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Maryland
Pandemic Influenza Plan

Version 6

December 2006

ACKNOWLEDGEMENTS

The Maryland Pandemic Influenza Plan, version 6 was developed in consultation with Maryland state agencies and departments, local health departments, and representatives from private and volunteer organizations. It incorporates new guidance from the United States Federal Government and the World Health Organization.

This Plan was written by the:

Office of Preparedness and Response
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PREFACE

This document is an update to the Pandemic Influenza Plan for Maryland, version 5. It incorporates new guidance from the United States Federal Government and the World Health Organization. In particular, this Plan is based on the following documents:

- U.S. National Strategy for Pandemic Influenza
- Pandemic Influenza Implementation Plan for the National Strategy
- Health and Human Services Pandemic Influenza Plan
- National Incident Management System
- National Response Plan

This Plan is a living document; it will be updated as appropriate to reflect changes in the threat of pandemic influenza and the state of relevant response capabilities and technologies.

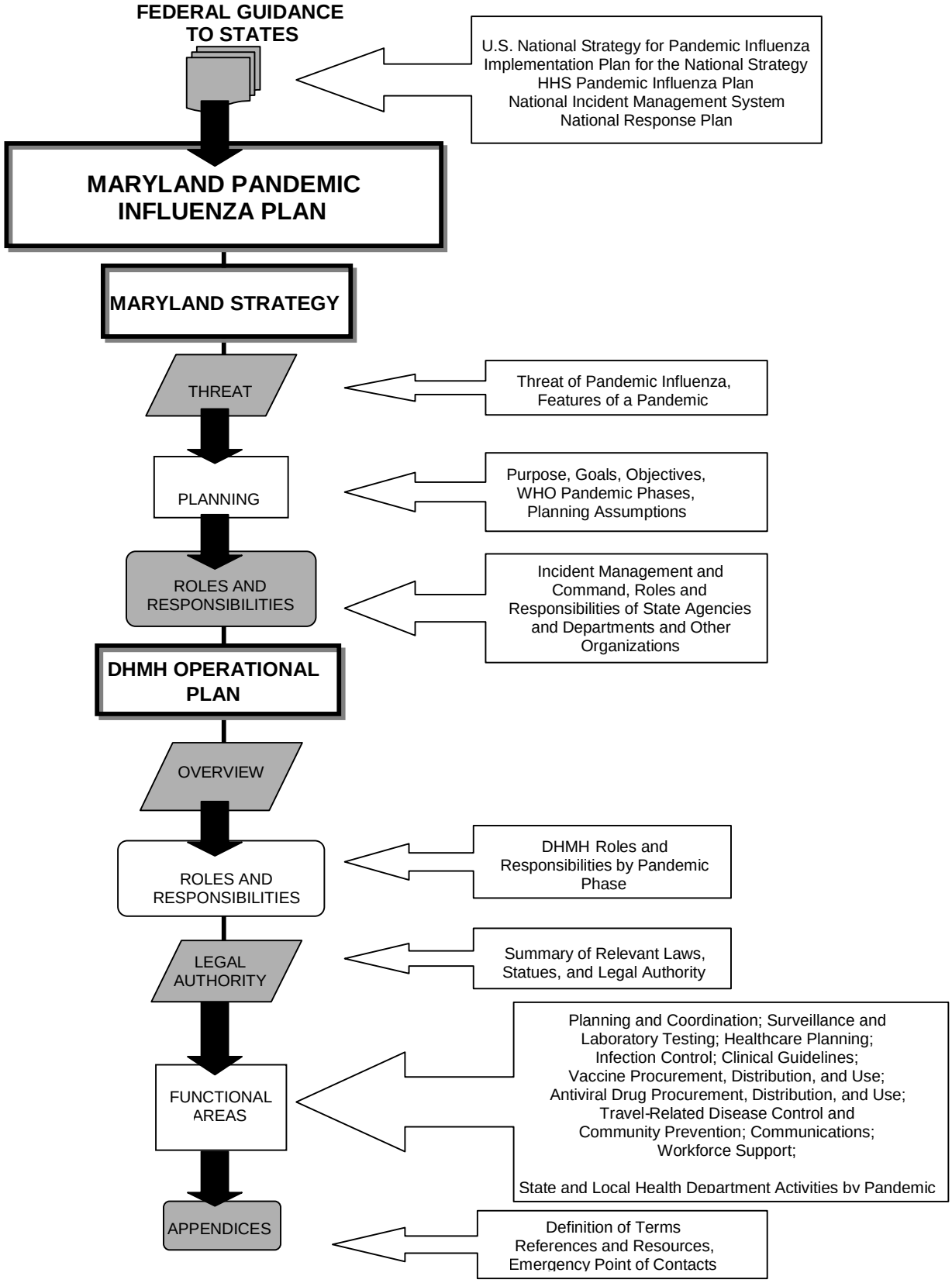
This Plan is broken into two parts: the Maryland Strategy for Pandemic Influenza and the DHMH Operational Plan for Pandemic Influenza. Both parts of the Plan are written in accordance with the National Response Plan (NRP) and the National Incident Management System (NIMS). The Plan coordinates specifically with Emergency Support Function (ESF) 8, Health and Medical Services.

The Maryland Strategy for Pandemic Influenza describes the State's purpose, goals, objectives, and planning assumptions. It also defines the threat of pandemic influenza and the revised World Health Organization (WHO) pandemic phases. It lists the roles and responsibilities of Maryland departments and agencies and charges these organizations with planning their departmental Operational Plans. The DHMH Operational Plan for Pandemic Influenza describes the actions necessary for DHMH to prepare and respond to a pandemic.

Finally, some sensitive information will be incorporated in those versions for official use only but will not be disclosed to the public due to safety and security precautions.

An influenza pandemic will require a "pan-societal" response. All levels of government and all segments of society must be actively engaged and fully involved for an effective response. Ultimately, however, the actions of an individual and the collective response of individuals will be key to mitigating the health, social, and economic effects of a pandemic.

ALGORITHM OF PLAN ORGANIZATION



ACRONYMS

AE	Adverse Events
ACIP	Advisory Committee on Immunization Practices
AERS	Adverse Events Reporting System
AHIC	American Health Information Community
AIIR	Airborne Infection Isolation Room
APHL	Association of Public Health Laboratories
APIC	Association for Professionals in Infection Control and Epidemiology
ARDS	Acute Respiratory Distress Syndrome
ASM	American Society for Microbiology
ATS	American Thoracic Society
BMBL	Biosafety in Microbiological and Biomedical Laboratories
BSL	Bio-safety Level
CAPD	Chronic Ambulatory Peritoneal Dialysis
CBC	Complete Blood Count
CBO	Community Based Organization
CBRE	Chemical, Biological, Radiological, and Explosive
CDC	Centers for Disease Control and Prevention
CDESS	Communicable Disease Electronic Surveillance System
CDMS	Clinic Data Management System
cDNA	Complementary DNA
CERC	Crisis Emergency Risk Communication
CHA	Community Health Administration
CHE	Catastrophic Health Emergency
CIDRAP	Center for Infectious Disease Research and Policy
CISD	Critical Incident Stress Debriefing
CLIA	Clinical Laboratory Improvement Amendments
CLIMS	Clinical Laboratory Information Management System
CMRTS	Counter Measure Resource Tracking Systems
COMAR	Code of Maryland
CONOPS	Concept of Operations
COOP	Continuity of Operations Plan
COPD	Chronic Obstructive Pulmonary Disease
CPE	Cytopathogenic Effect
DAV	Data Analysis and Visualization
DBAM	Department of Budget and Management
DBED	Department of Business and Economic Development
DEOC	Director's Emergency Operations Center at CDC
DHCD	Department of Housing and Community Development
DHHS	Department of Health and Human Services
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DFA	Direct Immunofluorescence
DNR	Department of Natural Resources
DoD	Department of Defense
DSPHS	Deputy Secretary for Public Health Service

