

PANDEMIC PLANNING

EXECUTIVE SUMMARY

1 TRANSMISSION OF DISEASE

2 PANDEMIC INFLUENZA

2.1 Pandemic Assumptions

2.2 Potential Impacts

2.3 Information Sources for Current Status

2.4 The Pandemic Risk Assessment

3 ORGANIZATION CONSIDERATIONS

3.1 Implications for the Organization

4 PANDEMIC STRATEGIES

4.1 Short-Term Strategy

4.2 Long-Term Strategy

4.3 Post-Event Recovery

4.4 Mission Essential Functions

4.5 Workforce Planning

4.6 Pandemic Action Items

5 PANDEMIC PLANNING RESPONSIBILITIES

5.1 State, Local, Private Sector Relationships

5.2 Legal Preparedness

5.3 Communications

5.4 Human Resources Issues

5.5 Employee Education and Safety

5.6 Facility Maintenance

5.7 Technology Preparedness

6 PANDEMIC TEAM

7 PLAN MAINTENANCE AND TESTING

8 APPENDIX

EXECUTIVE SUMMARY

Epidemics, which are outbreaks of a disease that occur within a short period of time and in a defined region, have the potential to significantly affect an organization's operations and the health and safety of personnel and the general public. While many diseases could result in an epidemic, and could lead to a pandemic (an epidemic that occurs on a worldwide scale), this report places particular emphasis on preparedness for outbreaks of influenza that could arise from avian influenza.

This Epidemic/Pandemic Annex has been created to identify key information that organizations should know when confronted with an epidemic. It also describes how an organization may be affected, and what measures can be taken to mitigate those effects. In addition to education, this annex provides guidance on preparing and developing a course of action should an outbreak occur.

Organizations should take the time and opportunity now to develop and implement strategies essential to maintaining functions in times of a pandemic. Organizations should also inform employees and other stakeholders that the organization is actively involved in planning for pandemic preparedness.

Short-term and long-term strategies for maintaining functions during an epidemic, when absenteeism among employees could be as high as 50 percent, will require enhanced continuity of operations plans that include extensive workforce planning to perform mission-essential functions with reduced staff levels. Seven planning elements are provided in Chapter 6 to assist organizations in accomplishing their short-term and long-term strategies, which will require continuous monitoring of recent developments as well as flexibility in implementation and response.

Unlike other disasters in which the period of disruption may last from weeks to months, an epidemic has the potential to disrupt operations from months to several years. The public health response to an epidemic will

directly affect an organization's personnel and will require strong relationships with other partners, the cooperation of the public, and the leadership of the organization.

1 Transmission of Disease

From time to time, a pathogen for which the population has little or no immunity evolves or is introduced. If that pathogen is highly communicable or easily transmitted from person to person, and virulent, causing severe illness or death in a significant percentage of persons, a pandemic can infect millions of people and potentially causing destabilizing social disruption.

The United States has not experienced an extensive epidemic since 1918, when the "Spanish flu" pandemic swept the nation and the world. The Spanish flu of 1918 was not a highly virulent pathogen in terms of mortality - only 2.5 percent of those infected died - but it was highly communicable. As a result, a large percentage of the U.S. population fell ill; approximately one-half million Americans died, and during the waves of the pandemic essential public services were threatened.

Communicable diseases can be transmitted to humans in several ways however the ones that carry the potential to affect organizations and their personnel are listed below:

- Droplet transmission occurs when the pathogen is suspended in aerosolized droplets or mist expelled when an infected person coughs or sneezes. These tiny droplets can travel 3 to 6 feet and be inhaled by other persons, or can deposit themselves on mucous membranes around the eyes or mouth of uninfected persons.
- Airborne transmission occurs when a pathogen is suspended in the air in inhalable-sized particles that remain infectious and are subsequently inhaled through the nose or mouth. Such pathogens can also be transmitted by droplet transmission or contact transmission.
- Contact transmission occurs when an infected person has physical contact (e.g., shakes hands) with an uninfected person.
- Infectious respiratory droplets can be deposited on objects that other persons would likely touch with their hands (e.g., arms of chairs, door handles, documents, exhibits, restroom fixtures, desks, countertops, stair rails, elevator buttons, money, documents, receipts). When uninfected persons touch the contaminated surfaces or items and then rub their nose, mouth, or eyes, transmission may occur.

