

ANNEX: RESOURCE DOCUMENTS

Resources to Provide Guidance for Employers and Individuals in the State

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1. Assist employers (including CI/KR and non-profits) in the state in preparing for an influenza pandemic

Goal: To assist all employers in the state in understanding the importance of pandemic planning and provide information on how they can create a pandemic plan

- a. Use the Business Pandemic Influenza Planning Checklist located at www.pandemicflu.gov/plan/business/businesschecklist.html to encourage employers (including non-profits and religious organizations) to create pandemic plans to ensure continuity of operations. Include information to help private sector employers address worker safety and health (see [Guidance on Preparing Workplaces for an Influenza Pandemic](#)) and worker behavioral and mental health issues. Remind employers of the role they will play in implementing community mitigation strategies. (See [Community Strategy for Pandemic Influenza Mitigation](#).)
- b. Conduct outreach to employers to assess their preparedness and their needs during a pandemic; work with localities as well as third-party organizations to educate employers. If feasible, provide training in coordination with local governments and other groups.
- c. Communicate with employers about sections of your state's pandemic plan that will affect them. Share the state pandemic plan with employers so they can coordinate plans; if needed, create MOUs for particular issues such as stockpiling of antiviral drugs.
- d. [Guidance on Preparing Workplaces for an Influenza Pandemic \(PDF - 313 KB\)](#) (Occupational Safety & Health Administration) Provides guidance and recommendations on infection control in the workplace, including information on engineering controls, work practices, and personal protective equipment, such as respirators and surgical masks

- e. [Stopping the Spread of Germs at Work](#) (Centers for Disease Control and Prevention) Basic precautions for protecting employee health.
- f. Federal Employment Laws
 - [Federal Employment Laws - For Employees](#)
 - [Federal Employment Laws - For Employers](#)
 - [Contacts for Employers and Employees](#) with Questions on Federal Employment Laws

2. Assess possible needs of employers (including CI/KR and non-profits) in the state post-pandemic and what programs and resources the state will have available

Goal: To assist employers in the state who may suffer severe economic losses or need assistance in their recovery plans.

- a. Assess the likely impact of a pandemic on employers, particularly small employers given the economic disruption to the economy.
- b. Review state benefit programs that may assist employers, particularly small businesses. Assess triggers for these programs to determine if the unique circumstances of a pandemic affect eligibility for these programs. Determine if additional legal/statutory and other flexibilities may be needed.

3. Help individuals and families prepare for a pandemic

- a. Establish a risk communication plan – during a pandemic, state agencies should speak with one voice and should coordinate their communications with federal agencies. As part of their communication plan, agencies should be assigned responsibilities for the issues that will likely arise in a pandemic, e.g., distribution of antiviral drugs, disruptions in services, closures of public spaces, school dismissals, etc., and have pre-prepared, cleared messages ready for dissemination.

(Information on community mitigation strategies should be made readily available to workers and their families. Materials should be made available (they can be taken from www.pandemicflu.gov) on how individuals should prepare, including safety and health information. The state pandemic Web site should include a resource list for workers in state and their families. (States may also wish to provide pandemic awareness training, power point presentations, printed materials, and other resources.))

- b. Work with localities, not-for-profit and faith-based organizations in pandemic planning for workers and their families and create opportunities to use community assistance and volunteers. Some states, for example, are working with the American Red Cross to take the necessary steps to support households quarantined/isolated because of a pandemic with food delivery, shelter and crisis counseling

4. Pandemic Influenza: When to Return to the Workplace or to School¹

This information is for people who have been diagnosed with pandemic influenza by a health care provider or who believe that they have pandemic influenza based on symptoms of illness¹. It is intended to assist these people in deciding when to return to the workplace or school to decrease the chance of spreading pandemic influenza to others.

Transmission of Pandemic Influenza: Pandemic influenza (flu) is an illness that is easy to spread by close contact with others at home, in the community, at work, or at school. Influenza viruses spread mainly from person to person when people with influenza cough or sneeze. Sometimes people may become infected by touching something with influenza virus on it and then touching their mouth or nose.

Symptoms of Pandemic Influenza: Sudden onset of

- Fever (100.4°F [38°C]) or higher **AND** cough, sore throat, and/or difficulty breathing
- These often occur with chills, headache, muscle aches, fatigue, and runny or stuffy nose

Pandemic influenza illness will likely make many people, even young adults, feel very sick—sick enough to stay in bed. If you are unsure whether you have pandemic influenza, want information about antiviral medications that may help you get better faster, or want to know how to avoid transmitting the influenza virus to others, contact your health care provider.

