home, telecommute, or work flex hours to avoid crowding at the workplace. *Change of Shift Practices* Practice "ghost" shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters. If possible, leave an interval before re-occupation of the workplace. *Lunch Practices* Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). If deemed practicable, stagger lunchtimes so that the number of people in the lunch room is reduced.	Managers / Directors / Supervisors

	Social Areas Do not congregate in hallways, lunchrooms or other areas where people usually socialize.	
	Meeting Practices If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least three feet away from each other if possible; avoid shaking hands and other personal contact. Consider holding meetings outside weather permitting.	
	Client Services Set up systems where clients/customers can pre-order/request information via phone/email/fax and have order/information ready for fast pick-up or delivery.	
	Recreation Practices Encourage staff to avoid recreational or other leisure classes/meetings etc. where they might come into contact with infectious persons.	

Process: Management of Staff Who Become Ill at Work

Steps	Activity or Event(s)	Person(s) Involved
1	Employees should be aware that if they become ill at work, they are to contact their Supervisor and/or the ESC **by telephone** and not leave their work area until advised otherwise.	All DOH Personnel
2	The ill employee is to avoid personal contact with well staff, if possible, and manage the process over the telephone.	All DOH Personnel / ESC / Ill Employee
3	The ESC will check if the employee has any of the symptoms outlined in the first section of the screening flowchart (flowchart attached).	ESC / Ill Employee
4	If the employee **does not have** symptoms like those listed, they are unlikely to have influenza. They should be reassured but advised to call the ESC again later or to see their personal physician if they are still concerned.	ESC / Ill Employee
5	If the ill employee **does have** symptoms that match some of those listed, they should be considered a "suspect case."	ESC / Suspect Case
6	The ill employee should don a surgical/procedure mask if it is determined that they may have influenza. This is to help protect other staff.	ESC / Suspect Case
7	The employee should leave work, return home as quickly as possible and contact a health professional by telephone. The employee's supervisor will be informed that the employee has left work by the ESC.	ESC / Suspect Case / Supervisor
8	Cleaning to disinfect the vacated work station is not necessary. However, if cleaning is desired, solid horizontal surfaces and items such as telephone handsets may be cleaned by the individual reoccupying the work station.	Supervisor / Individual reoccupying the work area

Washington State Department of Health

INTERNAL PLANNING GUIDE

Pandemic Influenza Contingency Planning Guide

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Version **3**
June 7, 2006
for distribution to state agencies

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Contingency Planning Guide (Pandemic Influenza)

Introduction

To ensure business functions will continue in a pandemic, critical functions and processes must be identified if DOH is to carry out its various public health missions. Divisional planners working collaboratively with management will be responsible for the creation of the division contingency plan to maintain critical functions during an pandemic. The focus should be placed on creating the plan framework and building the plan as information is received – avoid getting caught up in the extreme details.

 The impact of an influenza pandemic may be devastating to DOH and the services we provide our citizens. Contingency planning is essential for DOH to continue to providing critical services based on our staff levels. Each division will have a **critical role responding to the pandemic and may also be significantly impacted by the pandemic itself. Managers will have to prioritize work and division senior management will prioritize business functions. Monitoring of business functions and the resources required will be at the division and agency level during the pandemic.**

Business as usual will not be an option. There will be an international emergency with a presidential declaration and a governor declaration. With such declarations both federal and state rules and regulations can and will be suspended. In our case, we should assume the Governor (and the President) will temporarily suspend statutory requirements allowing us the ability to set aside "business as usual" and focus on the business functions identified as critical.

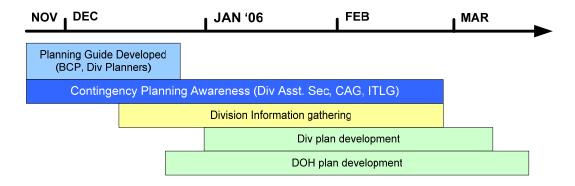Suggested criteria for determining what a Critical Function is:

- Function required for life sustainment
- Function required for assuring safety and health
- Function required for life sustaining financial support of clients and staff
- Function required for psychosocial support of staff and their families
- Function required for maintaining integrity of DOH supplies and equipment

Each division must analyze all of their functions and services it performs during the regular course of business and determine what will be considered critical during a pandemic influenza response. Strategies developed within the division contingency plans should include both proactive (What can be done now?) and reactive measures (What will be done if and when the pandemic begins?).