2 Pandemic Influenza

Influenza, also known as the flu, is a disease that attacks the respiratory tract in humans and differs from a viral "cold" in that it usually comes on suddenly and includes fever, headache, tiredness, dry cough, sore throat, nasal congestion, and body aches.

2.1 Pandemic Assumptions

The U.S. Department of Health and Human Services has created plans based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and the elderly. Among working adults, an average of 20 percent could become ill during a community outbreak.
- Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illness, and pregnant women are usually at higher risk of complications from influenza infections.
- The typical incubation period for influenza averages two to three days. It is assumed this would be the same for a novel strain transmitted between people by respiratory secretions.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus, therefore are likely to pose the greatest risk for transmission.
- In an affected community, an outbreak will typically last about 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.

- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the United States during 20th-century pandemics occurred in fall and winter.

2.2 Potential Impacts

The impact of an actual pandemic cannot be accurately predicted, as it depends on multiple factors, including virulence of the virus, rate of transmission, availability of vaccines and antivirals, and effectiveness of containment measures.

An influenza pandemic could last from months to several years, with at least two peak waves of activity. According to the U.S. Department of Health and Human Services, the characteristics of an influenza pandemic that must be considered in strategic planning include the following:

- The fact that people may be asymptomatic while infectious.
- Simultaneous or near-simultaneous outbreaks in neighboring communities thereby limiting the ability of any jurisdiction to provide support, assistance, and mutual aid.
- Enormous demands on the health-care system.
- Delays and shortages in the availability of vaccines and antiviral drugs.
- Potential disruption of national and community infrastructure, including transportation, commerce, utilities, and public safety, due to widespread illness and death among workers and their families, as well as concern about ongoing exposure to the virus.
- Absenteeism across multiple sectors related to personal and family illness, fear of contagion, or public health measures to limit contact with others could all threaten the functioning of critical infrastructure, the movement of goods and services, and operation of organizations.

2.3 Information Sources for Current Status

WHO - The World Health Organization (WHO) describes six phases of increasing public health risk associated with the emergence of a new influenza virus that could pose a pandemic threat. Each phase recommends actions for national authorities and outlines measures to be implemented by the WHO, allowing for greater predictability of actions to be taken during the various phases of a pandemic.

For information about pandemics, the WHO phases, and the current worldwide status, please review the WHO website - <http://www.who.int>.

CDC - The Center for Disease Control and Prevention is the lead Federal government agency for pandemic planning. Up-to-date information about national planning as well as vaccines and antivirals can be found on the CDC website - <http://www.cdc.gov>.

2.4 The Pandemic Risk Assessment

Based on the Department of Public Safety Standards and Training COOP, the following information has been detailed specifically related to the risks and impacts of pandemic.

3 Organization Considerations

Although the circumstances described above paint a dark picture, an organization, to the best of its ability, must strive to continue its functions and to provide services to its populations.

3.1 Implications for the Organization

A challenge for the organizations will be to assist appropriate public health officials in protecting an organization's personnel and the public from transmission within the organization's facilities. However, given the large numbers of individuals who enter an organization's facilities each day, those facilities - like all other public facilities in which large numbers of persons interact and congregate - could themselves become a spreading center for the disease.

This raises a number of considerations for organizations, including:

- Significant numbers of persons who are necessary to the organization's mission-essential functions (e.g., organization staff, security personnel, IT staff, etc.) may be unavailable because of illness or death, possibly reaching from 30 to 50 percent of the workforce;
- Face-to-face contact between an organization's administrators and staff necessary for performing mission-essential functions may be dramatically limited or unavailable; and
- Facilities, infrastructure, utilities, and services may all be affected by a lack of adequate staffing caused by isolation, quarantine, illness, or death of those persons necessary for maintaining operations.
- Depending on the severity of the epidemic, an organization's administration may come under pressure as the disease causes attrition among employees, security personnel, IT, and maintenance personnel. To the extent that an organization relies on local law enforcement for security services, an additional concern is the possibility that, during an outbreak, law enforcement officers and security personnel may be reassigned to other critical law enforcement duties, thus resulting in a shortage of officers available to serve the organizations. In addition, state or local public health officers could close an organization's facility, or could quarantine or isolate an organization's personnel.

4 Pandemic Strategies

Unlike other emergency situations, an influenza epidemic could seriously disrupt an organization's operations for an extended period, lasting approximately from months to several years. Therefore, both short-term and long-term strategies are necessary to manage the potential extent and duration of the impact.