Additional information about pandemic influenza can be found at www.pandemicflu.gov.

If you have pandemic influenza, before returning to your workplace or school:

1) STAY HOME AND AWAY FROM OTHERS, as much as possible for at least 7 days after your symptoms first appeared and when your fever has been gone for 48 hours without your taking fever-reducing medicines such as acetaminophen (Tylenol), and ibuprofen (Motrin, Advil).²

WHY? Studies show you are most contagious and likely to spread influenza virus to others for 7 to 10 days after your first symptoms appeared and for up to 48 hours after your fever has ended.

2) IF YOU ARE IMMUNOSUPPRESSED, CONSULT WITH YOUR HEALTH CARE PROVIDER for guidance on when you may return to your workplace or school and on possible treatment with antiviral medications.

WHY? Being immunosuppressed means your body's immune system may be weaker than normal, for example, from cancer or cancer treatment, organ or bone marrow transplants, HIV/AIDS, or from treatment with drugs such as steroids. Studies show that an immunosuppressed

¹ This document was drafted by experts from the Departments of Veterans Affairs, Health and Human Services, and Labor, based on the best information available in 2007 before a pandemic has occurred.

² Brand names of drugs are provided as examples only. Their inclusion does not mean they are endorsed by the Federal Government. Also, if a particular brand name is not mentioned, that does not mean that the product is unsatisfactory.
for Employees

person who is infected with influenza may be able to transmit virus for a longer time than a person who is not immunosuppressed.

3) IF YOU WERE OR ARE TAKING ANTIVIRAL MEDICATIONS FOR TREATMENT OF INFLUENZA, CONSULT WITH YOUR HEALTH CARE PROVIDER AS TO WHEN TO RETURN TO YOUR WORKPLACE OR SCHOOL

WHY? Antivirals for influenza are prescription drugs such as oseltamivir (Tamiflu) and zanamivir (Relenza). While no one should return to work or school until fever has been gone for 48 hours, antiviral drugs may shorten the period when you are contagious (capable of transmitting influenza virus), allowing you to return earlier.

After returning to your workplace or school, remember to:

- Cover your coughs or sneezes with tissues (if no tissues are available cough into your sleeve), and dispose of tissues in trashcans or wastebaskets. Clean your hands after coughing or sneezing as soon as you can.
- Keep your hands clean by washing with soap and water or using alcohol-based hand gels frequently. As much as possible, avoid touching people and surfaces with unwashed hands.
- Return home or stay home and contact your health care provider if your symptoms worsen or re-occur.

5. Department/Agency Contacts for State Panflu Ops Plans (PAHPA)

Department	Name	Phone	Email
Department of Agriculture	Ron Niemeyer	(202) 690-6646	Ron.Niemeyer@usda.gov
Department of Commerce	Jennifer Sullivan	(202) 482-6808	JSullivan1@doc.gov
Department of Defense	Daniel Bochicchio	(703) 607-5660	Daniel.J.Bochicchio@ngb.mil
	Judi Davenport	(703) 697-5657	Judi.Davenport@osd.mil
	Mark Gentilman	(703) 845-8371	Mark.Gentilman@tma.osd.mil
	Chris Ginther	(703) 607-5909	Christopher.ginther@us.army.mil
	Wesley Girvin	(703) 601-2656	wesley.girvin@ng.army.mil
	David Grommons	forthcoming	david.grommons@us.army.mil
Department of Education	Dana Carr	(202) 260-0823	Dana.Carr@ed.gov
	Camille Welborn	(202) 401-0051	Camille.Welborn@ed.gov
Department of Health and Human Services	Lisa Koonin	(404) 921-7955	Lisa.Koonin@cdc.hhs.gov
	Lara Lamprecht	(202) 205-4719	Lara.Lamprecht@hhs.gov
	Matt Minson	(202) 205-5134	Matt.Minson@hhs.gov
	Anita Pullani	(202) 731-8961	Anita.Pullani@hhs.gov
	Christa Singleton	(404) 639-7107	Christa.Singleton@cdc.hhs.gov
Department of Homeland Security	Kenyetta Blunt	(202) 646-5782	Kenyetta.Blunt@dhs.gov
	Scott Middlekauff	(202) 254-6468	Scott.Middlekauff@dhs.gov
	Paul Strang	(202) 254-5666	Paul.Strang@dhs.gov
Department of Interior	Elaine Wolff	(202) 208-5417	Elaine_Wolff@ios.doi.gov
Department of Justice	James McAtamney	(202) 514-6907	james.a.mcatamney@usdoj.gov