Planning Timeline

All DOH offices, programs and sections are required to develop the necessary policies, procedures, and strategies to sustain each critical business function. The following DOH planning timeline is provided:

Expected completion January 13, 2006:

Identify primary and alternate Division Communicable Disease Emergency Coordinator. The DCDEC job action sheet, which includes responsibilities and duties, is included in this guide.

Expected completion February 1, 2006:

Documenting Critical Functions –

- Identify and list critical functions within each division
- Determine minimum number of staff positions, and skill sets required, to sustain each function
- Begin development of strategies to use in sustaining critical functions (i.e.. telecommuting, alternate hours)
- Identify and list functions which could be suspended during a pandemic

Expected completion March 1, 2006:

- Critical function team leads develop job action sheets for each position on team
- Critical function team reviews current policies, procedures, and strategies

Expected completion April 15, 2006:

- Develop and document strategies to ensure critical technology systems (i.e. Web applications, databases, etc.) are maintained.
- Conduct critical function team training to validate strategies, job action sheets, and procedures

Definitions:

Contingency Plan
A plan used by an organization or business unit to respond to a specific systems failure or disruption of operations (PanFlu). A contingency plan may use any number of resources including workaround procedures, an alternate work area, a reciprocal agreement, or replacement resources.

Critical Business Function
Activities and/or services provided that are vital to the public health mission of the agency and absolutely could not be interrupted or unavailable for two or more business days without significantly jeopardizing the health and safety of our citizens. Specific critical function criteria guidelines are being developed. *NOTE: Business owners should attempt to anticipate what functions would be required at a higher capacity during this pandemic where possible.*

Disaster Recovery Plan
A plan to resume a specific essential operation, function or process of an organization. Commonly pertains to a technology system or application.

Call tree / Notification list
A document graphically depicting the calling responsibilities and order used to contact management, employees, customers, vendors, and other key contacts in the event of an emergency, disaster, or severe outage situation.

Intermittent-Critical Functions
Functions normally considered important but are elevated to critical temporarily on a recurring or intermittent basis. These cyclic periods are normally pre-determined and can be expected to occur on a routine basis. A good example is payroll and the time window around the 10th and 25th of each month.

Team composition (Business function)
Defines the minimal number of staff and skills required to perform the function at a reduced level of efficiency. The positions on this team will be filled as resources are available with critical functions having the priority for backfills. Each team will consist of at least two members; one leader and one assistant leader. Additional support staff will vary depending on function.

Vital
Cannot be replaced and must be recovered if possible.

Workflow diagram
A graphical representation of an identified business function. This diagram shows the major events occurring from start to finish in the identified function.

Article I.   Suggested planning approach for management

Division management must be able to balance available staff resources against prioritized critical functions during the event. To successfully manage these resources the division must conduct an inventory of all critical business functions and identify current functions to be suspended during the event. Once the critical functions are identified, the division will develop strategies to ensure the functions continue even during a pandemic.

Recommended approach is to:

1. Identify primary and alternate Division Communicable Disease Emergency Coordinator.

2. Conduct business function inventory and determine all critical business functions the division provides.

     • Determine minimum team size (leader, alternate, staff positions) to sustain function
     • Determine the minimum skills required for each position on the team

3. Identify functions which could be suspended while staff is reassigned to more critical team positions.

4. Document each critical function; including manual and temporary work procedures, function workflow charts, signature approvals, and other related information which can be used by the staff to perform the necessary work supporting the function. Keep in mind that there may be newly assigned staff to assist in performing the critical function.

5. Team leads and division management conduct awareness training and develop job action sheets for each critical function team position. This training would include review of policies and procedures associated with business function, how to perform tasks during a pandemic, and plan familiarization.

6. Develop and document strategies to sustain critical technology systems.

Planning Assumptions and notes:

- Division management and agency senior management may shift staff resources to support critical business functions within our agency.

- Telecommuting is possible for some business function work and should be considered a viable strategy.

- Identification of "Intermittent" critical business functions should be identified and discussed within the division contingency plan.

- Estimating the duration of the event depends on many uncontrollable variables. Planners should consider a staff shortage lasting **one to four months** with varying degrees of impact. The US Department of Health and Human Services has provided a strategic plan addressing probable planning timelines. Resource is located at: http://www.hhs.gov/pandemicflu/plan/pdf/part1.pdf.