Each organization's continuity of operations plan (COOP) should address the basic response to any disaster or emergency situation. Organizations lacking a continuity of operations plan or having an incomplete continuity of operations plan are encouraged to begin the plan development process immediately.

Given the unique challenges posed by an epidemic, the information and strategies discussed below are not exclusive, but rather are designed to enhance organizations' current emergency protocol.

4.1 Short -Term Strategy

In the first 90 days of COOP activation, each organization should have the capacity to perform all mission-essential functions as defined in the organization's COOP.

The organization's functions may need to be performed with limited staff, and when little to no face-to face contact is possible for an extended period. It is likely that an organization and its staff will be significantly affected by illness or even death.

As soon as possible, organizations should transition to full operations. If full operations cannot be initiated within 90 days of COOP activation, organizations should implement the long-term strategies described below.

4.2 Long-Term Strategy

Within 90 days of COOP activation, organizations should have the capacity to perform all mission-essential functions when little to no face-to-face contact is possible for an extended period. An organization and its staff will be significantly affected by illness or even death.

When developing its specific response to an epidemic, an organization should consider these issues:

- Operations may be significantly impacted for months to several years.
- All organizations and their personnel should be prepared to cooperate with appropriate public health personnel on response and recovery efforts. Because state and federal resources may be stressed during an epidemic, organizations should be prepared to operate with only minimal support from state and federal agencies.
- Each organization should ensure that it has the capacity to perform its mission-essential functions, for the first 90 days of COOP activation.

- If full operations cannot be restored within 90 days, an organization should ensure that it has the capacity to perform other mission-essential functions as best it can.

4.3 Post -Event Recovery

Recovery from an epidemic begins when an organization determines that it has adequate staff and resources to resume normal business functions. Once normal operations resume, the impact of the epidemic on organization's operations, staff, and other stakeholders should be assessed and an after action evaluation of the organization's response should be drafted. Such an evaluation can assist organizations in updating their continuity of operations plans as well as other emergency response plans, as appropriate.

4.4 Mission-Essential Functions

The Department of Public Safety Standards and Training's COOP has already identified its own detailed list of mission essential functions. With the unique impact that a pandemic presents, the Department of Public Safety Standards and Training is continuing to further identify those key processes and identify those specific functions that pose significant risk for infection (e.g., extensive public interaction, cash management).

All of the Mission Essential Functions for the Department of Public Safety Standards and Training are detailed and prioritized in the on-line coop.oregonem.com planning system. Please refer to Annex C for the complete report.

4.5 Workforce Planning

Because a pandemic may not spread evenly through the employee population, the Department of Public Safety Standards and Training is working to create a skills inventory for those positions that are essential to continuing their mission-critical functions. The Department of Public Safety Standards and Training is considering cross-training and skill development for employees who can assume responsibility for carrying out those functions, which may lie beyond their normal scope of responsibility. With this strategy, should key personnel fall ill, it is perceived critical functions would then continue with minimal impact to operations. Employees should also be informed that they may be asked to exercise authority or perform duties outside their typical job responsibilities.

While developing this skills inventory, the Department of Public Safety Standards and Training is paying particular attention to those positions for which cross-training is not feasible, such as those that require specialized training or qualifications. The Department of Public Safety Standards and Training is considering contingency plans should the personnel in those positions be unavailable. This includes identifying, in advance, possible sources for temporary replacement personnel.

Aspects of workforce planning are detailed in the Department of Public Safety Standards and Training COOP. Please refer to Annex A for COOP Teams and Responsibilities, Annex D for Orders of Succession, Annex E for Delegations of Authority, and Annex O for the complete Staff Roster.

4.6 Pandemic Action Items

The Department of Public Safety Standards and Training has identified a set of action items that must be performed before, during and after a pandemic event. This list is constantly maintained as part of the overall COOP. The following list details these pandemic action items.

5 Pandemic Planning Responsibilities

Effective advance planning by the Department of Public Safety Standards and Training is essential for the ability to respond quickly to the outbreak of a pandemic. Below are planning elements that are being addressed by the Department of Public Safety Standards and Training. The individuals responsible for these roles and responsibilities constitute the Pandemic Team which will coordinate and overlap with the organization's COOP teams.

The HHS Pandemic Influenza Plan advises that the first step in planning should be establishing a coordinating committee to oversee pandemic preparedness planning and ensure integration with other emergency planning efforts. This Pandemic Team includes a cross-section of employees, rather than executive leadership exclusively. In the event that some or all of the executive team falls ill, the Pandemic Team can still function, providing critical leadership and real-time decision making.