Department of Labor	Barbara Bingham	(202) 693-5080	Bingham.Barbara@dol.gov
Department of State	Bill Brooks	(202) 312-9757	Brookswe@state.gov
	Cliff Seagroves	(202) 647-1395	SeagrovesCC@state.gov
	Pete Wood	(202) 216-5851	WoodPS2@state.gov
Department of Transportation	Ken Lord	(202) 366-2836	Ken.Lord@dot.gov
	Joan Harris	(202) 366-1827	Joan.Harris@dot.gov
	Karen Shelton-Mur	(202) 366-9003	karen.shelton-mur@dot.gov
	Gamunu Wijetunge	(202) 493-2793	Gamunu.Wijetunge@dot.gov
Department of Treasury	Judy Reilly	(202) 622-0728	Judy.Reilly@do.treas.gov
Department of Veterans Affairs	Patricia Dumas	(202) 461-7232	Patricia.Dumas@va.gov
Homeland Security Council	Carter Mecher	(202) 456-2288	Carter_E_Mecher@who.eop.gov
	Ken Staley	(202) 456-5782	Kenneth_W_Staley@who.eop.gov
Office of Personnel Management	Kimberly Moore	(202) 606-1230	Kimberly.moore@opm.gov

6 Pre-Designated Joint Field Office Coordination Groups in the Regions

Boston: "Region A" (FEMA Regions I & II)			
PFO	George Naccara, DHS/TSA	671-568-8901 781-389-9837 (mobile)	george.naccara@dhs.gov
DPFO	Mr. Art Cleaves, DHS/FEMA	617-956-7506	art.cleaves@dhs.gov
DPFO	Mr. Peter Boynton, DHS/TSA	402-345-3009 402-650-2079	peter.boynton@dhs.gov
FCO	Ms. Marianne Jackson, DHS/FEMA	212-680-3678 917-529-9667 (mobile)	marianne.jackson@dhs.gov
SFO	RADM Michael Milner, HHS/USPHS	617-565-4999	michael.milner@hhs.gov
Infrastructure Protection	Mr. Scott Cubbler, DHS	703-235-5271 917-538-7097	scott.cubbler@dhs.gov
DCO (I)	COL Frank Kosich	617-956-7670 210-475-2249 (mobile)	francis.kosich@us.army.mil
ADCO (II)	COL Robert Freehill	912-767-3891	robert.freehill@us.army.mil

Atlanta: "Region B" (FEMA Regions III & IV)

PFO	Mr. Phil May, DHS/FEMA	770-220-5210 770-331-1803 (mobile)	majorphil.may@dhs.gov
DPFO (III)	TBD		
DPFO (IV)	Mr. A. Stanley Meiburg, EPA/CDC	770-488-0576 404-435-4234 (mobile)	smeilburg@cdc.gov
FCO	Mr. Michael Bolch, DHS/FEMA	770-220-5745 678-491-0404 (mobile)	michael.bolch@dhs.gov
SFO	RADM Ali Khan, HHS/USPHS	404-639-7377 770-906-5882 (mobile)	ask0@cdc.gov
Infrastructure Protection	Mr. John Guest, DHS	215-446-6482 215-280-3226	john.guest@dhs.gov
DCO (IV)	COL Robert Mayr	678-530-5883	robert.mayr@us.army.mil
ADCO	COL Jim Mathis III	210-247-8961	james.mathis@us.army.mil
Denver: "Region C" (FEMA Regions V & VIII)			
PFO	Mr. Edward Buikema, DHS/FEMA	312-560-6412	Edward.buikema@dhs.gov
DPFO (V)	Mr. Kenneth Kasprisin, DHS/TSA	952-229-3858 612-201-4166 (mobile)	Kenneth.kasprisin@dhs.gov
DPFO	TBD		
FCO	Mr. Anthony Russell, DHS/FEMA	303- 235-4657 202-306- 4389(mobile)	tony.russell@dhs.gov
SFO	CAPT James Galloway , HHS/USPHS	312-353-1385 312-371-4419 (mobile)	james.galloway@hhs.gov
Infrastructure Protection	Mr. John Walsh, DHS	312-469-1503 312-485-4129 (mobile)	john.m.walsh@dhs.gov
DCO	COL Mike Chesney	312-408-5325 210-475-2228 (mobile)	michael-chesney@us.army.mil
ADCO	TBD		

Dallas/Denton: "Region D" (FEMA Regions VI & VII)			
PFO	Mr. Leo Vasquez, DHS/TSA	210-507-3150 210-722-2493 (mobile)	leopoldo.vasquez@dhs.gov
DPFO (VI)	Mr. Jim Lair, DHS/TSA	469-948-1821 469-231-5361	jim.lair@dhs.gov