Division planning resources and considerations

Planning Resources:

During the past four years, DOH has devoted much effort in identifying critical technology systems, categorization of business functions, and refinement of our strategic plan. The information captured should be considered when developing the unique division contingency plan:

RESOURCE: DOH Activity Inventory (Alignment Tool)

This document provides insight into program funding, FTE allocations, and categorization of programs based on multiple variables. Division management can obtain a copy by contacting Financial Services Office.

RESOURCE: Critical Technology Systems

Department of Health externally publishes the following critical technology systems based on prior division/agency agreements. Divisions may want to consider using these as a starting point for determining business and support functions associated with each system.

(Systems have recovery time objectives of 0-24 hours)

Vital Statistics

SENTRY (Drinking Water)

ASI Professional Licensing

Women, Infant, and Children (WIC/CMIS)

Newborn Screening

Health Professional Credential Lookup

Business Administration System (BATS)

Molecular Laboratory

Early Hearing-Loss Detection, Diagnosis, and Intervention (EDDI)

Remittance Processor

Shellfish Biotoxin

Public Health Reporting of Electronic Data (PHRED)

TB-Laboratory Information Tracking System

RESOURCE: DOH Strategic Plan

The DOH strategic plan is our agency commitment to the public and our partners in local public health. It includes specific goals, objectives, and strategies to meet the department's goals. DOH strategic plan is located at: http://dohweb.doh.wa.lcl/Strategic/05-07_strategic_plan/StratPlan05_07_ed2.pdf

PLANNING CONSIDERATIONS:

Agency level

Information Resource Management – Identify and anticipate the agency's technology needs

relating to large-scale telecommuting and conference calling. Examples include:

- Pre-establishing conference bridge lines and call schedules
- Laptop availability
- VPN Access, CITRIX, Outlook Web Access

Office of Human Resources – Review agency and state policies to determine:

- Can the agency send staff home and not allow them to return to work if they are ill?
- Staff layoffs, reductions, and reduced work periods.
- What is the HR and labor policy on using flex-shifting or flex-schedules?
- Assistance to deal with the stress and and coping issues surrounding loss and fear.
- Pre-event coordination with DOP on HR issues
- Review of Leave policies due to school closures and family requirements

Central Administration:

- Review Occupational Safety and Health Administration (OSHA), Washington State Hospital Association (WSHA) policies, and delegation of authority process.
- Service Level Agreement (SLA) and contract compliance issues
- Provide functional support to various divisions

Financial Services:

- Pre-event coordination with Washington State Office of Financial Management (OFM) and Office of State Treasurer (OST)
- Cash, Accounts Payable/Receivable, and Payroll
-

Division level - Issues to be addressed at the division level:

Identification of core staff required to maintain critical functions and processes.

- Inventory core skills of current staff across division.
- Ensuring sufficient backups for people and skills if there is a high level of absenteeism.
- Identification of technology systems which rely on DOH staff and alternate methods of infrastructure to maintain systems and activities (e.g. telecommuting).
- Determine minimum number of skilled staff to maintain operations of critical functions
- Determine decision making process to shut down operations when absence rates threaten safe practice.

Roles and Responsibilities

Division Management – Responsible for providing critical services to our public and other customers. Management also consolidates and recommends prioritization of services based on services provided and mission of their division.

Business Function Recovery Team: Team consists of team leader, alternate leader, and required support positions. Recovery team may, or may not, include a technician.

Division Communicable Disease Emergency Coordinator: Within each division the individual appointed by their respective Assistant Secretary of Health to manage the impact of a communicable disease upon divisional staffing. Responsibilities include: Fill staffing requests through the Emergency Operations Center (EOC), Submit timely and accurate staffing situation reports. *Job action sheet is included in this guide.*

Divisional Recovery Coordinators: Act as project managers for their division or section's recovery effort, maintains a log of all actions during recovery event, and provides recurring recovery status reports to the EOC during the crisis.

Divisional Planners: Leads Divisional management in accomplishing the contingency planning for their respective divisions. Serves as an active and critical participant on the CEMP planning team.

Article II.   STEP 1 - Conduct business function inventory

Using the template provided (Template 1), management should identify all business functions within their division. Try to identify each function at a level easily understood by all staff and avoid getting stuck in the details. Division management must be able to identify and list critical functions and functions that could be suspended during an epidemic.