EAS	Emergency Alert System
ED	Emergency Department
EDCP	Epidemiology and Disease Control Program
EIA	Enzyme-linked Immunoassay
EIP	Emerging Infections Program
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EP&R	Emergency Preparedness and Response
ESAR-VHP	Emergency System for the Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FBO	Faith Based Organization
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FRED	Facilities Resource Emergency Database
GIS	Geographical Information System
GOC	Governor's Office of Communications
GOHS	Governor's Office of Homeland Security
HAI	Hemagglutination Inhibition
HAN	Health Alert Network
HCW	Health Care Worker
HEPA	High-Efficiency Particulate Air filter
HERDS	Healthcare Emergency Response Data System
H5N1	A subtype of the Influenza A virus that is capable of causing illness in many animal species, including humans
HHA	Home Health Agency
HHS	U.S. Department of Health and Human Services
HPAI	Highly Pathogenic Avian Influenza
HPBC	Health Professional Boards and Commission
HPN	Health Provider Network
ICP	Infection Control Professional or Incident Command Post
ICS	Incident Command System
IDSA	Infectious Diseases Society of America
IFA	Indirect Immunofluorescence
IHANS	Integrated Health Alerting and Notification System
IHC	Immunohistochemistry
ILI	Influenza-like illness
IMS	Public Health and Health Care Incident Management System
IND	Investigational New Drug
IRB	Institutional Review Board
IRMA	Information Resources Management Agency
IT	Information Technology
IVR	Interactive Voice Response
JIC	Joint Information Center
LA	Laboratories Administration

LAIV	Live Attenuated Influenza Vaccine
LHD	Local Health Department
LMP	Licensed Medical Professional
LPAI	Low Pathogenic Avian Influenza
LRN	Laboratory Response Network
LTCF	Long Term Care Facility
MAA	Mutual Aid Agreement
MCE	Multi-agency Coordination Entity
MDA	Maryland Department of Agriculture
MDCK	Madin Darbin Canine Kidney
MDOD	Maryland Department on Disability
MDOT	Maryland Department of Transportation
MEMA	Maryland Emergency Management Agency
MHA	Maryland Hospital Association
MIEMSS	Maryland Institute of Emergency Medical Services System
MMWR	Morbidity and Mortality Weekly Report
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
MRSA	Methicillin-Resistant *S. aureus*
MSDE	Maryland State Department of Education
MSP	Maryland State Police
NEJM	New England Journal of Medicine
NHSN	National Healthcare Safety Network
NIH	National Institutes of Health
NIMS	National Incident Management System
NIOSH	National Institute of Occupational Safety and Health
NORA	Nosocomial Outbreak and Reporting Application
NPV	Negative-Predictive Value
NREVSS	National Respiratory and Enteric Virus Surveillance System
NRP	National Response Plan
NVAC	National Vaccine Advisory Committee
OAG	Office of the Attorney General
OCME	Office of the Chief Medical Examiner
OGA	Office of Governmental Affairs
OHCQ	Office of Health Care Quality
OIE	World Organisation for Animal Health
OPHPR	Office of Public Health Preparedness and Response
OPR	Office of Public Relations
OSHA	Occupational Safety and Health Administration
PAPR	Powered Air-Purifying Respirator
PCR	Polymerase-Chain-Reaction Test to Detect DNA
PHL	Public Health Law
PHPP	Public Health Preparedness Program
PICC	Pandemic Influenza Coordinating Committee
PIO	Public Information Office

POD	Point of Dispensing
POD SOG	Point of Dispensing Standard Operations Guide
PPE	Personal Protective Equipment
PPV	Positive-Predictive Value
PSA	Public Service Announcement
PSI	Pneumonia PORT Severity Index
RSS	Receipt, Storage, and Staging site
RSV	Respiratory Syncytial Virus
RT-PCR	Reverse Transcriptasepolymerase Chain Reaction
SARS	Severe Acute Respiratory Syndrome
SCO	State Coordinating Officer
SEOC	State Emergency Operations Center
SNP	Special Needs Population
SNS	Strategic National Stockpile
SO	Surveillance Officer
SPN	United States Influenza Sentinel Provider Network
TEFAP	The Emergency Food Assistance Program
USDA	United States Department of Agriculture
USGS	U.S. Geological Survey
VAERS	Vaccine Adverse Events Reporting System
VIS	Vaccine Information Statement
VOAD	Voluntary Organizations Active in Disasters
WHO	World Health Organization

MARYLAND STRATEGY FOR PANDEMIC INFLUENZA

1.1. Introduction

This section of the Maryland Pandemic Influenza Plan outlines the goals and strategies that Maryland state government and other key stakeholders should take to mitigate the threat of an influenza pandemic. This Plan reflects the guidance of the United States Federal government and the recommendations of the World Health Organization. This guidance is subject to change as a result of the evolution of the threat of a pandemic and changes in the state of relevant response capabilities and technologies. Also, as the public health community continues to study the effectiveness of control measures in countries experiencing influenza infection in birds, animals, and humans, this data will enhance both our strategic and operational plans.

1.2. The Threat of Pandemic Influenza

Avian Influenza: There are multiple avian influenza, or bird flu, viruses that occur naturally among wild birds. Such viruses circulate primarily in birds, both wild and domestic. Wild birds generally do not become sick, but domestic birds are very susceptible to illness and death from avian influenza. Some avian influenza viruses can infect other animals and humans. Human populations have virtually no protective immunity against avian influenza.

In the event that an influenza virus that is novel to humans spreads from person to person and causes serious illness, a pandemic, or worldwide outbreak of disease, can ensue. Three such pandemics occurred in the 20th century and globally killed an estimated 40 million in 1918, 2 million in 1957 and 1 million people in 1968. Two of these viruses continue to circulate and contribute to the majority of influenza cases annually. In fact, the U.S. National Strategy for Pandemic Influenza, November 2005, estimates that:

> "the U.S. faces a burden of influenza that results in approximately 36,000 deaths and more than 200,000 hospitalizations each year. In addition to this human toll, influenza is annually responsible for a total cost of over $10 billion in the U.S." *National Strategy for Pandemic Influenza, Homeland Security Council, November 2005, page 1.*

The Current Threat: The current threat of a pandemic stems from an unprecedented outbreak of influenza in birds caused by the avian influenza type A (H5N1) virus that has spread across birds populating Asia, Africa, and Europe.

The virus has shown the ability to infect multiple species, including birds, pigs, cats, and humans. As of May 2006, H5N1 has infected 224 humans, 127 (57%) of whom have died. These human cases have come from 10 countries. (Source: World Health Organization Latest Information, http://www.who.int/csr/disease/avian_influenza/en/index.html).

