



Dallas County Health and Human Services

Pandemic Influenza Preparedness Guide

guidance for municipalities, businesses, faith-based organizations and
non-profit and other non-governmental agencies



Last updated March 1, 2006

**DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PUBLIC INFORMATION**

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Recent discussions and media reports about Avian influenza (bird flu) have increased public interest in and concern about what would happen should a pandemic influenza hit Dallas County. Dallas County Health and Human Services (DCHHS) continues to prepare for public health emergencies such as a pandemic flu and offers several suggestions to citizens on what they can do now to prepare for pandemic influenza and other public health emergencies.

So what can the public do now to make sure they are ready? First, DCHHS encourages everyone to follow good health habits to help prevent the spread of the flu and other diseases and to teach these habits to their children. These are simple, yet effective methods, that we need to make routine: Avoid close contact with people who are sick. Stay home or avoid close contact with others when you are sick. Cover your mouth and nose or cough into bend of your arm. Wash your hands with soap and water or alcohol-based hand sanitizer. Avoid touching your eyes, nose or mouth.

Second, DCHHS urges everyone to take personal responsibility by developing a preparedness plan for their homes and workplace. In some emergencies, such as pandemic influenza, the public may be asked to shelter at home. To shelter at home, there are six basics each household needs to stock: water, food, first aid supplies, clothing, bedding, tools, emergency supplies, and special items. DCHHS recommends that you have a two week supply of each item for every person in your home.

Third, in the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. Companies that provide critical infrastructure services, such as power and telecommunications, also have a special responsibility to plan for continued operation in a crisis and should plan accordingly. As with any catastrophe, having a contingency plan is essential.

An Influenza Pandemic strikes Dallas County. What Would You Do?



Purpose

The purpose of this document is three-fold:

- To provide initial guidance for community-wide pandemic influenza preparedness.
- To propose pre-event preparedness actions that will reduce the health, social and economic impact of a pandemic in Dallas County
- To communicate this guidance to the public and private sector, as well as non-governmental agencies, non-profits, and faith-based organizations.



Where practicable, the community should take every action possible to eliminate the significant hazards that contribute to the spread of pandemic influenza within Dallas County.

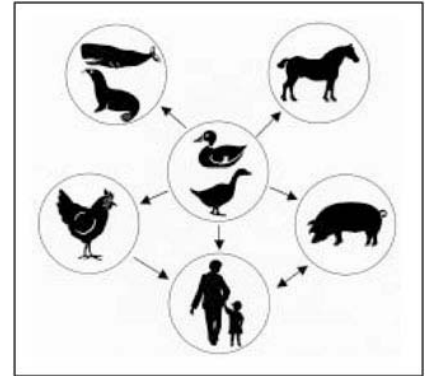
Scope

While this document focuses on Dallas County, it is clear that disease knows no boundaries. Moreover, the healthcare resources within Dallas County are among the most robust within the state. It can therefore be anticipated that Dallas County may be looked to for assistance from adjacent counties, travelers, or those who work, but do not live in Dallas County.

Situation

1. PANDEMIC FLU ENTERING OUR COMMUNITY

- 1.1 If a novel strain of influenza virus is circulating in the world, DCHHS cannot isolate the county and prevent its entry.
- 1.2 There are more than 80 international airline flights arriving at DFW Airport daily. This does not include flights with domestic connections with origin of travel being an international location
- 1.3 Individuals can be transmitting the virus while remaining asymptomatic. Thus, there can be no effective surveillance at entry points which would prevent the entry of the novel strain into our community.
- 1.4 A novel virus, if easily transmittable from person to person, would spread exponentially once it is introduced. Models have shown that hundreds of cases of influenza can result from a single case in as few as four days.
- 1.5 Given the globalization of our community, as well as observing what has happened during previous pandemics, outbreaks could occur nearly simultaneously in multiple cities, countries, and continents.



2. THE SPREAD OF DISEASE, ONCE PANDEMIC FLU IS WITHIN THE GENERAL POPULATION

- 2.1 Typically, a novel influenza virus, as shown from previous pandemics and seasonal epidemics, can infect up to 33% - 50% of the population (this is known as the attack rate)
- 2.2 The attack rate and complication rates can vary within the community
- 2.3 Seasonal influenza disproportionately affects the pre-school and school-age children, seniors >65, and persons with chronic medical conditions.
- 2.4 Complication rates, that is the rate of individuals whose illness severity is more significant including hospitalization and death tend to be children <6 months of age, individuals >65 years of age, and individuals with underlying medical conditions.
- 2.5 The economically disadvantaged tend to have higher complication and illness rates when compared to the overall rates in the community.
- 2.6 Household size also affects the attack rates. Having a greater number of individuals in a household confers higher illness rates. (unpublished data from Harvard University School of Medicine)
- 2.7 Federal documents estimate the hospitalization rates of ill individuals would be 10%.
- 2.8 The case fatality rate that is the rate of death due to illness can vary, but has been estimated by the federal response plan to be 2%.

Situation

3. ROUTES OF TRANSMISSION

- 3.1 There are 3 major routes of how the virus will most likely be transmitted from person to person
- 3.1.1 Probably the most common route of transmission would be via respiratory droplet spread.
- 3.1.1.1 Coughs and sneezes, as shown, by a person infected with the flu virus, emit particles which are inhaled by another person.
- 3.1.1.2 This person may or may not otherwise have flu-like symptoms or appear to be ill.
- 3.1.1.3 Typically, a normal healthy adult can be infectious and shed virus particles to others 1 day prior to symptom onset and 4-5 days after.
- 3.1.1.4 Children and persons with certain immune disorders have been shown to shed the virus for even longer periods.
- 3.1.1.5 The danger zone for those around, or caring for coughing/sneezing patients, is from 1 to 3 feet.
- 3.1.2 Airborne spread of the virus is caused by the virus particles individually being transmitted through the air. This is different than droplet spread in that the virus can travel for longer distances and be commuted through air currents and air conditioning systems, etc. The relative significance of this route of spread has not been fully determined. We do not know how well individual influenza virus particles can travel through the air. Limited studies have shown this can occur, but the significance has never been fully determined.
- 3.1.3 Fomite spread, or the spread from one person to another via a common object such as a doorknob.
- 3.1.3.1 Studies have shown that the influenza virus can remain infectious for up to 5 minutes on hands and other surfaces.
- 3.1.3.2 Respiratory secretions and mucus can keep the virus alive even longer on surfaces. The virus is thought to remain viable as long as a surface remains "wet"
- 3.2 How many other individuals are infected by a single sick individual is influenced by many variables. Typically during the rise of an epidemic, one infected person will usually infect four other people. However, during the SARS Outbreak, it was shown that a single person can infect as many as 21 individuals. Variables which will effect the number of individuals each infected individual will infect would include:



Situation

- 3.2.1 The characteristics of the virus being transmitted. Since there currently is no easily transmittable person to person influenza virus, we do not know exactly what these characteristics will be. This affects how well the virus can be transmitted through the air and how long it can survive on surfaces, etc.
- 3.2.2 The susceptibility of the population.
 - 3.2.2.1 Having a substantial number of the population immune to a circulating virus greatly reduces transmission.
 - 3.2.2.2 An effective vaccine would help to reduce the susceptibility of the population. Unfortunately, there currently is no effective vaccine for the potential novel influenza virus H5N1. It is thought that it will take, at the very least, 6 months from the onset of the pandemic to when an effective vaccine can be created.
 - 3.2.2.3 Additionally, the production would most likely remain severely limited, and the efficacy would remain not fully tested.
 - 3.2.2.4 Since the population has never been exposed to the H5N1 Virus, full protection will most likely require at least 2 separate vaccine courses.
 - 3.2.2.5 Even so, the amount of protection a newly created vaccine will unlikely be as effective as the seasonal vaccine, which in healthy adults, rarely exceeds 85% of those who receive the vaccine.
 - 3.2.2.6 Having sufficient quantities for administration of vaccine to the entire community appears unlikely in the near future.
 - 3.2.2.7 Antiviral medications such as Tamiflu and Relenza have been shown to provide protection from the seasonal influenza virus in limited studies. However, these medications must be given during the entire period which a person may be exposed (during the entire epidemic). Further, there have been studies demonstrating the ability of the influenza virus to be resistant to these medications. Given the relative shortage of these medications, as well the lack of proven efficacy against a novel influenza virus strain, antiviral medications should not be considered in planning measures to reduce the susceptibility of the population.
 - 3.2.2.8 Previous pandemics and seasonal epidemics have affected age groups differently.
 - 3.2.2.8.1 Children under the age of 6 months remain at a very high risk for complications due to influenza illness.
 - 3.2.2.8.2 During the 1918 Pandemic, there was an increase in death rate and rate of disease in individuals in their 20's. It is unknown why this occurred.
 - 3.2.2.8.3 Currently, the H5N1 virus has been affecting younger children averaging 8-10 years of age. The reason for this is again unknown.
 - 3.2.8.4. Elderly individuals (>65 years of age) remain at high risk for complications due to influenza disease.



Situation



3.2.3 The density of the population. As mentioned, influenza virus is most often transmitted via respiratory droplet and fomite spread. A higher population density will increase the number of cases for the community.

3.2.3.1 Household density may also affect the relative number of cases. Thus, the number of individuals per household (or per room) could determine the relative number of cases. For this reason, specific population segments such as those in group homes, jails, and large household will carry a higher burden of disease.

3.2.3.1 The number of individuals in close proximity to a sick individual determines the rate of spread. This is why social distancing and prevention of gatherings would lower transmission rates.

3.3 Typically, a local, seasonal influenza epidemic lasts in this community 6-8 weeks. It is thought that a novel influenza virus would behave in a similar manner, though recurrences or second waves would remain likely.

4. IMPACT ON THE COMMUNITY

4.1 Projected rates of hospitalized individuals would constitute an unmanageable strain on the healthcare system.

4.1.1 Staff illness rates (higher than the general community because of exposure to infected individuals) will likely be high.

4.1.2 Hospitals currently maintain very low inventories for supplies and do not currently stockpile resources in case of disasters.

4.1.3 Other essential services and supplies including non-hospital facilities and clinics would also likely experience an unmanageable strain.

4.2 Federal and State resources may either be unavailable or extremely limited in quantity.

4.3 The arrival of resources may be extremely slow due to heavy demand across the nation.

4.4 Businesses and the overall economy would be significantly impacted.

4.5 There would be a significant reduction in available workforce due to illness or requirements of care giving family members.

4.6 Snow Days or closure of non-essential businesses could eliminate or significantly reduce revenue for many industries.

4.7 Many employees will not be compensated if businesses are to be closed or if they must remain home to care for others.