Using template 1:

1. List each function separately and assign a REF (reference) number (1,2,3,4, etc.)
2. Note full and minimum number of staff required for each function.
3. Assign functional team lead and at least one alternate for each function.

Things to consider when determining function criteria:

- What is the impact on life, safety, and health of our citizens?
- Is the function essential to accomplishing the mission of DOH?
- Does the function need to be provided even during the event (Possibly at a reduced level)?

Article III.   STEP 2 - Document team composition

One team must be designated for each critical function identified during the inventory process. Each team consists of one leader, one alternate, and supporting critical staff (number of supporting staff is determined by division management).

Use **Template 2** for each function identified.

Division: Self-explanatory
Contributor: Name of person providing information.
REF: Reference number used in Template 1.
Page ___ of ____ : Enter page number(s) to keep accountability of this template. (Ex: Page 1 of 3)
Business Function: Common title from inventory sheet
Staff name: Name of person filling this critical position. Actual number of staff will determine number of entries in this area. Use as many sheets (template 2) as necessary.
Responsibilities: Include a brief explanation of the team leader's responsibilities.
Skill set required: Brief explanation of desired skill sets for this position (Examples: ??)
Alternates name: Identify one supporting staff member who will serve as alternate leader for this function.
Skill set required: Brief explanation of desired skill sets for this position (ex. Knowledge of State and DOH health professions, proficient in the use of ASI, call center experience)
Critical position: Name of position (Ex: Administrative support, case manager, call center, etc.)

Article IV.   STEP 3 - Develop job action sheet for each critical function position

Job action sheets will provide our staff with the necessary information needed to perform in the position assigned.

Use **Template 3** for developing position action sheets.

Position assigned To: List what position name the staff is assigned to
Supporting critical function: What function will this staff member support?
Division/Office: Self-explanatory
Report to: Name of supervisor
Work Assignment Site: At what location is the position (PPE, TC2, PHL, DOL, etc.)
Mission: General mission of critical function
Reporting: Which office reports on this function?
Immediate: What are the necessary items the staff must do to begin working in this position
Intermediate: What are the important, but not immediate, items the staff must accomplish after completing the immediate items?
Extended: What are the long-term items the staff must accomplish to perform his or her job?

Article V.   STEP 4 – Analysis of Critical Business Function

In this step you will inventory core components of your business function using **Template 4.** The information

gathered should be useful as your team develops the necessary strategies to sustain the critical function.

Team leads must consider not only your staff but also the vendors and customers who are depended on for

the services they provide.

Article VI.   STEP 5 – Develop your contingency plan

Development of the Division contingency plan can only be accomplished after the critical functions, team composition, skills inventory, and strategy discussions are completed. Each division will identify and chose which strategies could be used to support their respective business critical business functions.

This division contingency plan will include proactive and reactive measures to be used during the actual event. Framework of the division contingency plan is discussed below in this document.

Department of Health will also create a pandemic contingency plan to support and compliment the plans developed within the divisions. Management of the resources, tracking availability of critical functions, and managing requests for internal and external resources will be accomplished within the DOH emergency operations center.

Article VII.   Template 1 – Business function inventory

Electronic copy can be found at: Template 1 Crit Funct.xls

EPIDEMIC CONTINGENCY PLANNING   TEMPLATE 1

STEP 1 - Inventory Critical Functions within your Division

Division: _____
Contact: _____   Phone: _____   Page _____ of _____

REF.	Critical Function (Assigned activity within the division)	Staff Reqd (Normal)	Staff Reqd (Min) (See note)	Location of function	Team Lead	Lead Alternate	Remarks

Examples:
1	Provide Healthcare Professional Licensing (RN)	4	2	PPE	John Gumble	Sallie Trushi
2	Process Water Operator Certification	4	2	TC2 and NM	Marge Johna	Joe Swirly

Staff Reqd (Min) - What is the minimum number of staff required to perform this task during a 8 hour work day? This number may change depending on strategy used to sustain function.
Location of function: At what DOH facility is this function accomplished? (PPE, TC1, Kent, etc.)