DPFO (VII)	Mr. Michael Kudlacz, DHS/TSA	402-345-3009 402-650-2079	michael.kudlacz@dhs.gov
FCO	Mr Kenneth Clark, DHS/FEMA	940-898-5148 940-255-0577 (mobile)	kennethg.clark@dhs.gov
SFO	RADM Ronald Banks, HHS/USPHS	415-437-8070 415-846- 7109(mobile)	ron.banks@hhs.gov
Infrastructure Protection	Mr. Greg Gardner	785-213-6792	greg.gardner@dhs.gov
DCO (VI)	COL Laverm Young	940-591-6421 210-247-8870 (mobile)	laverm-young@us.army.mil
ADCO	COL Barry Fowler	816-926-7333	barry.fowler@us.army.mil
Seattle: "Region E" (FEMA Regions (IX & X))			
PFO	RADM John Currier, DHS/USCG	206-220-7090 206-450-4980 (mobile)	john.p.currier@uscg.mil
DPFO (IX)	RADM Craig Bone, DHS/USCG	510-437-3968 510-557-7101 (mobile)	craig.e.bone@uscg.mil
DPFO (X)	Ms. Susan Reinertson, DHS/FEMA	425-487-4604 425-367-2327 (mobile)	susan.reinertson@dhs.gov
FCO	Mr Michael Hall, DHS/FEMA	425-482-3702 202-725-6488 (mobile)	michael-FCO.hall@dhs.gov
SFO	RADM Patrick O'Carroll, HHS/USPHS	206-615-2469	patrick.ocarroll@hhs.gov
Infrastructure Protection	Mr. Scott Behunin, DHS	801-258-5274 801-440-0854 (mobile)	scott.behunin@dhs.gov
DCO (IX)	COL Mark Armstrong	925-875-4480	mark.armstrong@us.army.mil
ADCO (X)	COL Gary Stanley	425-487-4790	gary.stanley@us.army.mil

7. The Emergency Management Assistance Compact

The Emergency Management Assistance Compact ([EMAC](#)), is the congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement.

8. National Guard and Department of Defense links

- a.) National Guard [Joint Capabilities Database](#) is a resource that can provide information about the National Guard domestic disaster support capabilities in your state
- b.) [The National Guard website](#) The National Guard, the oldest component of the Armed Forces of the United States celebrated its 371st birthday in 2007. Responsible for their own defense, the colonists drew on English military tradition and organized their able-bodied male citizens into militias. Codified under the US Constitution, today's National Guard remains a dual state-Federal force. Under the command of the Governor, the National Guard long tradition of responding to the nations' disasters and when federalized by the Presidential, fighting the Nations' wars
- b.) [U.S. Northern Command](#) (USNORTHCOM) was established Oct. 1, 2002 to provide command and control of Department of Defense (DoD) homeland defense efforts and to coordinate defense support of civil authorities. USNORTHCOM defends America's homeland — protecting our people, national power, and freedom of action.
- c.) DoD Pandemic Influenza Watchboard: <http://fhp.osd.mil/aiWatchboard> provides current and up to date global pandemic information.
- d.) U.S. Army Medical Research Institute of Infectious Diseases [USAMRIID](#) conducts basic and applied research on biological threats resulting in medical solutions to protect military service members. Since its inception in 1969, USAMRIID has spearheaded research to develop medical solutions—vaccines, drugs, diagnostics, and information

9. Models and additional resources for working with vulnerable populations

- a.) [Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency \(DRAFT\)](#) <http://www.bt.cdc.gov/workbook/>
- b.) [Finding and Reaching At-Risk Populations in an Emergency Resource Guide; 2007](#) http://nydisnet.nydis.org/2007/download/072507_SEND_We_Recommend_At_Risk_Resource_Guide_2007.pdf.
- c.) [Chronic Illness Is The Disaster Inside Disasters](#)", *Journal of Health Care for the Poor and Underserved*, Special Katrina Issue; May 2007 <http://www.medicalnewstoday.com/articles/69098.php>
- d.) Philadelphia, PA's approach to planning for at-risk populations (Goal 3.0 Integrate Health and Human Services into Emergency Management) (download an overview at http://www.phila.gov/ready/pdfs/EPRC_Full_Report_Updated_7_14.pdf)
- e.) Link to specific planning activities: http://www.add-em-onf.com/quarterly_reports/Pennsylvania_Quarterly_Report_07_06_to_09_06.doc
- f.) [Special Populations Planner: "New Software Helps Emergency Planners Assist People with Special Needs"](#) http://www.anl.gov/Media_Center/News/2007/DIS070511.html