4.8 There may be further shortages of supplies which would prohibit business operations.

4.9 Activities and operations of many businesses may have to be directed towards responding to the pandemic which also could significantly lower revenue or effect costs of operations

Situation

5. THE EMERGENCY RESPONSE PROCESS IN THE STATE OF TEXAS

- 5.1 Response to Texas disasters and public health emergencies will follow the State of Texas Emergency Management Plan, Health and Medical Annex (ftp://ftp.txdps.state.tx.us/dem/plan_state/state_annex_h.pdf); The Texas Emergency Management Plan designates which state agencies lead the response efforts.
- 5.2 All response will be carried out using the National Incident Management System (<http://www.fema.gov/nims/>)
- 5.3 All disasters are handled locally, with local personnel and local resources.
- 5.4 When local resources are exhausted or insufficient to meet the current demands, a city then requests assistance from the County. When County resources are exhausted or insufficient to meet the current demands, the county then requests assistance from the State. When state resources are exhausted or insufficient to meet the current demands, the State then requests assistance from federal agencies.
- 5.5 All requests for assistance during a disaster, from responding agencies, must be made through an emergency operations center (beginning with that local city).

The Response

1. To prevent the exponential spread of pandemic influenza, the response will have to be swift and *very early* after initial detection within the community.
2. Identifying the presence of a novel influenza virus strain in the community early greatly increases the amount of time available for control measures before the community is overwhelmed. Therefore, Dallas County Health and Human Services' physicians and epidemiologists will aggressively monitor all influenza-like cases, as well as cases of influenza.
 - 2.1 Regular updates and information will be given to area healthcare providers to assist with diagnosing individuals with a novel influenza virus.
 - 2.1.1 Currently, assessing travel history remains an important determinant as to whether an individual may be infected with a novel influenza virus.
 - 2.1.2 Additional signs and symptoms, when known, will be made available through health alerts to assist with making diagnoses.
3. DCHHS Laboratory maintains the ability to test for the presence of H5 which is a component of the H5N1 virus. This rapid testing will serve to rule-in potential cases,
 - 3.1 Testing will only be completed on respiratory samples in the DCHHS Laboratory.
 - 3.2 Specific epidemiological criteria must be met before testing samples. Determining this criteria will remain the responsibility of the County Chief Epidemiologist.
 - 3.3 Further testing including blood testing and respiratory samples will be completed by the State of Texas Laboratory and the Centers for Disease Control Laboratories. DCHHS will assist with shipping such specimens to these laboratories.
 - 3.4 The accuracy of Laboratory testing remains unknown. Isolating virus particles from respiratory samples has been shown to be difficult. Therefore, testing cannot perfectly rule-out the diagnosis of a novel influenza virus illness.
4. If a case is detected and confirmed, Dallas County Health and Human Services physicians and epidemiologists will immediately begin a contact investigation and conduct active surveillance.
 - 4.1. The number of cases and potential cases in area hospitals will be recorded. This may or may not be feasible depending on the magnitude of cases. Methods most likely to be used for this would include but not be limited to:
 - 4.1.1 Syndromic Surveillance,
 - 4.1.2 Direct contact with the hospitals via the designated Infection Control Practitioner,
 - 4.1.3 On-site visits and observations by DCHHS Staff members and surge capacity epidemiologists.



The Response

- 4.2 If feasible, close contacts of sick individuals will be contacted and isolated.
 - 4.2.1 Individual quarantine orders may be given for non-compliant individuals when necessary and feasible (see Isolation and Quarantine Plan).
 - 4.2.2 Area quarantine for households may also be issued if necessary and feasible (See Isolation and Quarantine Plan).
 - 4.2.3 If these contacts show signs of illness, they will be directed to identified hospitals for care.
5. The number of cases or the projected number of cases may reach a level in which the Dallas County Health Authority will recommend the County Judge to declare a local Public Health Disaster.
 - 5.1 As mentioned, the number of cases will be collected via surveillance data.
 - 5.2 Computer modeling, conditions of the pandemic elsewhere, and direct case counting will help contribute to the determination.
 - 5.3 The Health Authority will make recommendations based on the consensus of the following key stakeholders when appropriate and available:
 - 5.3.1 The Public Health Preparedness Division,
 - 5.3.2 The Department of State Health Services,
 - 5.3.3 The Centers for Disease Control,
 - 5.3.4 Key medical leadership including the Dallas County Board of Health, the County Medical Society.
6. Control measures and recommendations which may be issued in order to slow or prevent the rate of influenza virus transmission may include:
 - 6.1 Snow Days. A “snow day” implies the closure of non-essential services and buildings on a county-wide bases. The justification of a snow day would be to discourage mass gatherings and increase social distancing. Included in this order would be most likely the closure of all schools, shopping malls, recreation centers, restaurants, bars, churches, and other offices and buildings determined to be non-essential for sustaining the health and welfare of the community.
 - 6.1.1 Conceptually and logistically, snow days are going to be a significant burden to the economy and all efforts will be made to minimize this effect.
 - 6.1.2 Snow day orders will be issued with a specific determination as to the number of days required and what indicators will allow for the ending of the order.
 - 6.1.3 It is very clear that this order will have significant challenges of implementation and enforcement.



The Response

6.2 Mandatory wearing of masks (See also *)

6.2.1 An order by the Health Authority could be issued for all individuals required to be in public places or in contact with other individuals with distances of less than 3 feet will be required to wear a mask.

6.2.2 Individuals also caring for sick individuals in their household would be recommended to wear a mask.

6.2.3 The Health Authority would recommend this order to be enforced through an immediate passage of a city or county ordinance and could include fines and other penalties if not done properly.

6.2.4 Additional enforcement of this regulation may be completed under the additional powers granted by the State of Texas Governor under a Declaration of a Public Health Emergency.

6.3 Isolation and Quarantine Orders

6.3.1 If a novel influenza virus is being transmitted within a community, individual quarantine orders are not likely to be effective.

6.3.2 However, shelter in place recommendations may be given to further increase social distancing.

6.3.3 Additional ordinances such as household isolation orders and Civil Detention Ordinances may be issued when deemed appropriate and necessary.

7. Mitigation and recovery

7.1 Once case numbers are determined to be in a decline, immediate actions are to be taken to restore the community effectively and efficiently.

7.2 Public campaigns in collaboration with the private sector will serve to restore trust in the community by its individuals.

7.3 After action meetings will take place with key stakeholders to identify gaps and formulate lessons learned.

7.4 Knowing that pandemics can occur in waves, immediate steps will be taken in the mitigation period to better prepare the community in case of a recurrence.



Anticipating Conditions During An Influenza Pandemic



Assumptions

1. IMPACT

- 1.1. At this point in time, there is no vaccine for H5N1; it is highly unlikely that vaccine will be available –or– if vaccine has been created, that it would be available in sufficient quantities.
- 1.2. At this point in time, anti-viral medications have an unproven track record with H5N1; further their cost is extremely high. Planners should not count on anti-viral medications.
- 1.3. At this time the efficacy of Tamiflu® has not been determined; results are not positive. The product cannot be counted upon at this time.
- 1.4. Pandemics commonly arise in multiple cities, simultaneously.
- 1.5. Commonly, 30% (or more) of the population will become sick with pandemic influenza.
- 1.6. Pandemics commonly require 10% (or more) of the population to be hospitalized.
- 1.7. Deaths in pandemics can vary from between 2% - 50% (or more) of the population that becomes infected; mortality cannot be predicted in advance.
- 1.8. Pandemics will disproportionately affect the children below five years of age, seniors over 65, the immuno-compromised, those with heart and lung conditions, and the economically disadvantaged.
- 1.9. These statistics clearly indicate an unmanageable strain on the healthcare system.
- 1.10. Federal and State resources may either be unavailable or extremely limited in quantity; the arrival of resources will be extremely slow due to heavy demand across the nation.
- 1.11. For those agencies and businesses that are usually busy during disasters, there will increased demands for services while simultaneously experiencing a reduced workforce (due to illness or care giving).
- 1.12. There will be shortages and outages of essential supplies/services –especially those related to healthcare.
- 1.13. Hospitals will run out of supplies and run short on personnel.

2. PREPAREDNESS ACTIVITIES

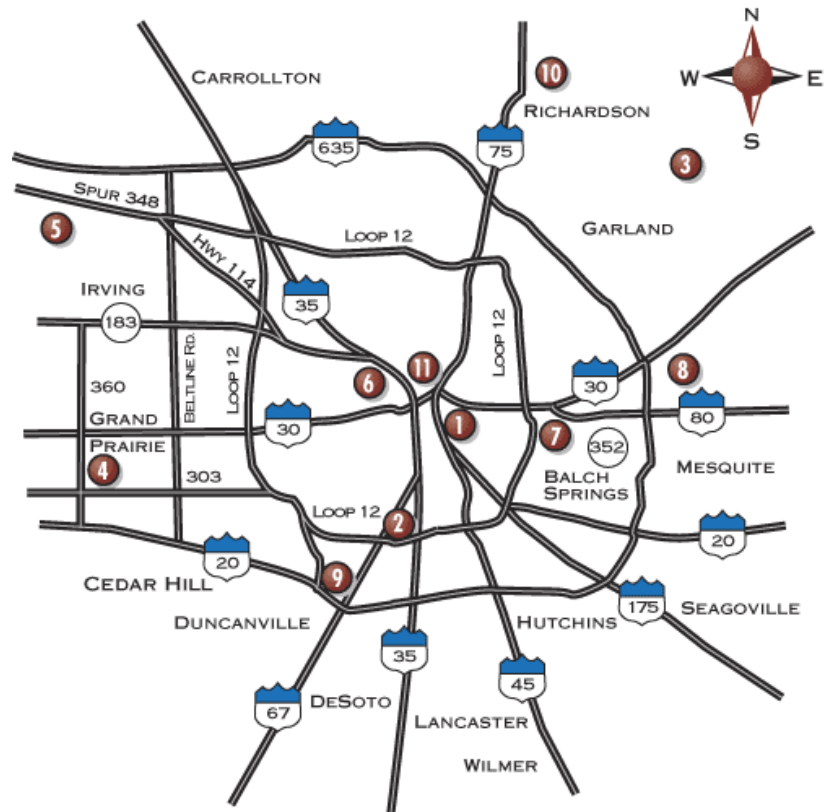
- 2.1 Actions directed at limiting the spread of influenza
- 2.2 Work absences of up to 50% for more than two weeks.
- 2.3 Potential closure of businesses, transportation, schools, churches, etc.
- 2.4 Personal Protective Equipment availability (such as masks)

Preparing Dallas County

Preparing Municipalities

Preparation with City Partners

1. Communicate to all partners (including special needs facilities, the private sector and non-governmental and faith-based agencies) your Standard Operating Procedures (SOPs) to request and obtain assistance during a disaster.
2. Determine the major foreign language groups within your city;
 - a. Ensure that emergency communications will reach these populations.
 - b. Ensure that these populations have a means of making their critical needs known to the city.
3. Determine the major special needs facilities/populations within your city; ensure that emergency communications will reach these populations and that they have a means of communicating with you.
4. Determine what the major private sector employers within your city may be able to contribute to pandemic influenza response (remember Federal assistance may or may not be available).