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Article VIII.   Template 2 - Functional Team Composition

Electronic copy can be found at: Template 2 Team Composition.xls

EPIDEMIC CONTINGENCY PLANNING   Division: _____   Contributor: _____

STEP 2 - Develop Team composition supporting Critical function

TEMPLATE 2

REF: _____   Critical Business Function: _____   Page _____ of _____

Critical Position: _____

	Home Phone	Cell Phone	Personal email
Name:			

Responsibilities: _____
_____
_____
_____

Skill set required: _____
_____
_____
_____
_____

Critical Position: _____

	Home Phone	Cell Phone	Personal email
Name:			

Responsibilities: _____
_____
_____
_____

Skill set required: _____
_____
_____
_____

Critical Position: _____

	Home Phone	Cell Phone	Personal email
Name:			

Responsibilities: _____
_____
_____
_____

Skill set required: _____
_____
_____
_____

NOTE: Use multiple sheets to list all staff positions supporting the critical function.

WARNING: This record contains information protected by state law. RCW 42.17.310(1)(ddd).
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Article IX. Template 3 – Job Action Sheet (Sample)

Position Assigned To _____

Supporting critical function: _____

Division / Office: _____ - _____ Report to: _____

Work Assignment Site _____ Telephone _____

Mission:

_____
_____
_____
_____

Example: *To support the local health jurisdictions by gathering information to be used by the State and/or DOH EOC to ensure that needed health and medical resources and assistance can be obtained and allocated in a timely manner.*

Reporting: *DOH EOC Operations/Logistics Section*

Immediate ____ *Read this entire Job Action Sheet*
____ *Request a briefing on your assignment from the Operations Chief or designee*
____ *Pre-activation information/actions needed*
  ▪ *work site location*
  ▪ *vehicle and lodging assignment*
  ▪ *personal affairs are in place*
  ▪ *Health Liaison jump kit (along with working phone and computer)*
  ▪ *Find out who you will be reporting to (DOH or State EOC)*
____ *Report to your work assignment*

Intermediate ____ *Upon arrival, set-up and introductions with the LHJs, check in with the DOH EOC*
____ *Share with DOH EOC any logistical information available*
____ *Start a log sheet*
____ *Review Appendix 9 of the DOH CEMP on needs assessment and reporting*
____ *Fill in the form found in Tab A and regularly report to the DOH EOC and or state EOC*

Extended ____ *Assure that all communications are recorded and document all Actions and decisions on your log*
____ *Check in on a regular basis with your local and state contacts*
____ *Set up standard work hours and determine termination date*

Article X.

Article XI.   Template 4 – Strategy Development

Electronic copy can be found at: Template 4 PreStrategy.xls

EPIDEMIC CONTINGENCY PLANNING

STEP 4 - Begin strategy development

TEMPLATE 4

REF: _____   Critical Business Function: _____   Page _____ of _____

What are the escalation procedures?

Is there a workflow diagram for this function? Can one be developed?

What are the priorities during an epidemic for this function?

1. _____   4. _____
2. _____   5. _____
3. _____

Who are the customers for this critical function? (Users of the output)

Who are your vendors and how do you contact them? (Suppliers of goods or services)

What resources do you depend on to operate day-to-day? (Technology and others)

Where are the vitial records and other resources maintained?

Which current policies and procedures would need to be changed during an epidemic?

Do you have manual procedures now that can be used?

Can staff accomplish their work from home?

Does staff have CITRIX accounts established now?

Which staff carry DOH issued cell phones and/or Blackberries?

Staff alternate methods of communication. (Family contact numbers, friends, personal cell phones, etc.)

What key contact information is needed? (Critical customers, suppliers, other Agencies, DOH functional represenitives etc.)

NOTE: The term staff applies to the people assigned to the critical function.

Article XII. Progress sheet

This sheet can be used to track progress for each function during the information gathering phase:

Critical Business Function	Min. staff determined?	Function leader and alt. identified?	Job action sheets completed for each staff?	Current staff to support function identified (by name) ?	Procedures documented?	Workflow diagram complete?	Interdependencies identified?	Is telecommuting an option?	Staff inventory conducted ?	Remarks

Job Action Sheet – Divisional Communicable Disease Emergency Coordinator

Positioned Assigned To	_____	Alternate	_____
You Report To	_____	(Chief Administrator)	
Chief Administrator	/ROOM	Telephone	_____
Work Assignment Site	/ROOM	Telephone	_____
Alternate Work Site	/ROOM	Telephone	_____

Mission: Organize and direct those operations and activities focused on maintaining critical functions and processes within the division with a specific focus on the management of the disease upon staffing.

