FEMA
DISASTER ASSISTANCE POLICY

I. TITLE: Emergency Assistance for Human Influenza Pandemic

II. DATE: March 31, 2007

III. PURPOSE:

Establish the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.

IV. SCOPE AND AUDIENCE:

The policy is applicable to all major disasters and emergencies declared on or after the date of publication of this policy. It is intended for personnel involved in the administration of the Public Assistance Program.

V. AUTHORITY:

Sections 403 (42 U.S.C. 5121-5206) and 502 (42 U.S.C. 5192) respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), and 44 Code of Federal Regulations (CFR) §206.225(a)(3)(i).

VI. BACKGROUND:

A. The severity of the next human influenza pandemic cannot be predicted, but modeling studies suggest that the impact of a pandemic on the United States could be substantial. In the absence of any control measures (vaccination or drugs), it has been estimated that in the United States a "medium–level" pandemic could cause 89,000 to 207,000 deaths, 314,000 to 734,000 hospitalizations, 18 to 42 million outpatient visits, and another 20 to 47 million people being sick. Over an expected period of two years, between 15% and 35% of the U.S. population could be affected by an influenza pandemic, and the economic impact could range between $71.3 and $166.5 billion. This effect does not include members of the general population that may have to miss work to care for ill family members, potentially raising the population affected by an influenza pandemic to 55% during the peak weeks of community outbreak (Department of Health and Human Services, Centers for Disease Control and Prevention, Pandemic Flu: Key Facts, January 17, 2006).

B. An influenza pandemic differs from other public health threats, in that:

- A pandemic will last much longer than most public health emergencies, and may include "waves" of influenza activity separated by months (in 20th century pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).

- The numbers of health-care workers and first responders available to work is expected to be reduced. This population will be at high risk of illness through exposure in the community and in health-care settings.

- Resources in many locations could be limited, depending on the severity and spread of an influenza pandemic.

C. Assumptions:

1. Three conditions must be met for a pandemic to begin:

   a. A new influenza virus subtype must emerge, for which there is little or no human immunity. (For example, the H5N1 virus (bird flu) is a new virus for humans. It has never circulated widely among people, infecting more than 200 humans, but killing over half of them.)

   b. It must infect humans and cause illness; and:

   c. It must spread easily and sustainably (continue without interruption) among humans.

2. There will be large surges in the number of people requiring or seeking medical or hospital treatment, which could overwhelm health services.

3. High rates of worker absenteeism will interrupt other essential services, such as emergency response, communications, fire and law enforcement, and transportation, even with Continuity of Operations Plans in place.

4. Rates of illness are expected to peak fairly rapidly within a given community, because all populations will be fully susceptible to an H5N1-like virus.

5. Local social and economic disruptions may be temporary, yet have amplified effects due to today's closely interrelated and interdependent systems of trade and commerce.

6. A second wave of global spread should be anticipated within a year, based on past experience.

7. All countries are likely to experience emergency conditions during a pandemic, leaving few opportunities for international assistance, as seen during natural disasters or localized disease outbreaks. Once international spread has begun, governments will likely focus on protecting domestic populations.

VII. POLICY:

A. The following Emergency Protective Measures (Category B) may be eligible for reimbursement to State and local governments and certain private non-profit organizations:

1. Activation of State or local emergency operations center to coordinate and direct the response to the event.

2. Purchase and distribution of food, water, ice, medicine, and other consumable supplies.

3. Management, control, and reduction of immediate threats to public health and safety.

4. Movement of supplies and persons.

5. Security forces, barricades and fencing, and warning devices.

6. Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests for a period determined by the Federal Coordinating Officer).

7. Temporary medical facilities (for treatment of disaster victims when existing facilities are overloaded and cannot accommodate the patient load).

8. Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot accommodate the patient load).

9. Communicating health and safety information to the public.

10. Technical assistance to State and local governments on disaster management and control.

11. Search and rescue to locate and recover members of the population requiring assistance and to locate and recover human remains.

12. Storage and internment of unidentified human remains.

13. Mass mortuary services.

14. Recovery and disposal of animal carcasses (except if another federal authority funds the activity – e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock).

B. Eligible Costs. Overtime pay for an applicant's regular employees may be eligible for reimbursement. The straight-time salaries of an applicant's regular employees who perform eligible work are not eligible for reimbursement. Regular and overtime pay for extra-hires may be eligible for reimbursement. Eligible work accomplished through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment, materials, and supplies made use of in the accomplishment of emergency protective measures may be eligible.

C. Ineligible Costs. Ineligible costs include the following:

1. Definitive care (defined as medical treatment or services beyond emergency medical care, initiated upon inpatient admissions to a hospital).

2. Cost of follow-on treatment of disaster victims is not eligible, in accordance with FEMA Recovery Policy 9525.4 – Medical Care and Evacuation.

3. Costs associated with loss of revenue.

4. Increased administrative and operational costs to the hospital due to increased patient load.

5. Rest time for medical staff. Rest time includes the time a staff member is unavailable to provide assistance with emergency medical care.

6. Because the law does not allow disaster assistance to duplicate insurance benefits, disaster assistance will not be provided for damages covered by insurance. The PA applicant

should not seek reimbursement for these costs if underwritten by private insurance, Medicare, Medicaid or a pre-existing private payment agreement.

Note: Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance agreements.

D. Coordination with Emergency Support Function (ESF). Coordination among ESFs 3, 5, 6, 8, 9, 11, and 14 will be required.

VIII. ORIGINATING OFFICE: Recovery Division (Public Assistance Branch).

IX. SUPERSESSION: This policy supersedes all previous guidance on this subject.

X. REVIEW DATE: Three years from date of publication.

David Garratt
Acting Assistant Administrator
Disaster Assistance Directorate