Most of these human cases are attributed to exposure to infected poultry or contaminated surfaces. Examples include virus transmission during the trade or smuggling of, working or playing with, or consumption of infected poultry. Illegal trade of poultry and poultry products and the prevalence of backyard farms have hampered mitigation efforts.

The H5N1 avian influenza virus would cause a pandemic if it adapts to spread easily from person to person. Already, there are some indications of human-to-human transmission among close contacts (see New England Journal of Medicine 353;13, WWW.NEJM.ORG, September 29, 2005, *Avian Influenza A (H5N1) Infection in Humans*, page 1375). For example, in Thailand in 2004, a child transmitted H5N1 to her mother and aunt. In May 2006, six of seven family members infected with H5N1 in Indonesia died following contact with an eighth family member (who died and was buried without being tested for avian influenza). Although research continues in the Indonesia cases, a two-generation, or person to person to person, transmission is suspected (CIDRAP, 5/24/06, (www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/may2406cluster.html).

Also of concern is the failure of culling (i.e. depopulation of birds) to slow the spread of H5N1. Migratory birds continue to import the virus into new countries and over longer distances faster than expected. The virus has moved west all the way to France and east through Russia. It is impossible to predict whether H5N1 will lead to a pandemic. However, history suggests that if it does not, another novel influenza virus will emerge and threaten an unprotected human population.

Features of a Pandemic: An influenza pandemic is unlike any public health emergency or natural disaster. A pandemic will be widespread, with outbreaks expected to occur simultaneously throughout the U.S., thereby preventing the shifting of resources.

A pandemic not only causes people throughout the world to become sick and possibly die, but also could cripple countries' economies as millions of people are unable or refuse to go to work. Governments, militaries, and industries could suffer high absenteeism (up to 40%) and productivity could slow to a crawl. The public health and healthcare systems could be overwhelmed by both the ill and the worried well. Furthermore, disruptions are expected to occur for 6 to 8 weeks.

In the U.S., a pandemic could cause 20 to 45 million people to become ill, resulting in 100 to 200 thousand deaths. Between 300 and 700 thousand people could be hospitalized and over 20 million people would seek outpatient care. Costs could total over $100 billion.

The following chart shows the estimated health impact on Maryland of a moderate and severe influenza pandemic. Based on historical data, about 30% of the population will become sick, half of who will seek outpatient care for their illness. The number of hospitalizations and deaths will vary depending on the virulence of the pandemic virus.

Impact on Maryland of a Moderate and Severe Influenza Pandemic*

Characteristic	Moderate (1957-like)	Severe (1918-like)
Illness	1,667,400 (30%)	1,667,400 (30%)
Outpatient Care	833,700	833,700
Hospitalization	16,000	183,400
Death	3,900	35,300

*** Estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics.**

1.3. Planning for Pandemic Influenza

Purpose: This Plan was designed to supplement existing all-hazards emergency operations plans with goals, objectives and actions for Maryland state agencies and community partners in order to ensure a coordinated response in the event of pandemic influenza.

Goals: Maryland's Strategic Goals correspond to those of the *U.S. National Strategy for Pandemic Influenza, November 2005*:

- Stopping, slowing of otherwise limiting the spread of a pandemic to the State;

- Limiting the spread of a pandemic, and mitigating disease, suffering and death;

- Sustaining infrastructure and mitigating impact to the economy and the functioning of society.

Objectives: The state of Maryland will achieve these goals through the following objectives from the guidance to *State and Localities* in the *U.S. National Strategy for Pandemic Influenza, November 2005*:

- Ensure that all reasonable measures are taken to limit the spread of an outbreak within the State's borders;

- Establish comprehensive and credible preparedness and response plans that are exercised on a regular basis;

- Integrate non-health entities in planning for a pandemic, including law enforcement, utilities, political leadership, businesses, schools, and others;

- Establish state and local stockpiles of supplies and distribution systems to support a pandemic response;

- Identify key spokespersons and ensure a coordinated crisis communications plans;

- Provide public education campaigns on pandemic influenza and public and private interventions.

WHO Pandemic Phases: The World Health Organization has revised the pandemic phases as a result of the continued evolution of the avian influenza (H5N1) virus and advances in technology and biology. At the time this document was drafted, we are in Phase 3, Pandemic Alert. The table below illustrates the phase names and the criteria for each phase.

PANDEMIC PHASES		
Interpandemic Period	**Phase 1**	No new influenza virus subtypes in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	**Phase 3**	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	**Phase 6**	Pandemic phase; increased and sustained transmission in general population.

Planning Assumptions: The Pandemic Influenza Plan for Maryland is based on the following assumptions from the *U.S. National Strategy for Pandemic Influenza Implementation Plan, May 2006*:

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will be 30 percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for treatment, this proportion may be higher in the next pandemic.

- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.

- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.

- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.

- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well.

- On average, infected persons will transmit infection to approximately two other people.

- Epidemics will last 6 to 8 weeks in affected communities.

- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

1.4. Roles and Responsibilities

Global pandemic preparedness and response efforts are coordinated by the World Health Organization. Domestic response activities will be carried out under the broad all-hazards blueprint for a coordinated federal, state, and local response laid out in the National Response Plan (NRP) and the National Incident Management System (NIMS) by the U.S. Department of Homeland Security. Responsibilities for specified activities (e.g., transportation, energy, public works, etc.) are set out in 15 Emergency Support Functions (ESF). When the NRP is activated, the U.S. Secretary of Homeland Security serves as the overall lead for a coordinated federal response, while the U.S. Secretary of Health and Human Services serves as the lead for ESF #8, Public Health and Medical Services. While public health and medical activities may comprise a significant portion of the response to a pandemic, other ESF authorities may likely be involved to sustain infrastructure affected by absenteeism or supply chain disruptions. (In a pandemic, ESF 8 has relevance to the following branches: response, human needs, intelligence, services and support, recovery, and logistics.) Disaster assistance is triggered by Presidential emergency or disaster declarations under the Stafford Act, including the provision of emergency funds and supplies to stricken households as well as aid in clearing and rebuilding damaged infrastructure.

In Maryland, the Health Emergency Powers Act provides the Governor with the legal authority to address a catastrophic health emergency, including pandemic influenza. (See Legal Authorities, section 2.2.) During a pandemic influenza response, Maryland agencies and departments will operate under the National Incident Management System (NIMS). The standard structure, functions, and common language of NIMS enhance the state's ability to respond efficiently and cooperatively.

INCIDENT MANAGEMENT AND COMMAND

During an influenza pandemic, DHMH will act as the overall lead agency for ESF 8 Health and Medical Services. In this capacity, DHMH will coordinate and lead state agencies in the overall response effort. DHMH will provide overall health and medical leadership capability in conjunction with the Office of the Governor, the Adjutant General, and the SEOC. DHMH will coordinate the provision of emergency response (e.g., pre-hospital, hospital, and other) at the state level during a pandemic while addressing the public health ramifications associated with the pandemic including the restoration of public health functions, defining the epidemiology of the pandemic, the administration of vaccinations and antiviral agents, among other public health issues.

State Emergency Operations Center (SEOC):

The Maryland Emergency Management Agency coordinates the state response to an emergency. The Director of MEMA will activate the SEOC for Pandemic Influenza response based on the recommendation of the Governor or the Secretary of the Department of Health and Mental Hygiene.

The SEOC will operate under the National Incident Management System (NIMS) in conjunction with the National Response Plan. Principals or representatives from State (and maybe Federal) departments and agencies will report to the SEOC to liaison with each other and their respective departments. The SEOC has several roles, including:

- Coordinate regional, state, and federal resources, aid, and response;
- Coordinate public information;
- Liaison with state elected officials and local EOCs and agencies.

Local EOCs: Local EOCs act much as the State EOC, but they also provide central locations where local governments can provide inter-agency coordination and decision-making for managing the overall response.

The local EOC may also function as a multi-agency coordination entity (MCE)—especially since a pandemic would cross-disciplinary and jurisdictional boundaries and would require a complex response. As an MCE, a local EOC would fulfill the following functions:

- Ensure that Incident Command Posts (ICPs) are providing accurate and timely situation and resource status information,
- Establish priorities between incidents and area commands,
- Acquire or allocate resources in accordance with the priorities,
- Anticipate and identify future resource needs,
- Coordinate and resolve policy issues, and
- Provide strategic coordination.

Local Incident Command: NIMS recommends that local Incident Command Posts operate under Unified Area Command during a public health emergency like pandemic influenza that:

- Is large-scale, non-site specific, and geographically dispersed;
- Would evolve and continue over a long period of time;
- Would also be multi-jurisdictional and multi-agency, requiring coordination among several government organizations.

Unified area command allows each jurisdiction to have representation in the command structure in order to manage a very large incident. The unified command cell includes two or more agencies, such as Fire, Law Enforcement,

Public Health, and Emergency Management. A jurisdiction may choose to designate a lead agency or a single incident commander within the unified command cell in order to improve efficiency and decision-making. Local planners may choose to designate lead agencies or commanders, based on the type of incident, in their Emergency Operations Plans.

CONTINUITY OF OPERATIONS

Each Maryland state agency and department, as well as private organizations should prepare an operational plan for preparing for and responding to an influenza pandemic. The plan should be written in compliance with NIMS and satisfying the requirements of the Emergency Support Function (ESF) that is applicable to their organization. In addition, each Maryland state agency and department, as well as private organizations should develop a continuity of operations plan (COOP) with procedures for maintaining and staffing essential services during an influenza pandemic. The following list provides important considerations when writing a COOP.

- Develop or update reliable emergency communication plans to reach personnel outside of work by multiple means if possible. This plan should include identification of key contacts, chain of communications, and processes for tracking and communicating personnel and operations status.
- Identify alternate locations and means of transportation and distribution for sustaining operations.
- Identify resources that can be used by other departments or agencies.
- Update or complete Memorandums of Understanding or Agreement completed for facilities, resources, or support during an emergency.
- Ensure personnel are cross-trained in essential staff and executive leadership positions.
- Identify legal policies that govern the organization, especially during an emergency.
- Establish and exercise the incident command structure.
- Develop procedures to suspend non-essential services suspended and inform the public.
- Identify additional security measures required during an influenza pandemic, if any.

- Ensure that the organization documents expenditures and losses during emergencies using federal and state forms.
- Coordinate emergency plans and procedures with other state organizations if necessary.
- Identify reporting requirements during emergencies.
- Identify special clearances, credentials or identification required of volunteers, temporary staff or personnel detailed from other state agencies and departments.
- Encourage and track annual flu vaccination for employees and encourage personnel identified in high-risk groups to receive pneumococcal vaccine.
- Implement guidelines to modify frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations).
- Provide sufficient and accessible infection control supplies in all locations.
- Enhance interoperable communications and information technology infrastructure as needed to support employee telecommuting.
- Expand on-line and self-service options for employees, customers, and business partners.
- Review and revise, if necessary, sick leave policies so that during emergency circumstances such as during a pandemic, employees are not penalized for taking more sick leave days than they have earned.
- Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) for use during a pandemic.
- Develop recovery plans and procedures for downgrading emergency response and returning to normal operations.

ROLES AND RESPONSIBILITIES OF STATE AGENCIES AND DEPARTMENTS

Roles and responsibilities of the following state departments and agencies are listed in this section. Following this section are roles and responsibilities of non-government organizations including faith-based and community-based organizations, healthcare facilities, private-sector organizations, and businesses.

- Department of Health and Mental Hygiene
- Department of Agriculture
- Department of Natural Resources
- Emergency Management Agency
- Office of Homeland Security
- Office of the Attorney General
- Office of the Judiciary
- Comptroller of Maryland
- Department of Aging
- Department of Budget and Management
- Department of Business and Economic Development
- Department of Disabilities
- Department of Education
- Department of the Environment
- Department of General Services
- Department of Housing and Community Development
- Department of Human Resources
- Department of Juvenile Services
- Department of Labor, Licensing and Regulation
- Department of Planning
- Department of Public Safety and Corrections
- Department of Transportation
- Department of Veterans Affairs
- Institute for Emergency Medical Services System
- Office of the Chief Medical Examiner
- State Colleges and Universities
- Military Department -- Maryland National Guard and State Defense Force
- State Police

Maryland Department of Health and Mental Hygiene shall:

- Act as overall ESF 8 (health and medical services) lead agency.

- Coordinate and lead state agencies in response capacities.

- Assure and provide overall health and medical leadership capability in conjunction with Office of Governor, Adjunct General, and SEOC.

- Bear catastrophic health emergency powers responsibilities.

- Provide technical guidance to local health departments, public health workers, hospitals, businesses, schools, long-term care facilities, clinics, providers, pharmacies and others.

- Develop, maintain, exercise, improve and activate plans and procedures for: disease surveillance, control and prevention, including protocols for quarantine and isolation, and mass vaccination.
- Enhance disease surveillance to ensure early detection of the first cases of pandemic influenza in our jurisdictions.
- Foster coordination and participation among private and public sector partners in planning and response process.
- Distribute public stocks of antiviral drugs and vaccines and provide local physicians and hospital administrators with updated guidance on clinical management and infection control as the situation unfolds.
- Mitigate disease transmission using a range of containment strategies.
- Provide ongoing communication with the public (about the response effort, including the purpose and duration of containment measures).
- Facilitate provision of psychological and social support services to emergency field workers and other responders.
- Assess response capabilities and identify measures for resolving any gaps.
- Review protocols for securing needed healthcare services, alternate care sites, and supplies both through and independently of the federal government during a public health emergency.
- Identify sources, assess availability of, and outline a process to recruit and train medical volunteers for provision of care and vaccine administration.
- Examine current legal authorities and recommend revisions if required.
- Identify authority responsible for officially activating pandemic influenza plan during a pandemic and ensure that state elected and local officials as well as state agencies are familiar with pandemic influenza roles and responsibilities.
- Conduct enhanced surveillance activities and monitoring for human cases. Be prepared to provide reports more frequently to the CDC.
- Improve virologic surveillance capabilities, including the ability to isolate and to subtype influenza viruses, at levels sufficient to meet anticipated demand for such testing services during an influenza pandemic.

- Ensure that the state public health laboratory coordinates plans with clinical laboratories and provides training on use of rapid influenza tests.
- Assess and document the progress of both immunization and spread of disease throughout the population.
- Recommend or develop training and procedures for health sector employees.
- Provide the public with information about symptoms to watch for, how to limit interactions with ill persons, infection control precautions, and how to provide care of the ill at home in accordance with Federal guidelines.
- Monitor bulletins and other pandemic information from Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) sources, especially to detect alerts about new virus variants and for changes in current recommendations for prevention and control of pandemic influenza.
- Coordinate pandemic influenza planning and response activities with other State planning, training, and response efforts.
- Coordinate with State and Local government and private sector partners to develop emergency communication protocols with various types of media, private industry, academic, and nonprofit organizations.
- Secure formal or informal agreements with state's healthcare insurers, Medicaid, and healthcare product/service providers for cooperation with public health recommendations during a pandemic or other sustained public health emergency.
- Revise antiviral and vaccine priority groups as necessary based on new guidance from the CDC or WHO. Develop plans to provide vaccines and antiviral medications based on availability of supplies and priority groups.
- Ensure that state's annual vaccine program addresses at-risk/hard to reach populations and establish infrastructure to implement this program.
- Keep healthcare systems and other partners and stakeholders informed of the status of the pandemic.
- Select and train a primary public spokesperson during a pandemic.
- Establish plans to coordinate state, local, and federal public messages and ensure they are consistent and timely.

- As needed, monitor visitors from affected countries and quarantine as necessary.

- Provide assistance to local officials, in conjunction with the local health agency, to ensure the safety of food and water for human consumption during, and immediately following, a pandemic outbreak.

The DHMH Operational Plan expands on the roles and responsibilities of DHMH and organizes them by Pandemic Phase.

Maryland Department of Agriculture shall:

- Conduct surveillance of poultry for avian influenza.

- Implement procedures for responding to animal health emergencies.

- Provide leadership and technical expertise to local, state and federal authorities in the event of an outbreak of avian influenza.

- Review authorities and protocols for infected animal population containment measures.
- Develop fact sheets and provide other animal disease-related information to the public during an avian influenza outbreak.

- Provide information to producers and workers about protective measures during an avian influenza outbreak.

- Advise and assist local and state officials concerning methods of carcass disposal to control the spread of avian influenza.

- Provide laboratory support, when requested.

- Ensure culling or depopulation control measures are conducted properly.

Department of Natural Resources shall:

- Provide personnel and equipment support, in emergency law enforcement, evacuation or sheltering in-place, traffic control and public alerting operations, when requested by MEMA.

- Coordinate with the State Police and the Department of Transportation for air operations and air transportation services.

- Conduct surveillance of wild birds.

- Evaluate potential impacts of adjusting hunting regulations or seasons in affected wildlife areas.

- Provide recommendations to hunters and others who handle wildlife.

- Work with the U.S. Fish and Wildlife Service to designate at risk areas.

Maryland Emergency Management Agency:

- Coordinate the overall emergency planning, preparedness and response of all state agencies in a pandemic.

- The Director of the Maryland Emergency Management Agency shall serve as the State Coordinating Officer (SCO).

- Maintain communication with DHMH regarding imminence or status of a pandemic influenza in Maryland. Coordinate the activation of the State Emergency Operations Plan in accordance with guidance from DHMH.

- Has overall responsibility for supporting both local government and state agency emergency operations pre-pandemic planning. Ensure that fire, public works and emergency management organizations complete pandemic influenza plans, especially taking into account absenteeism, employee protective measures, and maintaining services.

- Coordinate pandemic emergency preparedness drills and exercises, involving multiple Maryland state agencies.

- Activate appropriate support agencies during a pandemic.

- Provide guidance and direction for Continuity of Operation planning for both public and private sectors.

- Coordinate and ensure the development of a public information campaign regarding a pandemic.

- Coordinate with Voluntary Organizations Active in Disaster (VOAD) through the Maryland Volunteer Coordinator.

- Monitor all forms of communication [i.e. statewide 800 systems, etc.]and coordinate any actions necessary to maintain regional interoperability and redundancy.

- Inform the Governor, the Superintendent of the Maryland State Police, Executive Council, and the Legislature, as appropriate, of pandemic emergency operations.

- Provide guidance and information sufficient to allow local government to request assistance under the provisions of Maryland Statutes.

- Facilitate the request for a presidential disaster declaration as appropriate.

- Oversee communications with the media.
- Coordinate continuity of operations planning and standards for state agencies and provide emergency support.

Office of Homeland Security shall:

- Coordinate with MEMA and DHMH to ensure timely situational updates regarding a pandemic. Provide these to the Governor's Office.

- Monitor the progress of pandemic emergency preparedness planning and exercising in state agencies.
- Liaison with the Federal Department of Homeland Security regarding the state's pandemic influenza preparedness.

- Review and exercise information sharing protocols.

- Identify the risks to the state's critical infrastructure during a pandemic. Work with state and local agencies to coordinate plans to mitigate this risk.

- Review existing information sharing systems in the state and continue to improve as necessary.

- Review federal aid and grant expenditures related to pandemic influenza preparedness and response.

- Provide oversight to MEMA during pandemic influenza preparedness and response.

Office of the Attorney General shall:

- Provide legal advice and opinions in support of state emergency operations to include preparing and reviewing proclamations and special regulations issued by the governor.

- Represent the state on legal issues for isolation and quarantine and other public health measures.

Office of the Judiciary shall:

- Establish policies regarding justice system continuity during and after a pandemic influenza. In particular, address modification of court schedules and operations such as jury duty due to social distancing techniques or high absenteeism.
- Provide guidance regarding civil rights and statutory issues.
- Ensure the maintenance of civil and criminal court systems.

Comptroller of Maryland shall:

- Coordinate and arrange for emergency funds to assist in the overall pandemic response effort.
- Assist state and local governments determine value of losses sustained as a result of a pandemic.
- Assign personnel to assist with the compliance activities associated with the economic stabilization function.

Department of Aging shall:

- Identify at-risk groups of elderly citizens and coordinate with DHMH to ensure plans account for their special needs.
- Assess geographical areas with high elderly populations that might require assistance with transport to vaccination or antiviral dispensing sites.

Department of Budget and Management shall:

- Implement procedures and provide the necessary staff at the State Emergency Operations Center (SEOC) to support the state's responsibility in emergency banking and fiscal matters of an economic stabilization program.
- Coordinate with other state agencies in supporting the utility restoration by the gas and electric utilities.

- Identify resources and assist vulnerable individuals and families, through the energy assistance program, during and after a pandemic.

- Assist state and local government with damage assessment of private or individual dwellings and businesses, which may include seeking cooperation of insurance underwriters' adjustment resources, as requested by the Maryland Emergency Management Agency.

- Develop and make available consumer fact sheets about disaster assistance and insurance regulations.

- Develop procedures for streamlined fiscal management of the state during a pandemic.

- Assist state agencies in identifying potential additional costs associated with supporting local agencies during emergencies, and accompanying strategies to request appropriation authority for such additional costs.

Department of Business and Economic Development shall:

- Develop procedures to provide unemployment assistance to eligible individuals whose unemployment results from a declared disaster. It will also arrange for payment of benefits, under regular unemployment compensation laws, to eligible individuals in cases where a disaster has not been declared.

- Provide an estimate of the immediate economic impact of either a pandemic or an avian influenza outbreak, as requested by the Maryland Emergency Management Agency. Where possible and applicable, the department shall provide estimated projections of long-range effects of each instance including: residents, businesses, and local, state, and federal agencies.

Department of Disabilities shall:

- Identify at-risk groups of disable citizens and coordinate with DHMH to ensure plans account for their special needs.

- Assess the need for assistance such as transport for the disabled to vaccination or antiviral dispensing sites.

- Coordinate pandemic influenza plans with communities and organizations that provide services for the disabled to ensure that they receive care during an influenza pandemic.

- Identify any shortfalls in current public information modes in order to provide accessible information to disabled persons.

Department of Education shall:

- Coordinate with the Maryland Emergency Management Agency (MEMA) concerning the development and updating, as required, of emergency plan guidance to be provided to local schools. Such guidance shall be designed to assist schools in developing an emergency plan that provides for the protection of children in the event of a pandemic. The department shall be responsible for the distribution of such planning guidance to local school districts.

- Encourage local school jurisdictions to prepare and test pandemic influenza plans, promote awareness, and train personnel on their roles and responsibilities.

- Encourage local school jurisdictions to develop and test communications protocols for alerts, notifications, and message exchange with staff, students, and parents.

- Coordinate with DHMH to develop a communication protocol between school systems and public health at the state and local level. This protocol should identify triggers, formats, and routes of communication. It should consider current and planned communication infrastructure.

- Coordinate with DHMH to develop protocols for closing and opening schools; canceling or suspending school activities; repurposing of school facilities, equipment, and vehicles; reassignment of non-school system employees (e.g. school nurses); screening of students and staff; and recommendations regarding vaccines and antivirals for staff and students.

- Promote and provide supplies for infection control procedures such as hand washing and cough etiquette. Establish policies for staff, students, and workers to stay away from school when sick.

- Work with schools to develop school-specific, all-hazard emergency plans, which include guidance on pandemic planning, that are compatible with local, county, state and federal all-hazard plans.

- Assist local school districts in preparing and submitting a request for financial assistance from the federal government during and after a pandemic outbreak.

Department of the Environment shall:

- Waive, modify or suspend enforcement of environmental rules if necessary.
- Provide personnel to serve on an Interagency Hazard Mitigation Team/Hazard Mitigation Survey Team, following a presidential declaration of disaster or when requested.
- Provide guidance to assist authorities to manage and dispose of medical waste from vaccination or other healthcare measures during a pandemic.

Department of General Services shall:

- Identify any services that can be suspended during a pandemic.
- Ensure that information regarding service suspensions is provided to the public.
- Identify any services, personnel, equipment, supplies, or buildings that could be useful resources to other departments, agencies, or organizations.
- Establish procedures for giving organizations access and use of services, personnel, equipment, supplies, or buildings.

Department of Housing and Community Development shall:

- Upon the declaration of Phase 4: Pandemic Influenza in Maryland shall immediately inventory the availability of rental property suitable for temporary or long-term housing.

Department of Human Resources shall:

- Coordinate the Disaster Food Stamp Program for pandemic victims.

- Provide USDA donated food to disaster relief agencies and emergency feeding programs, and assist with its distribution and storage through the Emergency Food Assistance Program (TEFAP).

- Coordinate with county social service agencies, to meet the childcare needs of pandemic victims unable to care for their children.

- Coordinate with county social service agencies to meet the needs of pandemic victims (food, shelter, clothing, and medical care), through state and federal income maintenance programs.

- Coordinate the delivery of emergency human services with local government, voluntary agencies, and other human service agencies, following a disaster, through state and/or regional emergency operations centers.

- Ensure mass care and sheltering are provided during a pandemic.

- Provide personnel to assist the state in delivering individual assistance following a presidential disaster declaration, as requested by the Maryland Emergency Management Agency.

- In accordance with a directive from the HHS Office of Refugee Resettlement, develop and translate materials in key refugee languages to reach out to those immigrants who have arrived in the U.S. with refugee status or have been granted asylum in the U.S.

Department of Juvenile Services shall:

- Identify at-risk groups and coordinate with DHMH to ensure plans account for their special needs.

- Assess the need for assistance such as transport from juvenile centers or facilities to vaccination or antiviral dispensing sites.

- Coordinate pandemic influenza plans with organizations that provide services juveniles to ensure that they receive care during an influenza pandemic.

- Identify any shortfalls in current public information modes in order to provide accessible information to juveniles and their families, guardians, or supervisors.

Department of Labor, Licensing, and Regulation shall:

- Support the Department of Business and Economic Development in the management of personnel services at state and regional emergency operations centers during a disaster, and assist in the development of emergency employment utilization procedures.

- Interface with union officials and appropriate representatives to develop strategies for resolving conflicts between labor organizations and state agencies during a pandemic.

- Provide support to state agencies in the management of labor contracts during emergency operations, ensuring fair, uniform and consistent interpretation of contract language.

- Coordinate the re-assignment of state employees between agencies.

- Facilitate and coordinate with the labor bargaining units the procedures and process for changes in state employee scheduling, work locations, and temporary work assignments during declared emergencies.

Department of Planning shall:

- Advise the SEOC on preservation of Historic Places and the environment during pandemic influenza response.

- Provide social, economic, and geographic information relating to the State to the SEOC as necessary.

- Provide technical services to support the planning and management capacity of local governments, as related to pandemic influenza preparedness, response, continuity of operations, and recovery, to local governments, business, organizations, and the public.

Department of Public Safety and Corrections shall:

- Coordinate pandemic plans for correctional facilities, particularly vaccination and antiviral plans.

- Develop and implement control measures to prevent the introduction and spread of an influenza pandemic, to include policies and procedures for restricting visitors, encouraging staff absences, and isolation and quarantine.

- Closely monitor all influenza cases and reduce contact between inmates, if possible.

Department of Transportation shall:

- In coordination with neighboring States and communities, the private sector, transportation providers, and DHMH, develop transportation contingency plans that identify a range of options to respond to different stages of a pandemic, including support for public health containment strategies, maintaining State and community functions, transportation restriction options and consequences, delivery of essential goods and services, and other key regional or local issues.

- Implement highway traffic management plans and procedures for the regulation of highway travel, as needed.

- Coordinate air transportation and reconnaissance with the FAA, Airports, Military Department, Department of Natural Resources, State Police, and general aviation, as requested.

- Coordinate emergency relief efforts with the motor carrier industry to enlist their assistance in emergency response efforts.

- Assist in preparing emergency executive orders granting relief from the motor carrier safety regulations, including overweight and over-dimension permits, upon instruction from the Governor's Authorized Representative.

- Provide technical radio communications assistance to MEMA and incident commanders, as requested.

- Provide technical assistance in developing radio capabilities for statewide emergency preparedness, when multiple state agencies or multiple levels of government need to carry out a coordinated response.

- Maintain the state radio communications systems essential to operations, during an outbreak of avian or pandemic influenza.

- Provide personnel and equipment support, in emergency law enforcement, evacuation or sheltering in-place, traffic control and public alerting operations, when requested by MEMA.

- Coordinate and ensure transport of materials from the SNS to Points of Dispensing (PODs) or other destinations with DHMH and the State Police.

Department of Veterans Affairs shall:

- Coordinate pandemic influenza plans with VA hospitals, Veterans' Organizations such as the VFW, state and local emergency management and DHMH.
- Assess the need for assistance such as transport to vaccination or antiviral dispensing sites.
- Identify any shortfalls in current public information modes in order to provide accessible information to veterans.

Maryland Institute for Emergency Medical Services System shall:

- Implement a statewide emergency medical services radio communication plan in the event of a pandemic.
- Notify MIEMSS regional medical directors, jurisdictional and commercial EMS operational programs of status of pandemic phases and when to activate pandemic influenza response plans.
- Work with DHMH to determine medical assistance guidance for local authorities in areas affected by a pandemic in coordination with other state agencies.
- Work with DHMH to improve routine annual vaccination of staff, EMS providers, and other emergency personnel throughout the State prior to Phase 6.
- Potentially augment vaccination program using EMS providers to administer vaccines.
- Maintain an updated status of emergency facilities, medical equipment, and pre-hospital resources.
- Apprise DHMH and MEMA of critical gaps in ability to provide emergency medical services.
- Identify alternate means for transporting non-critically ill patients to medical facilities.
- Coordinate resources for local ambulance providers including arranging for transportation and medical services for patients requiring an ambulance, and for the evacuation of health/medical facilities, when requested.

- Assign personnel to State, Regional, and local Emergency Operations Centers, for the purpose of coordinating pre-hospital emergency medical services, as necessary.

- Utilize the developed database of critical pre-hospital medical resources located throughout the state as needed to support health care facilities.

- Coordinate Critical Incident Stress Debriefing (CISD) support to fire and rescue personnel as needed.

- Coordinate CISD support teams to be deployed into the areas throughout the state most affected from pandemic.

Office of the Chief Medical Examiner shall:

- Manage the investigation of deaths in a pandemic.

    - The Office of the Chief Medical Examiner is an arm of DHMH responsible for investigating deaths. In the event of a mass fatality event, the Office of the Chief Medical Examiner would implement its Mass Fatality Plan that provides for proper identification, forensic procedures, preparation of bodies for burial or cremation, storage of bodies, and interstate transport according to protocols.

    - In some situations, a medical examiner may be the first to recognize that an incident has occurred or is impending. A medical examiner may be alerted by an unexpected and alarming number of deaths, or by deceased showing signs of a CBRE event or an unusual, exotic, or infectious disease. All suspicious or confirmed information must be reported to DHMH.

State Anatomy Board shall:

- Develop a plan for dealing with mass mortality, including transportation and the burial of bodies.

    - The State Anatomy Board is an arm of DHMH responsible for caring for the State's dead.

Maryland State Colleges and Universities shall:

- Assess facilities within the network for capacity, equipment. Assist state and local government by providing facilities as needed during an influenza pandemic.

- 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.

- Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Ensure that the plan includes timelines, deliverables, and performance measures.

- 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:
    - Cancellation of classes, sporting events, and/or 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;
    - 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.

- Work with local public health authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and reopening) 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 health care on campus.

- 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.

- Work with the local health department to discuss an operational plan for surge capacity for health care and other mental health and social services to meet the needs of the college/university and community during and after a pandemic.

- 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.

- Test the linkages between the college/university's ICS and the ICS of the local and/or State health department and the State's higher education agency.

- Implement an exercise/drill to test your plan, and revise it regularly.

- Participate in exercises of the community's pandemic plan.

- Share what you have learned from developing your preparedness and response plan with other colleges/universities to improve community response efforts.

- Develop and disseminate alternative procedures to ensure 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.

- 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.

- Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g., promotion of hand hygiene, cough/sneeze etiquette). 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.

- Procure, store, and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).

- Establish policies for employee and student sick-leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).

- 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.

- Establish a pandemic plan for campus-based health care facilities that addresses issues unique to health care settings. 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.

- Adopt CDC travel recommendations 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 non-essential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.

- 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.

- Develop a dissemination plan or communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture, and reading level appropriateness in communications.

- 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.

- Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.

- Advise employees and students where to find up-to-date and reliable pandemic information from Federal, State, and local public health sources.

- 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.

- 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), personal and family protection and response strategies, and the at-home care of ill students or employees and their family members.
- Anticipate and plan communications to address the potential fear and anxiety of employees, students, and families that may result from rumors or misinformation.

Maryland Military Department shall:

- Prepare and maintain plans and procedures to support civil authorities when a pandemic exceeds state and local resources (Maryland National Guard and State Defense Force).

State Police shall:

- Make field agents available, when possible, to assist other state agencies with search and rescue, evacuation and traffic control, and law enforcement, during a disaster.

- Review state and local authorities and protocols for maintaining public order during a pandemic.

- Coordinate with and support as necessary the Federal and Department of Defense partners operating in and around Maryland and Washington, D.C.

- Coordinate planning and support for medical facilities, public health vaccination and antiviral dispensing clinics, and other government and private sector organizations.
- Provide 24-hour security for the State Emergency Operations Center (SEOC) during an emergency, when located on the Capitol complex.

- Be responsible for law enforcement and traffic control on all interstate and state trunk highways during a pandemic and during mass vaccination and mass prophylaxis.

- Use available resources to assist local police agencies with law enforcement and traffic control, when requested by proper local authority to do so.

- Be responsible for providing assistance that may be required for the State Capitol and prepare plans and procedures to accomplish this.

- Serve as the redundant direction and control net using the State Police radio frequencies. The State Police is responsible for providing personnel to operate the radio console in the State Emergency Operations Center (SEOC), during exercises, drills and emergencies, if needed.

- Provide backup radio operators to operate the radio console in the SEOC, as needed.

- Provide aerial photography on an as needed basis. State helicopters equipped with cameras shall be utilized to do aerial filming of the identified area and shall provide that information directly to the State Emergency Operations Center.

- Provide personnel to participate in a preliminary damage assessment effort and prepare damage survey reports for airports and airport facilities damaged in any type of major disaster in conjunction with the Department of Transportation and the Department of Natural Resources, when requested.

- Provide transportation and/or reconnaissance, in conjunction with the Department of Transportation, on an as needed basis.

- Plan for the utilization of agency aircraft available for emergency operations, including records of agency aircraft, pilots, and available airports.

- Coordinate with the Department of Transportation and the Department of Natural Resources for the provision and use of air transportation resources within state government, during a disaster declaration.

- Assist with the relocation of furniture, equipment, and supplies from the State Emergency Operations Center to an alternate site, when feasible.

ROLES AND RESPONSIBILITIES OF NON-GOVERNMENT ORGANIZATIONS

- Faith-based and Community-based Organizations
- Healthcare Facilities
- Private-sector Organizations and Businesses

(Source: Pandemic Influenza Implementation Plan for the National Strategy)

Faith-Based Organizations and Community Based Organizations shall:

- Assign key staff with the authority to develop, maintain, and act upon an influenza pandemic preparedness and response plan.

- 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.

- Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel).

- Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, roles and responsibilities, and who is supposed to report to whom.

- 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.

- Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

- Communicate with and educate your staff, members, and persons in the community that you serve.

- Find up-to-date, reliable pandemic information and other public health advisories from State and local health departments, emergency management agencies, and HHS. Make this information available to your organization and others.

- 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.

- When appropriate, include basic information about pandemic influenza in public meetings (e.g., sermons, classes, trainings, small group meetings, announcements).

- Share information about your pandemic preparedness and response plan with staff members, and persons in the communities that you serve.

- Develop tools to communicate to staff, members, and persons in the communities that you serve information about pandemic status and your organization's actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.

- Consider your organization's unique contribution to addressing rumors, misinformation, fear, and anxiety.

- 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 HHS.

- 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.

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

- 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.

- Work with local health authorities to encourage yearly influenza vaccination for staff members, and persons in the communities that you serve.

- 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.

- 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.

- Set up policies for non-penalized leave for personal illness or care for sick family members during a pandemic.

- 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.

- Set up policies for flexible work hours and working from home.

- 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 and phone the organization rather than visit in person).

- Follow State and HHS 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.

- 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.

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

- Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.

- 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). Coordinate with external organizations and help your community.

- 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.

- Work with local and/or State public health agencies, emergency responders, local health care 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.

- Coordinate with emergency responders and local health care facilities to improve availability of medical advice and timely/urgent health care services for your staff, members, and persons in the communities that you serve.

- Share what you've learned from developing your preparedness and response plan with other FBOs and CBOs to improve community response efforts.

- Work together with other FBOs and CBOs in your local area and through networks (e.g., denominations, associations) to help your communities prepare for pandemic influenza.

Healthcare Facilities shall:

- Develop a plan for response to an influenza pandemic. This plan should be developed by an interdisciplinary team and it should be well integrated and coordinated with the facility's plan to address smallpox and other communicable diseases. The elements of a hospital influenza plan are listed in the Hospital Preparedness checklist .

- Develop an internal and external communication plan. The infrastructure for communication should follow the Incident Command System.

- Develop an education and training plan that addresses the needs of staff, patients, family members, and visitors.

- Ensure protection of healthy workers from exposures in the healthcare setting through the use of recommended infection control measures; appropriate evaluation management of symptomatic and ill healthcare personnel; distribution and administration of antiviral drugs and/or vaccines to healthcare personnel, as recommended by HHS and DHMH; and provision of psychosocial services to health care workers and their families to help sustain the workforce.

- Establish systems to effectively screen workers for respiratory symptoms; reinforce proper use of PPE, hand hygiene and other infection control measures; review time-off policies and have a plan for reassignment of high-risk personnel (e.g., pregnant women, immuno-compromised staff) to low risk duties; promote annual influenza vaccination; and develop a plan

to rapidly administer vaccine and antivirals should they become available.

- Determine in advance what criteria and procedures they will use to limit non-patient access to the facility if pandemic influenza spreads through the community. Any variation from normal healthcare access should be communicated to patients, staff and visitors.

- Develop criteria or thresholds for temporary closure of the hospital to new admissions and transfers. The criteria should consider staffing ratios, isolation capacity, and risks to non-influenza patients.

- Develop a plan for security including assessment of building for security/access risks; a defined method of identification of staff and visitors; and enforcement of access by healthcare security services. Local law enforcement should be informed of the plan, however; they might be overburdened during a pandemic and therefore will have limited ability to assist healthcare facilities with security services.

- Develop efficient systems to: 1) identify patients with pandemic influenza versus the worried well; 2) physically separate suspect influenza patients from other patients during waiting and triage to reduce risk of disease transmission; and 3) determine whether hospitalization is required.

- Develop plans to enhance their capacity to triage. These can be on-campus (e.g., additional outpatient clinics, temporary shelters) or off-campus at extension clinic sites.

- Address emergency staffing needs and increased demand for isolation, ICUs, beds, assisted ventilation services and consumable and durable medical supplies.

- Address how essential medical services will be maintained for persons with chronic medical problems served by the healthcare facility (e.g., hemodialysis patients, drug infusion therapy).

(For additional guidance on healthcare facility (both hospital and non-hospital) planning, see Functional Area Guidance: Healthcare Planning in section 2: DHMH Operational Plan for Pandemic Influenza)

Private-sector Organizations and Businesses shall:

- Identify a pandemic influenza coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.

- Identify essential employees and other critical inputs (e.g., raw materials, suppliers, sub-contractor services/products, logistics) required to maintain business operations by location and function during a pandemic.

- Train and prepare ancillary workforce (e.g., contractors, employees in other job titles/descriptions, retirees).

- 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 restrictions on mass gatherings, need for hygiene supplies).

- Determine potential impact of a pandemic on organization or business financials using multiple possible scenarios that affect different product lines and/or production sites.

- Determine potential impact of a pandemic on organization-related domestic and international travel (e.g., quarantine, border closures).

- Find up-to-date reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.

- 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.

- Implement and exercise/drill to test your plan and revise periodically.

- Forecast and allow for employee absence 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.

- Implement guidelines to modify frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstation) among employees and between employees and customers.

- Encourage and track annual influenza vaccination for employees during regular influenza seasons.

- Evaluate employee access and availability to health care services during a pandemic, and improve services as needed.

- Evaluate and improve access to and availability to mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.

- Identify employees and key customers with special needs, and incorporate the requirements of such person into your preparedness plan.

- 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.

- Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggering shifts).

- Establish policies for preventing influenza spread at the worksite (e.g., promoting respiratory hygiene/cough etiquette, increasing social distancing among employees and between employees and customers, and prompt exclusion of people with influenza symptoms).

- Establish policies for personnel 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).

- Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites) and for evacuating employees working in or near an affected area when an outbreak begins, and establish guidance for employees returning from affected areas.

- Set up authorities, triggers, and procedures for activating and terminating the organization's response plan, altering business operations (e.g., shutting down operations in affected areas), and transferring business knowledge to key employees.

- Provide sufficient and available infection control supplies. The deployment of infection control measures requires the ready availability of soap and water, hand sanitizer, tissues and waste receptacles, environmental cleaning supplies, for the duration of a pandemic.

- Enhance communications and information technology infrastructure as needed to support employee telecommuting and remote customer access.

- Ensure availability of medical consultation and advice for emergency response.

- 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, cough/sneeze etiquette, contingency plans).

- Anticipate employee fear and anxiety, rumors, and misinformation and plan communications accordingly.

- Ensure communications are culturally and linguistically appropriate.

- Disseminate information to employees about the organizational pandemic preparedness plan.

- Provide information for the at-home care of ill employees and family members.

- 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.

- Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining countermeasures (e.g., vaccines and antiviral medications).

- Collaborate with insurers, health plans, and major health care facilities to share your pandemic plans and understand their capabilities and plans.

- 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.

- 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.

- Share best practices with other businesses in your community, chambers of commerce, and associations to improve community response efforts.

PLANNING CHECKLISTS

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklists. These lists identify important activities for planning and response to pandemic influenza. Many of the activities are applicable to other public health emergencies. The checklists are available at: http://www.pandemicflu.gov/plan/checklists.html.

State & Local Government

- State and Local Pandemic Influenza Planning Checklist

Business

- Business Pandemic Influenza Planning Checklist
- Letter to Business Leaders from Secretaries Chertoff, Leavitt, and Gutierrez

Individuals & Families

- Pandemic Flu Planning Checklist for Individuals and Families
- Family Emergency Health Information Sheet

Schools

- Child Care and Preschool Pandemic Influenza Planning Checklist
- School District (K-12) Pandemic Influenza Planning Checklist
- Colleges and Universities Pandemic Influenza Planning Checklist

Health Care

- Home Health Care Services Pandemic Influenza Planning Checklist
- Medical Offices and Clinics Checklist
- Emergency Medical Service and Medical Transport Checklist
- Hospital Preparedness Checklist
- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist

Community Organizations

- Faith-Based and Community Organizations Pandemic Influenza Preparedness Checklist