Reporting: When notified of an emergency requiring his/her presence, the Divisional Communicable Disease Emergency Coordinator will report immediately to the divisional Chief Administrator or his/her designee for instructions.

Immediate

- ____   Receive notification from Chief Administrator. Obtain Job Action Sheet.
- ____   Read this entire Job Action Sheet.
- ____   Obtain briefing from Chief Administrator.
- ____   Establish staff illness monitoring system.
- ____   Ensure that all emergency communications systems are functional.

Intermediate

- ____   Manage divisional requests for staff.
- ____   Manage divisional staff resource pool.
- ____   Communicate with and provide reports routinely to Chief Administrator.
- ____   Obtain needed medical supplies with assistance of the Safety Officer if required.
- ____   Check in with other DCDM from other divisions.

Extended

- ____   Ensure that all communications are copied to the EOC.
- ____   Document actions and decisions on a continuous basis.
- ____   Observe all staff for signs of stress and inappropriate behavior. Report concerns to Chief Administrator.
- ____   Other concerns:

Article XIII.   Workflow Diagram (Sample)

This workflow diagram example illustrates how the "Conduct Business Impact Analysis" function is performed. The flowchart, staff required to perform each event, and the resources required should provide a complete snapshot of a given function.

DOH Business Continuity Program
Conduct Business Impact Analysis (Workflow)

STAFF REQUIRED:

Business Continuity Manager
Disaster Recovery Coordinator
Div. subject experts

This area is where you would find the minimum participants for any one event in the process

Review published office information

Business Continuity Manager
Target Program / Office
Manager
Additional staff as required

Conduct BIA Interview

Business Continuity Manager
Target Program / Office
Manager

Gather appropriate data

Business Continuity Manager
Disaster Recovery Coordinator

Determine Risks and Vulnerabilities of Office

Information complete

Information is not complete

Conduct follow-up interviews to clarify information.

Business Continuity Manager
Disaster Recovery Coordinator

Document controls to mitigate risks and propose recovery strategies

RESOURCES REQUIRED:

Access to DOH Intranet

This area is where you would list the resources required to perform the event.

BIA Survey
BIA Questionaire

Notes from BIA Survey
Completed BIA Questionaire
Access to eBRP Planning
Software

Documented risks of other
DOH offices and programs
Copy of Risk and
Vulnerabilities Standards
DOH BCPM Policy

Access to eBRP Planning
Software
Access to MS Office
In-progress Planning Files

Article XIV. Framework of Division Contingency Plan

This framework is suggested and can be modified to suit unique division requirements.

_____

Scope of contingency plan
(Including division planning assumptions and identified limitations within plan)

Introduction

Roles and Responsibilities

Definitions

Management of division resources during pandemic

Notification matrix

Critical Business Functions:

        Critical business function inventory (prioritized by the division management)

        Critical business function team composition and skill set required

        Job action sheets

Business functions (Other) – These functions will be suspended during the event to free up resources or reallocate resources.

Strategies for ensuring functions continue
(Telecommuting, priority of work within each function, managing split shifts, other…)

Reporting procedures - internally (Division) and externally (Agency)

Procedure(s) for 00.000 STAFFING DURING EMERGENCIES

Applies to:	All (Office/Program/Section) Personnel
Contact:	(Director/Manager)/Divisional Emergency Response Planner
Effective Date:	01 February 2006 Review Date:
Supercedes:	N/A New Policy

Key Function	Activity	Person(s) Involved
Decision Making	Implementation of agency wide staffing for emergency procedures directed towards maintaining continuity of operations.	Secretary of Health / Assistant Secretary o Health EHSPHL / Director CDES
Internal Communications	Call up and implementation notification for key divisional personnel implementing emergency staffing.	Assistant Secretary (Division) / Chief Administrator
Maintenance of Operations	Implementing illness monitoring, staffing request and filling system and addressing issues related to the above.	Chief Administrator / (Director / Manager) / DERP / (Other Designated Individual(s) / DOH EOC
Recovery	Management of the return to normal operations.	Assistant Secretary (Division) / Chief Administrator / (Director / Manager) / ESC

Definitions:

Critical Functions and Processes	DOH functions and processes categorized as **Critical** must be performed and sufficient staff must be made available to sustain their operations for the duration of the emergency.
Emergency Response Activities	All activities conducted from and through the DOH Emergency Operations Center (EOC) and the Shoreline Incident Command Post (ICP) focused on addressing the communicable disease emergency.
Emergency Staffing Coordinator	Within each DOH division, the individual appointed by their respective Assistant Secretary of Health to coordinate emergency staffing operations during an emergency.
Important Functions and Processes	DOH functions and processes categorized as **Important** would be performed only after critical functions and processes were sufficiently staffed and there were staff available to continue operations of such at a sustainable level.