In addition to a cross-section of employees, including those responsible for employee health and safety, the Department of Public Safety Standards and Training is working to include other partners, as a way of alerting them to organization's plan and soliciting their input. Assuming the organization remain operational, it is essential that key partners be fully aware of the organization's efforts to ensure that all parties work together in accomplishing the organization's mission-critical functions.

It is recommended that the following roles and responsibilities are filled by the appropriate staff members.

5.1 State, Local, Private Sector Relationships

- Establish contact with local public health officials for coordination with local pandemic planning efforts.
- Ensure that the organization is aware of and possibly involved in current local preparedness and planning efforts.
- Ensure that the organization is kept informed of current local conditions and response efforts concerning a pandemic event.
- Develop mutual aid programs with neighboring organizations at the city, county, state, and/or private sector level.

5.2 Legal Preparedness

- Ensure that the organization's leadership is aware of any existing laws, ordinances, and/or authorities of health officials.

5.3 Communications

- Review the organization's internal and external communications plans to ensure that it is prepared to successfully communicate with leadership, personnel, and the general public under pandemic circumstances.
- Communicate regularly with employees regarding current status and expectations.
- Communicate regularly with any operational partners that factor into the organization's mission-essential operations for the distribution of event information and current status.
- Develop multiple channels and methods for disseminating information.
- Develop a Public Information Officer (PIO) capability for disseminating information to the public in an official manner.
- Communicate with Emergency Management regarding any incidents or developments related to pandemics.

5.4 Human Resource Issues

- Review the organization's policies and guidance regarding Injury/Illness as it might pertain to pandemics.
- Review Sick leave policies and train staff regarding appropriate sections and changes.
- Review organization's insurance policies, including health, disability, salary continuance, business travel, and life insurance.
- Review current travel policies and consider modifications related to pandemic issues.
- Develop a policy for vaccines and antivirals for staff including priorities and distribution methods.
- Develop crisis support or employee assistance programs
- Develop plans for alternate work schedules where applicable.
- Develop policies for social distancing.
- Determine the effects of union contracts on emergency Human Resource policy development.

5.5 Employee Education and Safety

- Assure staff that their health, safety, and well-being are a top priority during a pandemic.
- Develop an employee education and safety program and ensure that training is available to all appropriate staff.
- Instruct staff about Human Resource policies related to the pandemic or similar illnesses.

- Instruct staff about proper health and hygiene habits for minimize transmission including covering coughs, washing hands, and using hand sanitizer.
- Encourage staff to prepare at home with plans and emergency items including a two-week supply of food.

5.6 Facility Maintenance

- Oversee heightened cleaning efforts in offices and common areas, such as frequently wiping doorknobs, railings, telephones, restrooms.
- Place hand sanitizer in communal locations for staff and visitors to use.
- Develop emergency kits of equipment and supplies for preventing the transmission of the disease including cleaning supplies, respirators, masks, and disposable gloves, etc.
- Use damp rather than dry dusting to avoid spreading dust particles.
- Move restroom wastebaskets next to restroom doors so that employees can use towels to open the doors.

5.7 Technology Preparedness

- Identify technologies required for performing mission-essential functions and review the associated disaster recovery plans.
- Identify the supporting agency for each system (in-house, city/county, third party, etc) and contact them to discuss continuity of operations planning efforts.
- Review IT staffing levels and develop clear succession lines for key technical skills.
- Research options for telecommuting for key staff including hardware, software and security requirements.
- Research options for videoconferencing and teleconferencing.
- Research options for the increased use of Internet and telephone communications.

6 Pandemic Team

The following person has been designated as the Pandemic Team Chief:

Unassigned Person

The following personnel are members of the Department of Public Safety Standards and Training Pandemic Team. These personnel have specific roles and responsibilities for pandemic response and recovery.

Pandemic Team

In preparation of pandemic events, Pandemic Team members are responsible for attending team meetings and updating the Pandemic Annex on an annual basis. At a minimum, the team should review and address any pandemic related elements that might affect their organization during an event. Elements to consider might include: reviewing human resource policies and sick leave policies, establishing a method of communication with key staff and personnel, coordinating with local/state pandemic planning efforts, educating and training personnel on the effects of pandemics and their personal safety. The Pandemic Team's ultimate responsibility is to improve the organization's ability to prepare, respond, and sustain the long-term effects of a pandemic event.

Pandemic Team Members - Department of Public Safety Standards and Training

Team Member	Team Responsibility/Role
<p>Eriks Gabliks - Agency Director Department of Public Safety Standards and Training Director's Office Work: 503-378-2332 Cell: 503-559-4499 Work Email: Eriks.Gabliks@state.or.us</p>	<p>Assure staff that their health, safety, and well-being are a top priority during a pandemic. Develop an employee education and safety program and ensure that training is available to all appropriate staff. Instruct staff about Human Resource policies related to the pandemic or similar illnesses. Instruct staff about proper health and hygiene habits for minimize transmission including covering coughs, washing hands, and using hand sanitizer. Encourage staff to prepare at home with plans and emergency items including a two-week supply of food. Review the organization's internal and external communications plans to ensure that it is prepared to</p>

Team Member	Team Responsibility/Role
	<p>successfully communicate with leadership, personnel, and the general public under pandemic circumstances. Communicate regularly with employees regarding current status and expectations. Communicate regularly with any operational partners that factor into the organization's essential operations for the distribution of event information and current status. Develop multiple channels and methods for disseminating information. Develop a Public Information Officer (PIO) capability for disseminating information to the public in an official manner. Communicate with health and emergency officials regarding any incidents or developments related to pandemics.</p>
<p>Brian Henson - Operations Division Director (PEMF) Department of Public Safety Standards and Training Operations Division Work: 503-378-2888 Cell: 503-884-5462 Work Email: brian.henson@state.or.us</p>	<p>Identify technologies required for performing essential functions and review the associated disaster recovery plans. Identify the supporting agency for each system (in-house, city/county, third party, etc) and contact them to discuss continuity planning efforts. Review IT staffing levels and develop clear succession lines for key technical skills. Research options for telecommuting for key staff including hardware, software and security requirements. Research options for videoconferencing and teleconferencing. Research options for the increased use of Internet and telephone communications. Ensure that the organization's leadership is aware of any existing laws, ordinances, and/or authorities of health officials.</p>
<p>Michael Anderson - Facilities Manager (PEMD) Department of Public Safety Standards and Training Operations Division Facilities Work: 503-373-7055 Cell: 503-385-7849 Work Email: michael.anderson@state.or.us</p>	<p>Establish contact with tenants, contractors, vendors and division directors for coordination with local pandemic planning efforts. Ensure that the organization is aware of and possibly involved in current preparedness and planning efforts. Ensure that the organization is kept informed of current conditions and response efforts concerning a pandemic event. Facilitate and implement preparedness and planning efforts. Oversee heightened cleaning efforts in offices and common areas, such as frequently wiping doorknobs, railings, telephones, restrooms. Place hand sanitizer in communal locations for staff and visitors to use. Develop emergency kits of equipment and supplies for preventing the transmission of the disease including cleaning supplies, respirators, masks, and disposable gloves, etc. Use damp rather than dry dusting to avoid spreading dust particles. Move restroom wastebaskets next to restroom doors so that employees can use towels to open the doors.</p>
<p>Audra Anderson - HR Manager (PEMD) Department of Public Safety Standards and Training Operations Division Human Resources Work: 503-378-2357 Cell: 503-569-7126 Work Email: audra.anderson@state.or.us</p>	<p>Review the organization's policies and guidance regarding Injury/Illness as it might pertain to pandemics. Review Sick leave policies and train staff regarding appropriate sections and changes. Review organization's insurance policies, including health, disability, salary continuance, business travel, and life insurance. Review current travel policies and consider modifications related to pandemic issues. Facilitate a policy for vaccines and antivirals for staff including priorities and distribution methods. Facilitate</p>

Team Member	Team Responsibility/Role
	crisis support or employee assistance programs. Facilitate plans for alternate work schedules where applicable. Review & update policies for social distancing. Determine the effects of union contracts on emergency Human Resource policy development.

7 Plan Maintenance and Testing

The Department of Public Safety Standards and Training is committed to this overall COOP process and has an on-going program for maintaining and improving this plan and the related strategies. This overall plan maintenance process includes a variety of testing, training and exercising. Please refer to Annex M for the complete report of these scheduled and completed events. All events specifically related to pandemic planning are highlighted below.

8 Appendix

The coop.oregonem.com has an on-line file archive for storing and accessing vital records related to the COOP. All files specifically related to pandemic planning are listed below. To access these files, log into coop.oregonem.com and navigate to the File Archive section.