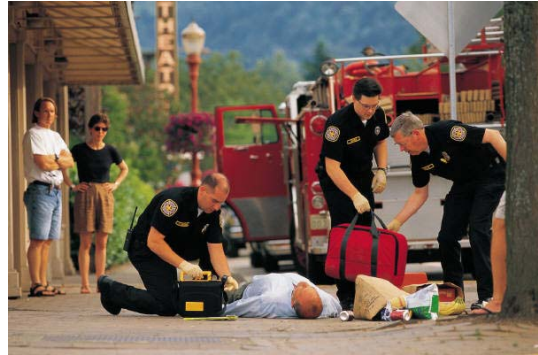
City Operations Issues

1. Utilize Dallas County Pandemic Influenza Preparedness Guidance document as an additional preparation checklist (this document).
2. Ensure a Continuity of Services Plan for the city that describes the line of succession, critical versus non-critical city services, and alternative personnel resources, by department.
3. *In the event that a vaccine is developed or that anti-virals are available:*
 - a. Be prepared to stand up the assigned Points of Dispensing (PODs) for
 - i. A one-month period of time: two vaccinations are required
 - ii. Vaccinating First Responders
 - iii. Mass vaccinations for general public
 - b. Identify non-critical city staff who could serve in the vaccination POD (medical and/or non-medical)

Preparing Dallas County

City Operations Issues Continued

4. In the event that an alternative hospital or clinic facility is needed in your city, be prepared to make facility recommendations.
5. Ensure that the city Health Authority (if different from the Dallas County Health Authority) understands the County Health Authority's pandemic response plan and control measures.
6. Ensure that Dallas County Health and Human Services has 24/7/365 contact numbers for your health authority so that notification of control measures can be completed.
7. Identify how the city will manage mass mortalities:
 - a. Sufficient numbers of Body Bags,
 - b. Where will cadavers be stored,
 - c. What local mortician services will be needed to augment city resources.
8. Determine how 911/EMS calls will be handled once hospitals can no longer accept transports.
9. When hospitals can no longer accept transports, determine how EMS will triage and respond to the volume of calls being received.
10. Determine if city hotlines should be established to relieve EMS/911 calls.
11. During a lengthy Area Quarantine, cities should understand the impact of food supply-chain or transportation interruptions.
12. The city PIOs will coordinate with the Dallas County Health and Human Services PIO in the release and dissemination of public risk information.
 - a. A Joint Information Center may be opened
 - b. Web EOC may be utilized, enabling the monitoring PIO plans and releases across jurisdictions
13. The city will assess and report the current conditions within their city to the Dallas County EOC.
14. Reporting conditions to the county may take place with web-based Web EOC.
15. The city will make all requests for county assistance through the County EOC.
16. Test your SOPs or plans.



Preparing Dallas County

Preparing Business, Non-profits, and Faith-based Organizations

Human Resource Issues

- Every employer has the responsibility for the health and safety of employees and others visiting their workplace, and to ensure that employees' actions or interactions do not cause harm to others.
- It is advisable to review employer responsibilities according to the Texas Health and Safety Codes <http://www.capitol.state.tx.us/statutes/hs.toc.htm>
- Enplace a mandatory sick leave policy to address those who become ill at work, those suspected or feeling ill yet reported to work ('Don't bring it to work' policy)
- Enplace protocols for those who become ill while at work, so as to swiftly minimize the impact on co-workers.
- Develop a non-penalizing leave policies that addresses how absences will be handled during an Area Quarantine (which would prevent people from reporting to work to limit the spread of the flu virus)
- Consider Flex scheduling to reduce the number of people in the workplace at one time
- If your organization has staffing shifts, consider creating an interval of time before the re-occupation of a workspace by the next shift; allow the ventilation of the area.
- Establish a method of communicating with employees who are not reporting to work
- Education: Personal Preparedness for all staff: Surviving Pandemic Influenza; Safety Precautions.
- Distribute materials that address:
 - Limiting flu transmission at home and work
 - Sustaining the community, families and special needs individuals during Area Quarantine
 - Develop or recommend checklists for employees
 - home contingency plans
 - how will children be cared for if well, but out of school?
- How will you assist your 'special needs' employees (disabled, foreign language, cultural differences, etc)?
- Determine how the psycho-social needs of your employees will be met if they are home-quarantined (verify how and what Employee Assistance Programs can do).
- Communicate pandemic flu preparedness actions with staff to promote workplace confidence/safety prior to and during a pandemic.



Preparing Dallas County

Management / Administrative Issues

- Establish a pandemic influenza Working Group within your organization to address the issues contained herein.
- Establish Risk Managers who will be charged with work-place health and safety (if these positions do not currently exist).
- Consider establishing contact with a medical advisor who will assist with pre-event activities, as well as advice necessary during a pandemic.
 - Assess the impact of a pandemic on your organization;
 - Assess by each department/division of the organization;
 - Assess impact to your critical/essential services;
 - Assess the impact on critical supplier/resources you depend on;
 - Assess your daily business activities to identify those that would spread flu;
 - Assess how will you be affected by 'Snow Day' (no one else is working);
 - Assess the effects of substantial employee absenteeism for a sustained period of time (during peak, perhaps 50% for up to 2 months);
 - Assess how working with general public will change or discontinue;
 - Assess and procure the hygiene products that will be needed (masks, hand sanitizer, cleaning products, tissues, etc.);
 - Assess items that are touched by many people; devise methods to prevent these items from becoming transmission agents (examples: waiting room magazines; communal pens/clipboards; telephones; cups, dishes, cutlery; etc.).
- Based upon your assessment, which of your daily business activities will need to be performed differently (develop new protocols) in order to prevent the spread of flu.
- If your organization remains open throughout the epidemic, how will you handle personal protective equipment for those workers able to report for work.
- Decide how you will handle the cancellation of all venues that foster flu transmission (close contact, workshops, conferences, training sessions, etc.).
- Decide how you will place signage at the entrances to your building that will reduce the number of sick people entering.
- Decide how you will place personal hygiene notices throughout the building, especially in rest-rooms.
- Learn who the appropriate authorities are for interaction with Texas Emergency Managers during a disaster, should you need to do so. Without this knowledge, you may be inviting some of the failures that federal, state, and local governments experienced during the Katrina response.



Preparing Dallas County

Knowledge Management

- Are all critical lists/files accessible by more than one person?
- Restriction of workplace access; guidelines should be considered that:
 - Reduce the entry of flu virus into the workplace,
 - Reduce the spread of flu virus within the workplace,
 - Are compliant with social distancing recommendations.
- Share your preparedness efforts throughout the organization (people cannot respond appropriately if they don't know the plan for response).
- Advise staff to follow the recommendations given by the Dallas County Health Authority.
- Prepare to respond to misinformation and rumors: establish strong links with credible health resources today.
- Test your preparedness by simulating some pandemic conditions for your critical services in a drill.
- Know what Public Sector agencies that may, according to Texas Emergency Management laws, require your compliance with very stringent restrictions during a pandemic.

Business Continuity

- Develop a Continuity of Critical Services Plan (which services could be cancelled or delivered in an alternate method; include a line of succession that goes five-deep, should many employees be sick or providing care to others).
- How will your organization provide these services with an absentee rate of over 30%? (cross-training for critical services skill sets)?
- Examine telecommuting options.
- Examine IT solutions for customer interaction.

Security

- List your ongoing, top security concerns/threats: how will these be handled with fewer security staff?
- What new security concerns may arise if the pandemic takes hold in this community (review the Situation and Assumption sections of this document for cues in your planning)?



Preparing Dallas County

Facilities

- Good workplace ventilation can reduce risk of transmission within the workplace; ensure improved ventilation.
- Know the recommendations for regular sanitation of restrooms, eating areas and acquaint appropriate staff with these recommendations.
- Know the recommendations for protecting housekeeping staff.
- Adopt protocols for your building to limit flu-risk exposure.



General Practices

Basic personal hygiene measures should be reinforced and people should be encouraged to practice them to minimize potential spread of the flu.



- Keep hands away from eyes, mouth and nose.
- While a mask is the best protection when you are within 1-3 feet of others, at a minimum, people should cover nose and mouth when sneezing or coughing.
- Adopt frequent hand washing practices, particularly if you are sick, caring for someone who is sick, or among the general public.
- Immediately dispose of used tissues.
- Diarrhea and vomiting can be present in flu. Those who are sick, those caring for the sick, or those that are housekeeping where someone is sick should exercise use of gloves, hand washing and surface cleaning to prevent spreading the disease.
- Keep communal surfaces clean: light switches, door knobs, handles, railings, counters, telephones, etc.).

Preparing Dallas County

Masking

The World Health Organization, in its recommendations of “Use Of Masks By Health Care Workers In Pandemic Settings”, states that :



- When you will be within 3 feet or less of an infected patient, you should use a medical mask (surgical masks) when caring for patients either with, or suspected of having pandemic influenza.
- Caregivers and healthcare workers should use masks whenever entering a room containing a patient diagnosed with pandemic influenza.
- For healthcare workers: Particulate respirators (e.g. masks such as an N95 or comparable) should be used during a procedure on a patient where the likelihood of aerosolization of particulates are high.

What is the correct way to use a mask?

- The mask should fit snugly over the face, with the colored side out and the metal strip at the top.
- Position the strings to keep the mask firmly in place over the nose, mouth and chin and mould the metallic strip to the bridge of the nose (N95).
- Not to touch the mask again until it is removed.
- Go to a safe area and replace the mask at once, if it is damaged or soiled.
- Discard the mask as clinical waste and make sure to wash hands with soap and water.
- Hand hygiene is particularly important after removing the mask.

How often should masks be changed?

- Masks or respirators used in close contact with a possible or probable cases should be disposed of immediately after use.
- Masks should only be removed when the wearer is in a safe area, outside the patient’s room.
- The length of time a patient, who is on home isolation should wear a mask before changing it depends on the quality of the mask, how much the patient is coughing and the availability of masks.
- As a guide, the mask should be changed after eight hours, or sooner if it becomes saturated or breathing is difficult.

Disposal of Masks:

- Patients on home isolation should place the used mask in a plastic bag, and then into domestic waste. (It is important to wash hands after handling the mask-- this includes touching the mask while it is still being worn.)
- All healthcare workers who come into contact with a possible or probable case of pandemic flu should wear a respirator.
- If a respirator is not immediately available, the next highest category of mask available should be worn.

Preparing Dallas County

Workplace Cleaning Guidance

During a pandemic, you will need to implement additional measures to minimize the transmission of the virus through contact with environmental surfaces such as sinks, handles, railings, objects, and counters.

Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned more often than regular circumstances.

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**DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PUBLIC INFORMATION**

ZACHARY THOMPSON
DIRECTOR

DR. JOHN CARLO
MEDICAL DIRECTOR

**Dallas County Health and Human Services Influenza Pandemic Response
Frequently Asked Questions for Businesses**

Q1. What is an Influenza Pandemic?

According to the Centers for Disease Control and Prevention, a pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time. It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

Q2. What is the difference between the regular flu, the bird flu and a pandemic flu?

Seasonal Flu or the Flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent this illness is by getting a flu vaccination each fall.

Avian or Bird Flu (avian influenza) is a contagious disease of birds but may occasionally cause disease in other animals, as well as humans. The current outbreak of the H5N1 bird flu virus is the most severe outbreak in poultry ever recorded and is unusual in the severity of illness it causes in humans.

Pandemic Influenza or Flu pandemics occur when there is a major change in the genetic make-up of the virus. All humans are susceptible, attack rates are high, and mortality rates may be high as well. Influenza pandemics spread rapidly and can travel around the world in only a few months.

Q3. What are the reporting requirements if an employee were identified as a suspected/confirmed case of influenza A/H5N1. Do those requirements change during a Pandemic Phase?

Since Influenza is not a reportable condition in Texas, Dallas County Health and Human Services (DCHHS) must actively recruit reporting sites in order to track this disease. Surveillance is conducted year-round, although sporadic cases rarely occur outside the typical flu season (December-March). Five indicators are used to identify flu cases and the amount of virus circulation in the community. These indicators include samplings from school districts, virology laboratories, hospitals, sentinel physician offices, and pneumonia mortality. Using these surveillance tools, DCHHS can determine factors such as the first appearance of flu cases, the magnitude of flu activity throughout the season, the age groups most affected, the type of flu circulating, and the time it ceases to circulate in the county. The schools, labs, physician offices, and hospitals correlate very closely with each other and DCHHS to determine when influenza appears, peaks, and declines. Such surveillance would be intensified during a pandemic should an outbreak occur.

The DCHHS laboratory now has the capability of testing for the H5 influenza virus so that it will immediately know if and when new cases occur in our immediate area.



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Although H5N1 is not a pandemic, DCHHS is requesting that businesses who have employees who travel to countries where a human infection of the H5N1 virus exists exercise the following precautions:

If an employee has had recent foreign travel and upon their return they become ill with flu-like systems, have that employee medically evaluated immediately. If an H5N1 infection is suspected, request the doctor or clinic performing the evaluation contact DCHHS immediately for procedures on how to proceed.

Q4. What are the existing quarantine requirements for contacts and the environment (i.e. the workplace) of a suspected or confirmed case of influenza A/H5N1?

At the present time, H5N1 is not pandemic. If a person were to be confirmed as having the H5N1 virus, DCHHS would issue recommendations regarding contacts and environment specific to the case. We do not foresee having to quarantine an entire facility for a single case. Should a pandemic occur DCHHS will issue general decontamination procedures for an influenza virus.

Q5. What social distancing measures would public health officials impose (such as school or daycare closure, cancellation of mass gatherings, changes in public transport)? At what Phase would these measures be imposed?

DCHHS would make recommendations for social distancing and other public health control measures in the very early stages of a pandemic.

Q6. Will specific guidelines on how to reduce infection risk be publicly issued, including the recommended use of Personal Protective Equipment, and quarantine guidelines?

Yes, Dallas County Health and Human Services has developed a Pandemic Influenza Communications Plan as a part of the DCHHS Pandemic Influenza Response Plan. Such recommendations and guidelines would be released throughout a pandemic in accordance with this plan.

Q7. Are there existing guidelines for first responders/emergency medical teams? Will these be updated as a pandemic virus evolves?

Yes, what is known as "All Hazards" guidelines for first responders and emergency teams exist. Each entity is obligated to update their plan to include information on pandemic influenza response.

Q8. Are there existing guidelines for food service preparation staff?

Yes. Guidelines are available for the prevention of communicable diseases by food service preparation staff. It is expected that during a pandemic, these guidelines, plus any additional public health control measures would be implemented.

Q9. Are there any recommendations for contact tracing and will these recommendations change with the escalation during a Pandemic?

Contact tracing would be conducted by the Communicable Disease Surveillance Program of Dallas County Department of Health and Human Services. DCHHS Communicable Disease Surveillance Program is committed to protect the citizens of Dallas County from the threat posed by the spread of infectious diseases through early detection, prompt investigation, vigilant surveillance and institution of rigorous control efforts aimed at reducing morbidity and mortality rates at a population level.



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Q10. What other planned public health actions for a pandemic are likely to impact business?

The effectiveness of anti-viral medications have not yet been proven. Vaccines are not available and if a vaccine were to become available, quantities would be limited during the initial phase of a pandemic. Therefore, public health control measures are likely to remain the fundamental cornerstone in the attempts to control disease spread. Such measures *may* include but not be limited to:

Limiting person-to-person transmission by:

- Isolating the ill,
- Closing of schools and day cares,
- Closing of all businesses, except for essential infrastructure staffed by minimum personnel required,
- Closing public transportation,
- Canceling public gatherings such as theatres, sporting events, movies, concerts, church services, museums, and conventions,
- Issuing voluntary shelter-at-home orders for the entire population similar to snow days.

Avoiding exposure when in public places:

- Limitation of all close personal contact,
- Frequent hand washing,
- Regular use of a mask.

Q11. What is Dallas County Health and Human Services (DCHHS) doing to prepare and respond to an Influenza Pandemic?

DCHHS has developed the capacity to rapidly identify individuals who have the pandemic flu strain. The DCHHS lab has received CDC approval to expand its capabilities to conduct Influenza A/H5 virus testing. With this capability, DCHHS will know within 4 hours if the H5 influenza strain is present in our County. DCHHS also has the capacity to conduct intensive hospital surveillance, document the number of cases occurring each day, and forecast the likely number of cases. DCHHS also remains up-to-date as to the global condition and number of human cases which are occurring elsewhere. Dallas County has:

- DCHHS was involved in the Hurricane Katrina and Rita response efforts and immediately following began work on pandemic influenza response
- Discussion with private foundation regarding funding to support pandemic influenza planning activities in Dallas County began October 2005
- Published on-going series of pandemic influenza articles in *DCHHS Public Health Preparedness* monthly newsletter
- Initiated regular pandemic planning meetings with the larger hospitals
- Briefed the Dallas County Public Health Advisory Committee in January 2006
- Briefed Dallas County Commissioners' Court in February 2006
- Briefed Senior Staff of the City of Dallas in February 2006
- Dallas Commissioners' Court authorized letter to Texas Department of State Health Services for guidance regarding request for funding to support pandemic influenza planning activities in Dallas County



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- Scheduled a Pandemic Influenza Tabletop Exercise and Symposium for May 2006
- Completed an initial Pandemic Influenza Response Plan
- Created "Frequently Asked Questions" responses for the media, business and community, public sector and general public
- Created general preparedness messages for the general public
- Sent letters to municipalities and school districts in Dallas County regarding the need for pandemic preparation and the spring Symposium
- Created Pandemic Influenza Page on the website
- Sent fax to physicians and clinicians in Dallas County regarding international travel and rapid testing capability of lab
- Created Pandemic Influenza Preparedness Guide for businesses, NGOs and Faith-based organizations
- Gave presentation to Infectious disease physicians in Dallas County
- Attended the National Association of Local, State and Federal Public Health Officials conference on Pandemic Influenza in Washington, D.C.
- Created Personal Preparedness Guide for individuals and families.

Q12. *What is Dallas County Health and Human Services (DCHHS) doing to inform the public about the threat of an Influenza Pandemic?*

DCHHS is actively involved in efforts to prepare and educate municipalities, hospitals, first responders, schools, faith-based organizations, and many non-governmental agencies and service providers regarding the potential impact of an influenza pandemic. In the event of a pandemic influenza; everyone in the community is a stakeholder. As part of our ongoing efforts to prepare for public health emergencies, DCHHS is hosting a pandemic influenza symposium and table-top exercise; launching public education campaigns; and conducting a series of presentations to numerous organizations including: area hospitals, healthcare providers, business community leaders, and government officials.

Q13. *What should be the trigger to activate the DCHHS Pandemic Response Plan? Would the Governor declare a State of Emergency? Would they get a cue from us? Other potential triggers?*

Trigger to activate the plan should come from DCHHS via our website, and the media. We will communicate directly with key infrastructure providers.

Q14. *What would be DCHHS suggestion for staffing levels? How many people should share a working space? Alternatively, how much space would be needed to keep between people, so as to prevent contagion?*

To whatever extent is possible, businesses should put into place ways in which staff can work as much as possible from remote locations (such as home). However, some people may still need to physically go in to work. Businesses should use the concept of social distancing at work. If possible, teams should split into different work locations to build backup and prevent cross infection. Avoid face to face meetings, even at work (use telephone conferencing). Avoid public transportation. Bring and eat lunch at your desk - don't use the cafeteria or at least use staggered lunch times to avoid large numbers of people congregating. Cancel non-essential training sessions, meetings. Shift changes should be managed in a way to prevent cross contamination, i.e. provide an interval before the next shift begins - helps reduce the



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number of people meeting in the hallway, etc. and provides an opportunity to ventilate the work site during the shift change (windows open, increased HVAC). If face to face meetings are absolutely necessary, try to use a large room and sit at least three feet apart. The use of masks may also be recommended.

Q15. *How does this spread? Should we turn off the HVAC systems? Would we need to disinfect every surface every night?*

There's no doubt that office cleaning should be enhanced during a Pandemic of Influenza. Disinfecting solutions should be applied to all common area surfaces, counters, railings, sinks, shared telephones, shared computer keyboards, toilet bowls. HVAC systems should continue running, try to increase the amount of outside air and reduce recirculation. There is no clinical indication for cleaning air filters during pandemic flu. Since the spread of flu is still primarily by droplets and not airborne spread, the filters will not make a difference. Additionally, most industrial HVAC filters will not filter virus-sized organisms anyway.

Employee education is critical for several reasons. Most likely there will be fear and anxiety. Good education could reduce absenteeism due to anxiety. There needs to be a policy about what to do if people get sick (i.e. stay at home - don't come to work). Also encouraging employees to wash their hands often with either soap and water or alcohol-based hand sanitizer will help to reduce the spread of the virus.

Q16. *How long do businesses need to plan for intensive staffing? Would this require coverage around the clock, precluding coverage of any other topic? Is this the kind of emergency where you would want your staff camping out at the office for a week at a time?*

Succession planning and back up planning is important. The reality is that staff may be sick or even die. There is a need to acknowledge that the Pandemic Influenza can come in waves and last several months. Regarding the need for intensive staffing and round the clock coverage, that would be left up to each individual company. You may want to think about how you have handled coverage during major events such as ice storms.

Businesses also need to plan for loss of people and expertise (cross-training for essential functions), and the loss of services from suppliers. Critical infrastructure companies /essential service providers should stockpile three days of food/water/other supplies. They should stockpile cleaning supplies - contract maintenance workers may not be available.

Q17. *What can our company do now to prepare our workforce for Influenza pandemic or other public health emergency?*

First, DCHHS encourages everyone to follow good health habits to help prevent the spread of seasonal influenza and other diseases and to teach these habits to children:

- Avoid close contact with people who are sick.
- Stay home or avoid close contact with others when you are sick.
- Cover your mouth and nose when coughing or sneezing.
- Wash your hands with soap and water or alcohol-based hand sanitizer often, especially after using the restroom and before eating.



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- Avoid touching your eyes, nose or mouth.

Second, DCHHS urges everyone to take personal responsibility by developing a preparedness plan for their homes and workplace. In some emergencies, such as pandemic influenza, the public may be asked to shelter at home. To shelter at home, there are six basics each household needs to stock: water, food, first aid supplies, clothing, bedding, tools, emergency supplies, and special items. DCHHS recommends that you have a two week supply of each item for every person in your home. Suggested guidelines for the items you will need to prepare your home for an emergency event are available on the DCHHS website at www.dallascounty.org.

Third, in the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. Companies that provide critical infrastructure services, such as power and telecommunications, also have a special responsibility to plan for continued operation in a crisis and should plan accordingly. As with any catastrophe, having a contingency plan is essential.

For more information on Dallas County Health and Human Services county-wide pandemic planning efforts:

Questions regarding the DCHHS pandemic plan and related activities should be directed to:

Robert Holman, III
Senior Planner
Dallas County Health and Human Services
Phone: 214-819-2029
Fax: 214-819-2033
rhoman@dallascounty.org

Personal Preparedness Guide



Be Ready...Be Prepared

Recent discussions and media reports about Avian influenza (bird flu) have increased public interest in and concern about what would happen should a pandemic influenza hit Dallas County. Dallas County Health and Human Services (DCHHS) continues to prepare for public health emergencies such as a pandemic flu and offers several suggestions to citizens on what they can do now to prepare for pandemic influenza and other public health emergencies.

So what can the public do now to make sure they are ready? First, DCHHS encourages everyone to follow good health habits to help prevent the spread of the flu and other diseases and to teach these habits to their children. "These are simple, yet effective methods, that we need to make routine: Avoid close contact with people who are sick. *Stay home or avoid close contact with others when you are sick.* Cover your mouth and nose or cough into bend of your arm. Wash your hands with soap and water or alcohol-based hand sanitizer. *Avoid touching your eyes, nose or mouth,*"

Second, DCHHS urges everyone to take personal responsibility by developing a preparedness plan for their homes and workplace. In some emergencies, such as pandemic influenza, the public may be asked to shelter at home. To shelter at home, there are six basics each household needs to stock: water, food, first aid supplies, clothing, bedding, tools, emergency supplies, and special items. DCHHS recommends that you have a two week supply of each item for every person in your home (see list on next page).

Dallas County Health and
Human Services

Zachary Thompson, M.S.
Director

John Carlo, M.D. MSE
Medical Director

Things You Need to Shelter-at-Home

Water

- 2½ gallons of water per person per day



Food -

- Purchase foods that require no refrigeration and little preparation, such as:
- Ready-to-eat canned food
- Canned juices, milk, soup (if powdered, store extra water)
- Snacks: cookies, cereals, etc.
- Soft drinks, instant coffee, tea
- Lots of ice (you can freeze your water supply)

For Baby

- Formula, bottles, powdered milk, jarred baby foods
- Diapers, moist towelettes and special medications

Pets

- Newspapers or cat litter
- Moist canned foods (to preserve water)

Personal Items

- Toilet paper, towels, soap, shampoo, hand sanitizer (bottle for each family member)
- Personal and feminine hygiene products
- Disposable wipes
- Denture needs, contact lenses and an extra pair of eyeglasses
- Medical Masks
- A manual can opener
- Wind-up or battery-operated clock
- Battery-operated radio
- Cleaning supplies such as chlorine bleach
- Aluminum foil, paper napkins and plates, plastic cups
- Pillows and blankets or sleeping bags
- A corded telephone

Medicine

- Rubbing alcohol
- Aspirin, non-aspirin pain reliever, antacid
- Extra prescription medication (especially for heart problems and diabetes)
- Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
- First aid kit. Inspect your kit regularly and keep it freshly stocked. Items to include:

- | | | |
|---------------------------------|----------------------------------|--|
| • Band-aids | • Bar soap | wash and disinfect wounds |
| • Clean sheets torn into strips | • Tissues | • Antibiotic ointment |
| • Elastic bandages | • Sunscreen | • Individually wrapped alcohol swabs |
| • Rolled gauze | • Paper cups | • Aspirin and non-aspirin tablets |
| • Cotton-tipped swabs | • Plastic bags | • Safety pins |
| • Adhesive tape roll | • Needle and thread | • Prescriptions and any long-term medications (keep these current) |
| • First aid book | • Instant cold packs for sprains | • Diarrhea medicine |
| • Writing materials | • Sanitary napkins | • Eye drops |
| • Scissors | • Pocket knife | |
| • Tweezers | • Splinting material | |
| • Thermometer | • Hydrogen peroxide to | |



“It is better to be prepared for an opportunity and not have one than to have an opportunity and not be prepared.”

Whitney Young Jr.

Things You Need for Emergency Evacuation

In Case of Emergency Evacuation, DCHHS recommends that each household have a **Go Kit** ready. Store your kit in a convenient place known to all family members. The **Go Kit** should be an easy-to-carry, waterproof and fireproof container that includes items that you would most likely need during an evacuation or emergency. Suggested items to include:

- Copies of important family records (birth, marriage, and death certificates, social security cards, immunization records, school records, divorce papers and custody agreements) and important documents (wills, insurance policies, contracts, deeds, stocks, bonds, and passports);
- A list of all credit cards and bank account numbers, retirement accounts and college saving plans, along with the bank's or credit union's name and toll-free phone numbers;
- An inventory of valuable household goods with pictures of the items;
- Telephone numbers of family members, friends, include out-of-town contacts;
- Family pictures wrapped in protective plastic.
- Important telephone numbers, such as medical centers, doctors, pharmacist, electric, gas, water and telephone companies
- Names, addresses, and telephone numbers of your insurance agents, including policy types and numbers
- Names and telephone numbers of neighbors
- Name and telephone number of your landlord, property manager or mortgage lender
- Important medical information for each person, including babies and children (for example, allergies, regular medications, and brief medical history)
- Year, model, license, and vehicle identification numbers of your vehicles (automobiles, boats, motorcycles and RVs).

Other items to have for an emergency situation such as evacuation:

- Battery-operated radio, flashlights, extra batteries, candles, matches or lighter
- A supply of bottled water, ready-to-eat canned food, canned juices, first aid supplies, clothing, bedding, tools, emergency supplies, and special items, such as hand-operated can opener, formula, diapers and diaper wipes for babies. Don't forget your prescription and over-the-counter drugs.
- Portable, battery-operated radio and a list of radio and television broadcast stations to tune to for emergency broadcast information
- Medical Masks, personal and feminine hygiene products, disposable wipes

In case you have to evacuate, plan ahead and know where you're going in advance and share this information with family and friends. Identify a mutual meeting place for family members to go in the event someone becomes lost or separated. Remember to clearly communicate your plans and to leave early to ensure the family can travel together in an organized manner. If you have small children who do not have a photo ID consider using a waterproof marker to write the child's name, parent's address, phone number (consider cell number) and the phone number of a next of kin not in the area on the child's feet or back. If the child has a medical condition or needs medications include this information. Should you become separated, this will assist with reconnecting the family.



“Good plans shape good decisions. That's why good planning helps to make elusive dreams come true.”

Lester R. Bittel, The Nine Master Keys of Management





Dallas County Health and Human Services
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Public health is responsible for protecting the health of the entire community. DCHHS Public Health and Preparedness division works to 1) prevent epidemics and the spread of disease; 2) protect against environmental hazards; 3) prevent injuries; 4) promote and encourage healthy behaviors and mental health; 5) respond to disasters and assist communities in recovery; and 6) assure the quality and accessibility of health services. For more information visit www.dallascounty.org.

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the number of people with influenza. In order to reduce the spread of influenza in this workplace, the following is require of everyone:

DO NOT COME TO WORK IF YOU HAVE:

Fever

Chills, shivering

Muscle or joint aches and pains

Sore throat

Dry cough

Trouble breathing

Sneezing

Stuffy or runny nose

Tiredness

IF SOME OF THESE APPLY TO YOU PLEASE STAY
HOME UNTIL YOU HAVE RECOVERED.

Hand Washing Signage Text #1:

The most important thing you can do to keep from getting sick is to **wash your hands!**



- Hand washing is one of the most important measures to reduce the risks of transmitting infection from one person to another.
- Hand washing with soap and water, alcohol-based sanitizer, or antiseptic hand wash should be performed regularly, especially after contact with high transmission surfaces (e.g. door knobs, communal surfaces, money, etc.). Hands should be dried, preferably, with disposable towels. Use disposable towels to open doors.
- Hand washing and drying should always be done after coughing, sneezing, or handling used tissues or after touching objects, materials or hard surfaces that may have been contaminated by someone else with the infectious illness.
- Hand-to-face contact such as can occur during eating, normal grooming, or smoking presents significant risks because of the potential for transmission of influenza from surfaces contaminated with wet, respiratory droplets (from coughing or sneezing). Hand washing should always be carried out before and after eating, grooming, smoking or any other activity that involves hand to face contact.

Hand Washing Signage Text #1:

PROTECTING YOURSELF AND OTHERS AGAINST FLU

HAND WASHING AND DISTANCING ARE THE MOST IMPORTANT THINGS YOU CAN DO TO PROTECT YOURSELF

Developing good health habits are an important way to help prevent the spread of the Flu.

Get your flu shot.

The single best way to prevent the flu is to get vaccinated each fall.

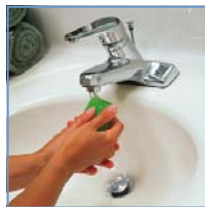


Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

Clean your hands.

Washing your hands often with soap and water will help protect you from germs. Keep alcohol-based hand sanitizers in your purse, car and backpack, for times when soap and water is not available.



Avoid touching your eyes, nose or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Avoid close contact with people who are already sick.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.



If you get sick, stay home.

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

Maintain a healthy lifestyle.

Get regular exercise, enough rest and eat healthy balanced meals.



If you feel sick, call your doctor.

If you start to feel sick, call your doctor. Early treatment may help you get better sooner.

STATE AND LOCAL PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist. It identifies important, specific activities you can do now to prepare. Many are specific to pandemic influenza, but a number also pertain to any public health emergency.

This checklist is based on the HHS Pandemic Influenza Plan, Public Health Guidance for State and Local Partners, but is not intended to set forth mandatory requirements. Each state and local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures.

Community Preparedness Leadership and Networking [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assure that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESF8): Health and medical service and compliant with National Incident Management System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).

continued

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identifies priority channels of communication; delineates the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks (see Supplement 10).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Identify for all stakeholders the legal authorities responsible for executing the operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Make clear to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Create an Incident Command System for the pandemic plan based on the National Incident Management System and exercise this system along with other operational elements of the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assist in establishing and promoting community-based task forces that support healthcare institutions on a local or regional basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Determine in advance what will constitute a “law enforcement” emergency and educate law enforcement officials so that they can pre-plan for their families to sustain themselves during the emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure that the plans are scalable, to the magnitude and severity of the pandemic and available resources. Revise as necessary.

Surveillance [HHS Supplement 1. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, or radiological agents in tissue, food, or environmental agents that cause threats to the public’s health. Preparedness Goal 5—Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Conduct year-round traditional surveillance for seasonal influenza (e.g., virologic, outpatient visits, hospitalization, and mortality data), including electronic reporting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Improve capacity for rapid identification of unusual influenza strains by working with federal partners to enhance laboratory-based monitoring of seasonal influenza subtypes, as described in Supplement 1 (Surveillance).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and be prepared to implement enhanced surveillance once a pandemic is detected to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols, and exercise regularly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Link and routinely share influenza data from animal and human health surveillance systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Obtain and track information daily during a pandemic (coordinating with epidemiologic and medical personnel) on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts.

Public Health and Clinical Laboratories [HHS Supplement 2. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, and radiological agents in tissue, food, or environmental agents that cause threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Institute surveillance for influenza-like illnesses (ILI) among laboratory personnel working with novel influenza viruses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and test a plan for surge capacity of public health and clinical laboratories to meet the needs of the jurisdiction during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess regularly the influenza diagnostic testing proficiency and adherence to biosafety containment and biomonitoring protocols.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform frontline clinicians and laboratory personnel of protocols for safe specimen collection and testing, how and to whom a potential case of novel influenza should be reported, and the indications and mechanism for submitting specimens to referral laboratories (see Supplements 3, 4, 5).

Healthcare and Public Health Partners [HHS Supplement 3. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan for the healthcare sector (as part of the overall plan) that addresses safe and effective 1) healthcare of persons with influenza during a pandemic, 2) the legal issues that can affect staffing and patient care, 3) continuity of services for other patients, 4) protection of the healthcare workforce, and 5) medical supply contingency plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure all components of the healthcare delivery network (e.g., hospitals, long-term care, home care, emergency care) are included in the operational plan and that the special needs of vulnerable and hard-to-reach patients are addressed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure that plan provides for real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan for surge capacity of healthcare services, workforce, and supplies to meet the needs of the jurisdiction during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the plan provisions for mortuary services during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Maintain a current roster of all active and formerly active healthcare personnel available for emergency healthcare services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Determine what constitutes a medical staffing emergency and exercise the operational plan to obtain appropriate credentials of volunteer healthcare personnel (including in-state, out-of-state, international, returning retired, and non-medical volunteers) to meet staffing needs during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure healthcare facilities in the jurisdiction have tested a plan for isolating and cohorting patients with known or suspected influenza, for training clinicians, and for supporting the needs for personal protective equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the healthcare facilities in the jurisdiction have tested an operational plan to initiate, support, and implement quarantine of potentially exposed healthcare personnel (see Supplements 4 and 5).

Infection Control and Clinical Guidelines [HHS Supplements 4 and 5. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the Health Alert Network in the jurisdiction reaches at least 80% of all practicing, licensed, frontline healthcare personnel and links via the communication network to other pandemic responders (see Supplements 3, 10).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Craft messages to help educate healthcare providers about novel and pandemic influenza, and infection control and clinical guidelines, and the public about personal preparedness methods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and test a plan (as part of the communication plan) to regularly update providers as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure appropriate local health authorities have access to EPI-X and are trained in its use.

Vaccine Distribution and Use [HHS Supplement 6. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Work with healthcare partners and other stakeholders to develop state-based plans for vaccine distribution, use, and monitoring; and for communication of vaccine status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Exercise an operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary (including vaccine safety) to ensure access to this product during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the operational plan delineates procedures for tracking the number and priority of vaccine recipients, where and by whom vaccinations will be given, a distribution plan for ensuring that vaccine and necessary equipment and supplies are available at all points of distribution in the community, the security and logistical support for the points of distribution, and the training requirements for involved personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address vaccine security issues, cold chain requirements, transport and storage issues, and biohazardous waste issues in the operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address the needs of vulnerable and hard-to-reach populations in the operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Document with written agreements the commitments of participating personnel and organizations in the vaccination operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform citizens in advance about where they will be vaccinated.

Antiviral Drug Distribution and Use [HHS Supplement 7. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop state-based plans for distribution and use of antiviral drugs during a pandemic via the Strategic National Stockpile (SNS), as appropriate, to healthcare facilities that will administer them to priority groups. Establish methods for monitoring and investigating adverse events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary to assure access to these treatments during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the jurisdiction has a contingency plan if unlicensed antiviral drugs administered under Investigational New Drug or Emergency Use Authorization provisions are needed.

Community Disease Control and Prevention (including managing travel-related risk of disease transmission) [HHS Supplements 8 and 9. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Exercise the jurisdiction’s operational plan to investigate and contain potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Exercise the jurisdiction’s containment operational plan that delineates procedures for isolation and quarantine, the procedures and legal authorities for implementing and enforcing these containment measures (such as school closures, canceling public transportation, and other movement restrictions within, to, and from the jurisdiction) and the methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the jurisdiction has exercised the operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform citizens in advance about what containment procedures may be used in the community.

Public Health Communications [HHS Supplement 10. Preparedness Goal 4—Improve the timeliness and accuracy of communications regarding threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, exercise, and update of communications plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Plan and coordinate emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross chapters).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Identify and train lead subject-specific spokespersons.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Provide public health communications staff with training on risk communications for use during an influenza pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and maintain up-to-date communications contacts of key stakeholders and exercise the plan to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Implement and maintain, as appropriate, community resources, such as hotlines and Web site, to respond to local questions from the public and professional groups.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.

Workforce Support: Psychosocial Considerations and Information Needs [HHS Supplement 11. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community’s response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.

continued

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Develop workforce resilience programs and ensure readiness to deploy to maximize responders' performance and personal resilience during a public health emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Assure the development of public health messages has included the expertise of behavioral health experts (see Supplement 10).

BUSINESS PANDEMIC INFLUENZA PLANNING CHECKLIST



In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at www.pandemicflu.gov and www.cdc.gov/business.

1.1 Plan for the impact of a pandemic on your business:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your plan, and revise periodically.

1.2 Plan for the impact of a pandemic on your employees and customers:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage and track annual influenza vaccination for employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

1.3 Establish policies to be implemented during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

1.4 Allocate resources to protect your employees and customers during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure availability of medical consultation and advice for emergency response.

1.5 Communicate to and educate your employees:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information for the at-home care of ill employees and family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

1.6 Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.

FAITH-BASED & COMMUNITY ORGANIZATIONS PANDEMIC INFLUENZA PREPAREDNESS CHECKLIST



The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public's health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based, and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization's ability to protect your community during emergencies in general. You can find more information at www.pandemicflu.gov.

1. Plan for the impact of a pandemic on your organization and its mission:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on your organization's usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

2. Communicate with and educate your staff, members, and persons in the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop tools to communicate information about pandemic status and your organization's actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and CDC.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.

continued

3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.

4. Set up policies to follow during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for flexible work hours and working from home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate your organization's usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly.

5. Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider focusing your organization's efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).

6. Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you've learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district’s staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district’s pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the district’s crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district’s operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district’s pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district’s established ICS and the local/state health department’s and state education department’s ICS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community’s pandemic plan as well as the state department of education’s plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the district’s Incident Command System and the local/state health department’s and state education department’s Incident Command System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community’s pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.



CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) <input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

COLLEGES AND UNIVERSITIES PANDEMIC INFLUENZA PLANNING CHECKLIST



In the event of an influenza pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic. Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, academic staff and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Plan for different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include: <ul style="list-style-type: none"> ■ cancellation of classes, sporting events and/or other public events; ■ closure of campus, student housing, and/or public transportation; ■ assessment of the suitability of student housing for quarantine of exposed and/or ill students (See www.hhs.gov/pandemicflu/plan/sup8.html); ■ contingency plans for students who depend on student housing and food services (e.g., international students or students who live too far away to travel home); ■ contingency plans for maintaining research laboratories, particularly those using animals; and ■ stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with state and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university. Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and of the state higher education agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college/university and community during and after a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the college/university's Incident Command System and the Incident Command Systems of the local and/or state health department and the state's higher education agency.

1. Planning and Coordination: *(continued)*

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your plan, and revise it regularly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community's pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other colleges/universities to improve community response efforts.

2. Continuity of Student Learning and Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). (See Infection Control www.cdc.gov/flu/pandemic/healthprofessional.htm). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine (www.cdc.gov/flu/protect/preventing.htm).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employee and student sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for employees and students suspected to be ill or who become ill on campus. Employees and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (See www.cdc.gov/flu/pandemic/healthprofessional.htm). Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adopt CDC travel recommendations (www.cdc.gov/travel/) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See www.hhs.gov/pandemicflu/plan/sup10.html).

4. Communications Planning: (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at www.pandemicflu.gov/plan/tab3.html), and the at-home care of ill students or employees and their family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate and plan communications to address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.

HOME HEALTH CARE SERVICES PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention have developed the following checklist to help public and private organizations that provide home health care services assess and improve their preparedness for responding to pandemic influenza. Home health agencies will likely be called upon to provide care for patients who do not require hospitalization for pandemic influenza, or for whom hospitalization is not an option because hospitals have reached their capacity to admit patients. These agencies may become overburdened very quickly and shortages of personnel and supplies for providing home health care may occur. This checklist is modeled after the one included in the HHS Pandemic Influenza Plan (www.hhs.gov/pandemicflu/plan/sup3.html#app2). The list is comprehensive but not complete; each home care agency will have unique and unanticipated issues that will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist may not be applicable to a given agency. Collaboration with hospitals, local pandemic planning committees and public health agencies will be essential to ensure that the affected population receives needed health care services. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Home health care organizations can use this tool to identify the strengths and weaknesses of current planning efforts. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic influenza has been incorporated into emergency management planning for the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A planning committee has been created to specifically address pandemic influenza preparedness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person has been assigned responsibility for coordinating preparedness planning (hereafter referred to as the pandemic response coordinator) for the practice or organization. (Insert name, title and contact information) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the planning committee ¹ include the following: (Insert name, title and contact information for each) Administration: _____ Nursing: _____ Clerical: _____ Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A point of contact has been identified for questions/consultation on infection control (e.g., hospital- or state health department-based infection control professional, healthcare epidemiologist). (Insert name, title, and contact information) _____

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. (www.hhs.gov/pandemicflu/plan/)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of available state and/or local pandemic influenza plans have been obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A written plan has been completed or is in progress that includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan describes the organizational structure (i.e., lines of authority, function and assignment of responsibility) that will be used to operationalize the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan complements ² local response plans in communities served by the home health care agency.

1. The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization. Members of the "group of professional personnel" required by CMS as one of the Home Health Agency Conditions of Participation should be included on the planning committee.
 2. As communities develop their pandemic response plans, the provision of home health care will be a pivotal concern. Home health care agencies should have input into these plans to ensure there are no conflicts between what the agency can provide and what the community expects.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place for monitoring for pandemic influenza in the population served.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Responsibility has been assigned for monitoring national and state public health advisories (e.g., www.cdc.gov/flu/weekly/fluactivity.htm) and updating members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in United States and in the geographic area. (Insert name, title, and contact information) _____ <input type="checkbox"/> A system has been created to monitor influenza-like illness in patients cared for in the home (i.e., weekly or daily number of patients with influenza-like illness). www.cdc.gov/flu/professionals/diagnosis/ (Having a system for tracking illness trends during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.) <input type="checkbox"/> A system is in place to report unusual cases of influenza-like illness and influenza-related deaths to local health authorities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A communication plan has been developed and includes the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Key public health points of contact for pandemic influenza have been identified. (Insert name, title, and contact information for each) <input type="checkbox"/> Local health department _____ <input type="checkbox"/> State health department _____ <input type="checkbox"/> Local emergency management _____ <input type="checkbox"/> The organization's point person for external communication (e.g., with hospitals, nursing homes, health departments, social services agencies) has been assigned. (Insert name, title and contact information) <input type="checkbox"/> A list has been created of healthcare entities and their points of contact (e.g., other home care services providers, local hospitals, residential care facilities, social service agencies, emergency medical services providers, health centers and rural health facilities, relevant community organizations [including those involved with disaster preparedness]) with whom the home care agency anticipates that it will be necessary to maintain communication and coordination of care during a pandemic. (Insert location of contact list): _____ <input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination of plans. <input type="checkbox"/> The pandemic response coordinator has contacted other home care services providers in the area regarding their pandemic influenza planning efforts. (Whenever possible, home care agencies should consider joint planning and coordination opportunities.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An education and training program has been developed to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current community response plan. (For more information on the scope of recommended education and training, see www.hhs.gov/pandemicflu/plan/sup3.html#edutrain)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that home care personnel attend, and maintain a record of attendance). (Insert name, title, and contact information): _____ <input type="checkbox"/> Current and potential sites have been identified for long-distance (e.g., web-based programs offered by professional associations or federal agencies) and local (e.g., health department or hospital sponsored programs) education of home care personnel. (www.cdc.gov/flu/professionals/training/) <input type="checkbox"/> Language and reading-level appropriate materials have been identified on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) and a plan is in place for obtaining these materials. <input type="checkbox"/> The education and training program includes information on infection control measures to prevent the spread of pandemic influenza, including information on measures home health care personnel should apply during home care of patients. (For further information on infection control recommendations for home care, see www.hhs.gov/pandemicflu/plan/sup4.html#care)

3. Most home health agencies will already have a list of healthcare organizations and points of contact that can be used for this purpose.

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Informational materials on pandemic influenza for patients and their families have been identified that are language and reading-level appropriate for the population being served and a plan is in place to obtain and disseminate these materials.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Materials have been identified or developed to guide family members on infection control and care of patients with pandemic influenza in the home. www.pandemicflu.gov/plan/tab3.html <input type="checkbox"/> Patients and families are encouraged to maintain a 30-day supply of medications and medical supplies as well as a two-week supply of non-perishable food and water.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan has been developed for the management of patients during a pandemic, which covers the following issues:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plans have been developed to manage patient care during the height of a pandemic to accommodate the increased number of patients who will need home care services. <input type="checkbox"/> The scope of services that the agency will provide and those that will be denied or referred to other providers has been clearly defined. <input type="checkbox"/> The role and responsibility of the agency regarding distribution of infection control supplies (e.g., masks, hand hygiene materials), food, medications, and other necessities in the home to patients and their families has been discussed with a local or regional pandemic influenza planning group. <input type="checkbox"/> Plans include decision tools for determining which patients can have altered service schedules based on their health conditions, needs, and available resources. <input type="checkbox"/> Local plans and criteria for the disposition of patients have been discussed with area hospitals and other home care agencies. (Hospitals may discharge patients to home and home health care agencies early to free-up bed space for critically ill patients.) <input type="checkbox"/> The plan considers how social service agencies (e.g., Red Cross, Salvation Army) will help meet the needs of families in the community (e.g., by providing child- or elder-care meals, shopping services) in homes where there are patients with pandemic influenza, particularly where the primary adult support person living in the home is ill. <input type="checkbox"/> The plan considers how the agency will maintain a database of clients who require electrically-dependent technology-driven care (e.g., ventilators, breathing treatments, suction, pumps, turning devices), oxygen, special nutrition requirements, dialysis, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An infection control plan is in place and includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An infection control policy for the care of pandemic influenza patients in the home. (www.hhs.gov/pandemicflu/plan/sup4.html and www.cdc.gov/flu/professionals/infectioncontrol/) <input type="checkbox"/> The policy requires healthcare personnel to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients. <input type="checkbox"/> A list has been developed of supplies (e.g., surgical masks, gloves, alcohol-based hand hygiene products) that will be used during home care of patients with pandemic influenza.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An occupational health plan has been developed that includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A liberal/non-punitive sick leave policy for managing home care personnel who have symptoms of, or documented illness with, pandemic influenza. The policy considers: <ul style="list-style-type: none"> • The handling of staff who become ill at work • When personnel may return to work after recovering from pandemic influenza • When personnel who are symptomatic, but well enough to work, will be permitted to continue working <input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty has been developed and tested during a non-pandemic (e.g., seasonal) influenza period. <input type="checkbox"/> Mental health and faith-based resources have been identified that are available to provide counseling to personnel during a pandemic. <input type="checkbox"/> The management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) has been addressed by placing them on administrative leave or altering their work location <input type="checkbox"/> Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., “snow days,” school closures) are implemented and for possible illness in adult family members. <input type="checkbox"/> The agency has the ability to monitor influenza vaccination of healthcare personnel. <input type="checkbox"/> Influenza vaccine is offered or made available on an annual basis to healthcare personnel.

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A vaccine and antiviral use plan has been developed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Websites containing current federal and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. (www.cdc.gov/flu/professionals/vaccination/) <input type="checkbox"/> An estimate has been developed of the number of personnel who would be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (www.hhs.gov/pandemicflu/plan/appendixd.html) <input type="checkbox"/> The potential role of the home health care organization in the distribution of vaccine and antivirals in the community has been discussed with the local health department and/or regional pandemic planning committee.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Issues related to surge capacity during a pandemic have been addressed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A plan is in place for managing a staffing shortage within the organization due to illness in personnel or their family members. <input type="checkbox"/> The minimum number and categories of nursing staff and other professional personnel necessary to sustain home care services for a given number of patients or on a day-to-day basis have been determined. Cross-training (where applicable) has been implemented. <input type="checkbox"/> Priorities for providing care have been established. <input type="checkbox"/> Contingency staffing plans have been developed for either limiting home care access or recruiting temporary personnel during a staffing crisis. <input type="checkbox"/> Hospitals and other appropriate healthcare service providers have been consulted regarding contingency staffing resources. <input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated. <input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed, including detailed procedures for acquisition of supplies through normal channels as well as requesting resources for replenishing supplies when normal channels have been exhausted. <input type="checkbox"/> Plans include stockpiling at least a week's supply of resources when there is evidence that the potential for pandemic influenza has reached the United States. <input type="checkbox"/> There is an understanding of the process for requesting and obtaining assets (e.g., personal protective equipment, medical supplies) made available through the community's response plan. <input type="checkbox"/> Information has been obtained on local and regional plans and resources for dealing with mass fatalities including removal of the deceased from the home.

MEDICAL OFFICES AND CLINICS PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. This checklist is modeled after a pandemic preparedness checklist for hospitals and should be used in conjunction with guidance on healthcare preparedness planning in Supplement 3 of the HHS Pandemic Influenza Plan. Many of the issues included in the checklist are also relevant to other outpatient settings that provide episodic and chronic healthcare services (e.g., dental, podiatric, and chiropractic offices, ambulatory surgery centers, hemodialysis centers). Given the variety of healthcare settings, individual medical offices and clinics may need to adapt this checklist to meet their unique needs. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Medical offices and clinics can use this tool to identify the strengths and weaknesses of current planning efforts. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic influenza has been incorporated into emergency management planning for the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A planning committee ¹ has been created to specifically address pandemic influenza preparedness for the medical office or clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person has been assigned responsibility for coordinating preparedness planning for the practice or organization (hereafter referred to as the pandemic influenza response coordinator). (Insert name, title and contact information) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the planning committee include the following: (Insert below or attach list with name, title and contact information for each) Administration: _____ Medical staff: _____ Nursing: _____ Reception personnel: _____ Environmental services (if applicable): _____ Clinic laboratory personnel (if applicable): _____ Other member(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A point of contact (e.g., person assigned infection control responsibility for the organization or an outside consultant ²) for questions/consultation on infection control measures to prevent transmission of pandemic influenza has been identified. (Insert name, title, and contact information) _____ _____

1. The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization.
2. Formal memorandum of understanding or contract may be needed if an outside consultant is used.

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained from www.hhs.gov/pandemicflu/plan ; copies of available state pandemic plans also should be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A written plan has been completed or is in progress that includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan describes the organizational structure that will be used to operationalize (i.e., lines of authority) the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan incorporates and compliments the community response plan.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place for surveillance and detection of pandemic influenza in the population served.</p> <p><input type="checkbox"/> Responsibility has been assigned for monitoring public health advisories (federal and state) and informing members of the pandemic influenza planning committee and/or the pandemic influenza response coordinator when pandemic influenza is in the United States and when it is nearing the geographic area (e.g., state and/or city). (For more information, see www.cdc.gov/flu/weekly/fluactivity.htm) (Insert name, title and contact information)</p> <p>_____</p> <p><input type="checkbox"/> A system has been created to monitor and review influenza activity in patients cared for by clinical staff (i.e., weekly or daily number of patients calling or presenting to the office or clinic with influenza-like illness) and among medical office or clinic staff. (For more information see www.cdc.gov/flu/professionals/diagnosis/) (Monitoring for seasonal influenza activity is performed to ensure that the monitoring system for pandemic influenza will be effective and will ensure that organizations can detect stressors that may affect organizational capacity, such as staffing and supply needs, and hospital and emergency department capacity [and supply needs] during a pandemic)</p> <p><input type="checkbox"/> A system is in place to report unusual cases of influenza-like illness and influenza to the local or state health department. (For more information see www.hhs.gov/pandemicflu/plan/sup1.html#outpat and www.hhs.gov/pandemicflu/plan/sup5.html#nov)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A communication plan has been developed.</p> <p><input type="checkbox"/> Key public health points of contact for pandemic influenza have been identified and arrangements have been made for telephone, facsimile, or e-mail messaging.</p> <p>Local health department contact: (Insert name, title and contact information)</p> <p>_____</p> <p>State health department contact: (Insert name, title and contact information)</p> <p>_____</p> <p><input type="checkbox"/> The office or clinic's point person for external communication has been assigned. (Insert name, title and contact information)</p> <p>_____</p> <p>(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization)</p> <p><input type="checkbox"/> A list has been created of healthcare entities and their points of contact (e.g., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical laboratories, relevant community organizations [including those involved with disaster preparedness]) with whom the medical office or clinic anticipates that it will be necessary to maintain communication and coordination of care during a pandemic. (Attach or insert location of contact list)</p> <p>_____</p> <p>_____</p>

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including notification when updated plans are created. (For more information on state and local planning, see www.hhs.gov/pandemicflu/plan/part2.html#overview) <input type="checkbox"/> A list or database has been created with contact information on patients who have regularly-scheduled visits and may need to be contacted during a pandemic for purposes of rescheduling office visits or assigning them to another point of care. (Insert location of list/database)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place to provide an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza.</p> <input type="checkbox"/> A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, maintain a record of attendance at education and training programs). (Insert name, title and contact information) <input type="checkbox"/> Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of medical and nursing personnel have been identified. (http://www.cdc.gov/flu/professionals/training/) <input type="checkbox"/> Language and reading-level appropriate materials on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) appropriate for professional, allied and support personnel have been identified and a plan is in place for obtaining these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm) <input type="checkbox"/> Education and training includes information on infection control measures to prevent the spread of pandemic influenza. www.hhs.gov/pandemicflu/plan/sup4.html
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Informational materials for patients on pandemic influenza that are language and reading-level appropriate for the population being served have been identified, and a plan is in place to obtain these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm)</p> <input type="checkbox"/> The roles of medical and nursing personnel in providing health care guidance for patients with pandemic influenza have been established.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan for triage and management of patients during a pandemic has been developed.</p> <input type="checkbox"/> A system is in place for phone (and e-mail, where appropriate) triage of patients to determine who requires a medical evaluation, to limit office visits to those that are medically necessary. <input type="checkbox"/> Plans have been developed to manage patient care at the height of the pandemic including the following possibilities: <ul style="list-style-type: none"> • Temporarily canceling non-essential medical visits (e.g., annual physicals). • Designating separate blocks of time for non-influenza and influenza-related patient care. <input type="checkbox"/> Local plans and criteria for the disposition of patients following a medical evaluation (e.g., hospitalization, home health care services, self- or family-based care at home) have been discussed with local hospital and health care agencies and local health department. (Flexibility will be necessary based on hospital bed capacity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza see www.hhs.gov/pandemicflu/plan/sup4.html)</p> <input type="checkbox"/> A specific waiting room location has been designated for patients with symptoms of pandemic influenza that is segregated from other patients awaiting care. (This may not be feasible in very small waiting rooms, in which case the emphasis may be on use of masks as noted below)

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
		<input type="checkbox"/>	<input type="checkbox"/> A plan for implementing Respiratory Hygiene/Cough Etiquette is in place. (For more information see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) <ul style="list-style-type: none"> • Signage (language appropriate) directing patients and those accompanying them to notify reception personnel if they have symptoms of pandemic influenza has been developed or a source of signage (e.g., CDC website above) has been identified. • Signage (language appropriate) on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough to contain respiratory secretions and perform hand hygiene has been developed or a source of signage (e.g., CDC website above) has been identified. • The plan includes distributing masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues, receptacles for their disposal and hand hygiene materials in waiting areas and examination rooms. • Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities. • If patients with pandemic influenza will be evaluated in the same location as patients without an influenza-like illness, separate examination rooms have been designated for evaluation of patients with symptoms of pandemic influenza. • A policy is in place that requires healthcare personnel to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients. • The policy includes protection of reception and triage personnel at initial points of patient encounter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A vaccine and antiviral use plan has been developed.
		<input type="checkbox"/>	<input type="checkbox"/> Websites where current federal and/or state health department recommendations for the use and availability of pandemic influenza vaccines and antiviral medications have been identified. (for more information see www.hhs.gov/pandemicflu/plan/sup6.html) <input type="checkbox"/> An estimate of the number of personnel and patients who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis, based on HHS guidance for use, has been developed. (www.dhhs.gov/nvpo/pandemicplan/annex6.pdf) (This estimate can be used for considering which patients may need to be notified first about vaccine or antiviral availability, anticipating staffing requirements for distribution of vaccines and antivirals, and for procurement purposes)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An occupational health plan has been developed and includes the following:
		<input type="checkbox"/>	<input type="checkbox"/> A liberal/non-punitive sick leave policy for managing personnel who have symptoms of or documented illness with pandemic influenza. The policy considers: <ul style="list-style-type: none"> • The handling of staff who become ill at work. • When personnel may return to work after recovering from pandemic influenza. • When personnel who are symptomatic, but well enough to work, will be permitted to continue working. • Personnel who need to care for their ill family members. <input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty and tested during a non-pandemic influenza period. <input type="checkbox"/> Mental health and faith-based resources that are available to provide counseling to personnel during a pandemic.

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> The management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work location. <input type="checkbox"/> The ability to monitor seasonal influenza vaccination of healthcare personnel. <input type="checkbox"/> The offer of annual influenza vaccine to medical office or clinic personnel. <p>Issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic have been addressed. (For more information see www.hhs.gov/pandemicflu/plan/sup3.html#surge)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed. <input type="checkbox"/> Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., “snow days,” school closures) are implemented. (www.pandemicflu.gov/planguide/checklist.html; www.pandemicflu.gov/planguide/familyhealthinfo.html) <input type="checkbox"/> The minimum number and categories of personnel necessary to keep the office/clinic open on a given day have been determined. <input type="checkbox"/> Plans for either closing the office/clinic or recruiting temporary personnel during a staffing crisis have been addressed. <input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies) have been estimated. <input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed and each details procedures for acquisition of supplies through normal channels, as well as requesting resources when normal channel resources have been exhausted. <input type="checkbox"/> Plans include stockpiling at least a week’s supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic influenza has reached the United States.

EMERGENCY MEDICAL SERVICE AND NON-EMERGENT (MEDICAL) TRANSPORT ORGANIZATIONS PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable health care response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza. EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by state or local health departments. This checklist is modeled after one included in the HHS Pandemic Influenza Plan (www.hhs.gov/pandemicflu/plan/sup3.html#app2). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations. Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. EMS and non-emergent (medical) transport organizations can use this tool to self-assess and identify the strengths and weakness of current planning. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A planning committee¹ has been created to specifically address pandemic influenza preparedness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.) <input type="checkbox"/> Administration: _____ <input type="checkbox"/> Medical staff: _____ <input type="checkbox"/> EMS providers: _____ <input type="checkbox"/> Phone triage personnel/dispatch center: _____ <input type="checkbox"/> Emergency management officer: _____ <input type="checkbox"/> State/local health official: _____ <input type="checkbox"/> Law enforcement official (for quarantine/security): _____ <input type="checkbox"/> Other member ² : _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.) _____ _____

1. Size of committee can vary, depending on the size and needs of the organization.

2. Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups (e.g., Medical Reserve Corps, Citizen Corps, Community Emergency Response Teams, Rotary Club, Lions, Red Cross).

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. www.hhs.gov/pandemicflu/plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of available community and state pandemic plans have been obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A written plan has been completed or is in progress that includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan describes the organizational structure (i.e., lines of authority) that will be used to operationalize the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan complements or is part of the community response plan.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response.</p> <p><input type="checkbox"/> Responsibility has been assigned for monitoring national and state public health advisories (e.g., www.cdc.gov/flu/weekly/fluactivity.htm) and informing the pandemic response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., state or city). (Insert name, title, and contact information of person responsible.)</p> <hr/> <p><input type="checkbox"/> A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see www.cdc.gov/flu/professionals/diagnosis/. (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A communication plan has been developed.</p> <p><input type="checkbox"/> Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.)</p> <p><input type="checkbox"/> Local health department contact: _____</p> <p><input type="checkbox"/> State health department contact: _____</p> <p><input type="checkbox"/> Local emergency management contact: _____</p> <p><input type="checkbox"/> State emergency management contact: _____</p> <p><input type="checkbox"/> Federal health emergency contact(s): _____</p> <p><input type="checkbox"/> The organization's point person for external communication has been assigned. (Insert name, title, and contact information.)</p> <hr/> <p>(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.)</p> <p><input type="checkbox"/> A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities) has been created. (Insert location of or attach copy of contact list.)</p> <hr/> <p><input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process. (For more information on state and local planning, see www.hhs.gov/pandemicflu/plan/part2.html#overview.)</p> <p><input type="checkbox"/> The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.</p>

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.) <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of EMS and medical transport personnel have been identified. (For more information see www.cdc.gov/flu/professionals/training/.) <input type="checkbox"/> Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials. <input type="checkbox"/> Education and training include information on infection control measures to prevent the spread of pandemic influenza. <input type="checkbox"/> Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan has been developed for triage and management of patients during a pandemic that includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport. <input type="checkbox"/> A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic. <input type="checkbox"/> A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run. <input type="checkbox"/> The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html).</p> <ul style="list-style-type: none"> <input type="checkbox"/> A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness. <input type="checkbox"/> The plan includes distributing masks³ to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles. <input type="checkbox"/> Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities. <input type="checkbox"/> A policy that requires healthcare personnel to use Standard Precautions (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients.

3. Masks include both surgical and procedure types. Procedure masks that are affixed to the head with ear loops might be used more easily by patients and are available in pediatric and adult sizes. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.

3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An occupational health plan has been developed that includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza. <input type="checkbox"/> The policy considers the following: <ul style="list-style-type: none"> • Handling of staff who become ill at work. • When personnel may return to work after recovering from pandemic influenza. • When personnel who are symptomatic but well enough to work will be permitted to continue working. • Personnel who need to care for their ill family members. <input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period. <input type="checkbox"/> A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic. <input type="checkbox"/> Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations. <input type="checkbox"/> The ability to monitor seasonal influenza vaccination of personnel. <input type="checkbox"/> Offering annual influenza vaccine to personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A vaccine and antiviral use plan has been developed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Websites containing current CDC and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. (For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html.) <input type="checkbox"/> An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (For more information, see www.hhs.gov/pandemicflu/plan/appendixd.html.) <input type="checkbox"/> Discussions have been held with the local and/or state health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Concerns related to surge capacity during a pandemic have been addressed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members. <input type="checkbox"/> The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined. <input type="checkbox"/> Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers. <input type="checkbox"/> Hospitals and regional planning groups have been consulted regarding contingency staffing resources. <input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated. <input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted. <input type="checkbox"/> Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States. <input type="checkbox"/> An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.



Family Emergency Health Information Sheet

It is important to think about health issues that could arise if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history when you go, especially if you have a serious health condition or allergy.

Create a family emergency health plan using this information. Fill in information for each family member in the space provided. Like much of the planning for a pandemic, this can also help prepare for other emergencies.

1. Family Member Information:

Family Member	Blood Type	Allergies	Past/Current Medical Conditions	Current Medications/ Dosages

2. Emergency Contacts:

Contacts	Name/Phone Number
Local personal emergency contact	
Out-of-town personal emergency contact	
Hospitals near: Work	
School	
Home	
Family physician(s)	
State public health department (See list on www.pandemicflu.gov)	
Pharmacy	
Employer contact and emergency information	
School contact and emergency information	
Religious/spiritual organization	
Veterinarian	

www.pandemicflu.gov



For more information on Dallas County Health and Human Services county-wide pandemic planning efforts:

Questions regarding the DCHHS pandemic plan and related activities should be directed to:

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DISCLAIMER:

The information in this document is not intended to cover every situation for every specific audience. Details which may be relevant to a user's particular circumstances may have been omitted. Users are advised to seek professional advice before applying any information contained in this document to their own particular circumstances. Users should always obtain appropriate professional advice on the medical issues involved.

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