Process: Decision to Implement Contingency Operations Procedures

Steps	Activity or Event(s)	Person(s) Involved
1	The decision to implement emergency staffing procedures will be based upon the recommendation of the Director CDES, the recommendation of the Assistant Secretary EHSPHL and the Secretary of Health's own analysis of the situation. Notification for implementation of division wide emergency staffing procedures will be made by the Secretary of Health to each divisional Assistant Secretary.	Secretary of Health / Assistant Secretary of Health EHSPHL / Director CDES

Process: Call Up Notification

Steps	Activity or Event(s)	Person(s) Involved
1	The Assistant Secretary of Health (Division) will notify the divisional Chief Administrator to implement emergency	Assistant Secretary of Health (Division) / Chief Administrator

	staffing procedures in the division.	
2	The Chief Administrator will notify the (Divisional Emergency Response Planner (DERP) or other designated individual(s)) of the decision to implement contingency operations procedures. At this time the (Divisional Emergency Response Planner (DERP) or other designated individual) will assume the position of Emergency Staffing Coordinator (ESC).	Chief Administrator / DERP / Other Designated Individual
3	The Chief Administrator will notify all (Program/Office/Section) (Directors/Managers) who will in turn notify their respective supervisory staff to implement emergency staffing procedures.	(Directors/Managers)/Supervisors

Process: Leadership Succession

Steps	Activity or Event(s)	Person(s) Involved

1	Replacement of program/office directors, managers and other supervisory staff in the event they become ill or unavailable is imperative. (Directors/Managers) will ensure that there exists a protocol for leadership succession within (Office/Program). The (Directors / Managers) will ensure the following:
	  a) Identification of alternates to fulfill leadership positions within (Office/Program).
	  b) Provision of cross training to identified alternates has been accomplished.
	  c) c. Communication to all staff of succession arrangements.
		(Directors/Managers)/Supervisors

Process: Implementation Of Staff Monitoring And Request System

Steps	Activity or Event(s)	Person(s) Involved
1	All divisional staff who are ill or suspected to be ill, to include contacting staff who are unexpectedly absent from work, will be included in a division wide monitoring system maintained by the ESC.	ESC / (Director/Manager)
2	The (Director/Manager) will closely monitor staffing levels in his/her (program/office/ section) to ensure operational viability. Staffing situation reports will be submitted to the ESC by the (Director/Manager) electronically routinely or as requested by the ESC. Staffing situation reports will contain the following information: a. Details of ill or absent employees (e.g., name, contact number, position, date became ill, anticipated work, return date, skill set, etc.). b. Characterization of staffing situation (e.g., critical, manageable, good).	(Director/Manager) / ESC
3	It is anticipated that there will be a need to replace staff who become ill or who are absent for illness related reasons in both critical and important functions. Requests for additional or replacement staff for both critical and important functions will be managed through a division wide system maintained by the ESC. Divisional staffing resources will be used before requesting staff from outside the division. Within this system the following will apply: a. Critical functions have priority for staffing over important functions.	ESC / Chief Administrator / (Director/Manager)

	b. The divisional staff resource pool will be used before requests are made to the DOH EOC. c. Staffing requests for important functions will not be forwarded to the DOH EOC. The (Director/Manager) will submit requests for additional or replacement staff to the Chief Administrator who is charged with determining staffing priorities for critical and important functions and processes within the division. Requests for additional or replacement staff will follow the instructions outlined below: a. Submit requests electronically to the Chief Administrator. b. Flag requests as high priority with a CC to the ESC. c. Identify the skill set(s) of the individual(s) needed as accurately as possible. d. Indicate the date staff are needed. e. Indicate the number of staff needed. f. Indicate who the staff will report to and their work assignment location and hours. g. Indicate approximate length of time staff will be required, if possible. The Chief Administrator will then forward approved requests for additional or replacement to the ESC for action.	
	In the event that divisional staffing resources are exhausted, the ESC will fill staffing requests through the Emergency Operations Center (EOC), Operations and Logistics Section (O&L). Requests for additional or replacement staff by the ESC will follow the instructions outlined below: a. Submit requests electronically to the Section Chief, O&L. b. Flag requests as high priority with a CC to the Chief Administrator. c. Identify the skill set(s) of the individual(s) needed as accurately as possible. d. Indicate the date staff are needed. e. Indicate the number of staff needed. f. Indicate who the staff will report to and their work assignment location and hours. g. Indicate approximate length of time staff will be required, if possible.	ESC / EOC
4	(Program/office/section) staff who are without usual work due to temporary suspension of their routine duties will become part of the divisional staff resource pool and/or the agency-wide staff resource pool. This divisional staff resource pool will be managed by the ESC. The agency-wide staff resource pool will be managed by the EOC O&L. Upon receipt of the request for additional or replacement staff from the Chief Administrator, the ESC will locate suitable staff, contact such, and provide them with appropriate reporting instructions. The ESC will notify the Chief Administrator of the above actions upon completion.	Chief Administrator/ESC
5	Timely and accurate staffing situation reports will be made to the EOC Operations and Logistics Section, and the Chief	ESC

	Administrator. These reports will be submitted by the ESC on a routine or as needed basis. At a minimum, these reports will contain: a. Characterization of the overall divisional staffing situation. b. Status of the divisional staffing resource pool. c. Problematic staffing issues and areas.	
6	Due to the implementation of these measures, union collection bargaining and other personnel and legal issues may become manifest. Management of human resource, legal or union issues that may arise due to the staffing situation will need to be addressed.	Assistant Secretary/Chief Administrator/(Manager / Director)

Process: Tracking and Documenting Costs

Steps	Activity or Event(s)	Person(s) Involved
1	Costs will be accrued by DOH related to the shifting of staff to fill critical functions and other changes in work schedules. Costs for the implementation of these measures will be accurately captured by a cost tracking system maintained by the Chief Administrator.	Chief Administrator / (Manager / Director)

Process: Recovery

Steps	Activity or Event(s)	Person(s) Involved
1	Upon downgrading of the emergency, contingency operation staffing activities will scale back while assuring the continued operation of critical functions and processes. The ESC will continue to function in his/her capacity until formally instructed by their Chief Administrator to return to routine duties.	Assistant Secretary (Divison) / Chief Administrator / (Manager / Director) / ESC

Process: Training

Steps	Activity or Event(s)	Person(s) Involved
1	Management tools and training required for the tracking of ill and absent staff, management of the divisional staff resource pool, and associated administrative processes for back filling critical positions will be developed and implemented by the Divisional Emergency Response Planner for EHSPHL. The development of the above management tools and training will be developed in conjunction with Human Resources and the divisional planners from the other DOH divisions.	ESC / Divisional Planners/ HR

Emergency Staffing Coordinator

Positioned Assigned To   _____   Alternate _____

You Report To   _____   (Chief Administrator)

Chief Administrator	**/ROOM**	Telephone _____
Work Assignment Site	**/ROOM**	Telephone _____
Alternate Work Site	**/ROOM**	Telephone _____

Mission: Organize and direct those operations and activities focused on staffing critical functions and processes within the division.

Reporting: When notified of an emergency requiring his/her presence, the Emergency Staffing Coordinator (ESC) will report immediately to the divisional Chief Administrator or his/her designee for instructions.

Immediate
- ____ Receive notification from Chief Administrator. Obtain Job Action Sheet.
- ____ Read this entire Job Action Sheet.
- ____ Obtain briefing from Chief Administrator.
- ____ Initiate staff illness monitoring system.
- ____ Ensure that all communications systems to support the mission are functional.

Intermediate
- ____ Manage suspected influenza cases in workplace.
- ____ Manage divisional requests for staff.
- ____ Manage divisional staff resource pool.
- ____ Initiate staffing requests through EOC should divisional staff resources become unavailable.
- ____ Communicate with and provide reports routinely to Chief Administrator.
- ____ Check in with other divisional ESC's routinely.

Extended
- ____ Ensure that all communications are copied to the EOC.
- ____ Document actions and decisions on a continuous basis.
- ____ Observe all staff for signs of stress and inappropriate behavior. Report concerns to Chief Administrator.
- ____ Other concerns: