

# Appendix O: Pandemic Influenza Planning Checklists

In the event of an influenza pandemic, many sectors play a key role in protecting the health and safety of their employees, as well as limiting the negative impact to the economy and society.

Planning for pandemic influenza is critical. HHS and CDC developed guidelines, including checklists, to assist businesses, industries, and other employers in planning for a pandemic, and these checklists cover multiple key sectors, including:

- Business
- Child Care
- Colleges/Universities
- Emergency Medical Services (EMS)
- Faith-Based
- Health Insurer
- Law Enforcement
- Correctional Facilities
- Home Health
- Hospitals
- Individual/Families
- Long-Term Care
- Medical Offices and Clinics
- Schools (Kindergarten -12<sup>th</sup> Grade)
- State/local

The EMS, Law Enforcement, Correctional Facilities, Individual/Families, Schools (Kindergarten -12<sup>th</sup> Grade), and Colleges/Universities checklists are in this appendix to aid the pandemic planning that is essential to these elements and equities of the Department. Those checklists that are not included in this appendix can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

## Pandemic Flu Planning Checklist for Individuals and Families

It is important to prepare for an influenza pandemic now. Knowing both the magnitude of what can happen during a pandemic outbreak, and what actions to take to help lessen the impact of an influenza pandemic is key.

To plan for a pandemic:

- Store a two week supply of water and food
  - During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand
  - This can be useful in other types of emergencies, such as power outages and natural disasters
- Periodically check your prescription drugs to ensure a continuous supply in your home
- Have any non-prescription drugs and other health supplies on hand, including pain relievers, cold medicines, fluids with electrolytes, and vitamins
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home
- Volunteer with local groups to prepare and assist with emergency response
- Get involved in your community as it works to prepare for an influenza pandemic.

To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

Items to have on hand for an extended stay at home:

| Examples of food and non-perishables                                  | Examples of medical, health, and emergency supplies                                 |
|---|---|
| Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups | Prescribed medical supplies such as glucose and blood-pressure monitoring equipment |
| Protein or fruit bars   | Soap and water, or alcohol-based (60-95%) hand wash                                 |
| Dry cereal or granola   | Medicines for fever, such as acetaminophen or ibuprofen                             |
| Peanut butter or nuts   | Thermometer   |
| Dried fruit   | Anti-diarrheal medication   |
| Crackers  | Vitamins  |
| Canned juices   | Fluids with electrolytes  |
| Bottled water   | Cleansing agent/soap  |
| Canned or jarred baby food and formula                                | Flashlight  |
| Pet food  | Batteries   |
| Other non-perishable items  | Portable radio  |
|   | Manual can opener   |
|   | Garbage bags  |
|   | Tissues, toilet paper, disposable diapers   |

## Emergency Medical Services & Non-Emergent Medical Transport Organizations Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable health care response. HHS and CDC have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza.

EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by State or local health departments.

This checklist is modeled after one included in the HHS Pandemic Influenza Plan ([www.hhs.gov/pandemicflu/plan/sup3.html#app2](http://www.hhs.gov/pandemicflu/plan/sup3.html#app2)). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations.

Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

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

### Structure for planning and decision making

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.   |             |             |           |
| A planning committee <a href="#">1</a> has been created to specifically address pandemic influenza preparedness.  |             |             |           |
| A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.) |             |             |           |

|  |  |  |  |
|--|--|--|--|
| <p>Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.)</p> <p>Administration:</p> <p>Medical staff:</p> <p>EMS providers:</p> <p>Phone triage personnel/dispatch center:</p> <p>Emergency management officer:</p> <p>State/local health official:</p> <p>Law enforcement official (for quarantine/security):</p> <p>Other member <u>2</u> :</p> |  |  |  |
|--|--|--|--|

A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.)

**Development of a written pandemic influenza plan.**

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

**Elements of an influenza pandemic plan.**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response. Responsibility has been assigned for monitoring national and State public health advisories (e.g., <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a> ) and informing the pandemic |             |             |           |

response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., State or city). (Insert name, title, and contact information of person responsible.)

A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see [www.cdc.gov/flu/professionals/diagnosis/](http://www.cdc.gov/flu/professionals/diagnosis/). (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)

A communication plan has been developed.  
 Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.)

Local health department contact:

State health department contact:

Local emergency management contact:

State emergency management contact:

Federal health emergency contact(s):

The organization's point person for external communication has been assigned. (Insert name, title, and contact information.)

(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.)

A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities) has been created. (Insert location of or attach copy of contact list.)

A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities) has been created. (Attach copy of contact list.)

The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process.

For more information on State and local planning, see [www.hhs.gov/pandemicflu/plan/part2.html#overview](http://www.hhs.gov/pandemicflu/plan/part2.html#overview).

The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.

A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.

A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.)

Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or Federal agencies) education of EMS and medical transport personnel have been identified.

For more information see [www.cdc.gov/flu/professionals/training/](http://www.cdc.gov/flu/professionals/training/).

Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through State and Federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials.

Education and training include information on infection control measures to prevent the spread of pandemic influenza.

Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.

A plan has been developed for triage and management of patients during a pandemic that includes the following:

- A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport.
- A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic.
- A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run.
- The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).

An infection control plan is in place and includes the following:  
For information on infection control recommendations for pandemic influenza, see [www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html).

- A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness.
- The plan includes distributing masks [3](#) to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles.
- Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.
- A policy that requires healthcare personnel to use Standard Precautions [www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_standard.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) [www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_droplet.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients.

An occupational health plan has been developed that includes the following:

A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza. The policy considers the following:

- Handling of staff who become ill at work.
- When personnel may return to work after recovering from pandemic influenza.
- When personnel who are symptomatic but well enough to work will be permitted to continue working.
- Personnel who need to care for their ill family members.
- A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
- A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
- Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
- The ability to monitor seasonal influenza vaccination of personnel.
- Offering annual influenza vaccine to personnel.

A vaccine and antiviral use plan has been developed.

Websites containing current CDC and State health department recommendations for the use and availability of vaccines and antiviral medications have been identified.

For more information, see [www.hhs.gov/pandemicflu/plan/sup6.html](http://www.hhs.gov/pandemicflu/plan/sup6.html) and [www.hhs.gov/pandemicflu/plan/sup7.html](http://www.hhs.gov/pandemicflu/plan/sup7.html).

An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use.

For more information, see [www.hhs.gov/pandemicflu/plan/appendixd.html](http://www.hhs.gov/pandemicflu/plan/appendixd.html). Discussions have been held with the local and/or State health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.

Concerns related to surge capacity during a pandemic have been addressed.

A plan is in place for managing a staffing shortage within the organization because of illness in personnel for their family members.

The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.

Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers.

Hospitals and regional planning groups have been consulted regarding contingency staffing resources.

Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.

A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.

Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.

An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

---

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

2 Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups.

3 Masks include both surgical and procedure types. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.



## Law Enforcement Pandemic Influenza Planning Checklist

In the event of pandemic influenza, law enforcement agencies (e.g., State, local, and tribal police departments, sheriff’s offices, Federal law enforcement officers, special jurisdiction police personnel) will play a critical role in maintaining the rule of law as well as protecting the health and safety of citizens in their respective jurisdictions. Planning for pandemic influenza is critical.

HHS has developed the following checklist to assist law enforcement agencies in their pandemic planning. This checklist provides a general framework for developing a pandemic influenza plan. Each agency or organization will need to adapt this checklist according to its unique needs and circumstances. The key planning activities in this checklist are meant to complement and enhance your existing all-hazards emergency and operational continuity plans. Many of the activities identified in this checklist will also help you to prepare for other kinds of public health emergencies.

Information specific to public safety organizations and pandemic flu preparedness and response can be found at <http://www.ojp.usdoj.gov/BJA/pandemic/resources.html>.

For further information on general emergency planning and continuity of operations, see [www.ready.gov](http://www.ready.gov). Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Develop a pandemic influenza preparedness and response plan for your agency or organization.

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| Assign primary responsibility for coordinating law enforcement pandemic influenza preparedness planning to a single person (identify back-ups for that person as well) with appropriate training and authority (insert name, title, and contact information here).   |             |             |           |
| Form a multidisciplinary law enforcement/security planning committee to address pandemic influenza preparedness specifically. The planning team should include at a minimum: human resources, health and wellness, computer support personnel, legal system representatives, partner organizations, and local public health resources. Alternatively, pandemic influenza preparedness can be addressed by an existing committee with appropriate skills and knowledge and relevant mission (list committee members and contact information here). This Committee needs to have the plan approved by the Agency Head. |             |             |           |
| Review Federal, State, and local public health and emergency management agencies’ pandemic plans in areas where you operate or have jurisdictional responsibilities. Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management.   |             |             |           |

See “State and Local Governments,”  
[www.pandemicflu.gov/plan/states/index.html](http://www.pandemicflu.gov/plan/states/index.html) and  
<http://www.fema.gov/emergency/nims/index.shtm>.

|   |  |  |  |
|---|--|--|--|
| Verify Command and Control areas of responsibility and authority during a pandemic.<br>Identify alternative individuals in case primary official becomes incapacitated. |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Set up chain of command and procedures to signal activation of the agency’s response plan, altering operations (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations. |  |  |  |
|--|--|--|--|

|   |  |  |  |
|---|--|--|--|
| Determine the potential impact of a pandemic on the agency or organization by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc.<br>Incorporate pandemic influenza into agency emergency management planning and exercise. |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Identify current activities (by location and function) that will be critical to maintain during a pandemic. These essential functions might include 911 systems in communities where law enforcement is responsible for this activity, other communications infrastructures, community policing, information systems, vehicle maintenance, etc. Identify critical resources and inputs (e.g., employees, supplies, subcontractor services/products, and logistics) that are necessary to support these crucial activities. |  |  |  |
|--|--|--|--|

|   |  |  |  |
|---|--|--|--|
| Develop, review, and approve an official law enforcement/security pandemic influenza preparedness and response plan.<br>This plan represents the output of many or all of the activities contained in this checklist.<br>This plan can be an extension of your current emergency or business continuity plans with a special focus on pandemic influenza and should identify the organizational structure to be used to implement the plan.<br>Include procedures to implement the plan in stages based upon appropriate triggering events. |  |  |  |
|---|--|--|--|

|   |  |  |  |
|---|--|--|--|
| Develop a pandemic-specific emergency communications plan as part of the pandemic influenza preparedness and response plan, and revise it periodically.<br>The communications plan should identify a communication point of contact, key contacts and back-ups, and chain of communications and clearance.<br>Plan may also include potential collaboration with media representatives on the development of scripts based on likely scenarios guided by the public information officer(s).<br>Coordinate with partners in emergency government and public health in advance. |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Designate an individual to monitor pandemic status and collect, organize, and integrate related information to update operations as necessary.<br>Develop a plan for back-up if that person becomes ill during a pandemic. |  |  |  |
|--|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Develop a situational awareness capability that leadership can use to monitor the pandemic situation, support agency decisions, and facilitate monitoring of impact. |  |  |  |
| Distribute pandemic plan throughout the agency or organization and develop means to document employees/staff received and read the plan.                             |  |  |  |
| Allocate resources through the budgeting process as needed to support critical components of preparedness and response identified in your plan.                      |  |  |  |
| Periodically test both the preparedness and response plan and the communications plan through drills and exercises; incorporate lessons learned into the plans.      |  |  |  |

**Plan for the impact of a pandemic on your employees**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| <p>Develop contingency plans for 30 – 40% employee absences.<br/>Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.</p>   |             |             |           |
| <p>As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g. staggered shifts) when appropriate.</p>  |             |             |           |
| <p>Develop a reporting mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).</p>  |             |             |           |
| <p>Establish compensation and leave policies that strongly encourage ill workers to stay home until they are no longer contagious.<br/>During a pandemic, employees with influenza-like symptoms (such as fever accompanied by sore throat, muscle aches and cough) should not enter the worksite to keep from infecting other workers.<br/>Employees who have been exposed to someone with influenza, particularly ill members of their household, may also be asked to stay home and monitor their symptoms.</p> |             |             |           |
| <p>Employees who develop influenza-like symptoms while at the worksite should leave as soon as possible.<br/>Consult with State and local public health authorities regarding appropriate treatment for ill employees.<br/>Prepare policies that will address needed actions when an ill employee refuses to stay away from work.<br/>Federal agencies can consult guidance provided by the OPM at <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a>.</p>   |             |             |           |

|  |  |  |  |
|--|--|--|--|
| <p>Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic.<br/>Advise employees not to bring their children to work if childcare cannot be arranged.<br/>Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.</p> |  |  |  |
|--|--|--|--|

Identify critical job functions and plan now for cross-training employees to cover those functions in case of prolonged absenteeism during a pandemic.  
Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary. These replacements should be integrated into employee development activities, and should include critical contracted services as well.

|   |  |  |  |
|---|--|--|--|
| <p>Develop policies that focus on preventing the spread of respiratory infections in the workplace.<br/>This policy might include social distancing practices, the promotion of respiratory hygiene/cough etiquette, the creation of screening mechanisms for use during a pandemic to examine employees for fever or influenza symptoms, using the full range of available leave policies to facilitate staying home when ill or when a household member is ill, and appropriate attention to environmental hygiene and cleaning.<br/>For more information see the <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a> and <a href="http://www.pandemicflu.gov/plan/community/mitigation.html">http://www.pandemicflu.gov/plan/community/mitigation.html</a> as well as OPM's guidance at <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a>.</p> |  |  |  |
|---|--|--|--|

Provide educational programs and materials (language, culture, and reading-level appropriate) to personnel on:

- pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, medical care),
- personal and family protection
- response strategies (e.g., hand hygiene, coughing/sneezing etiquette, etc.).

Post instructional signs that illustrate correct infection control procedures in all appropriate locations, including offices, restrooms, waiting rooms, processing rooms, detention facilities, vehicles, etc. and, community mitigation interventions (e.g., social distancing).  
See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm), and <http://www.pandemicflu.gov/plan/community/mitigation.html>.

|   |  |  |  |
|---|--|--|--|
| <p>Provide training for law enforcement officers, office managers, medical or nursing personnel, and others for performance of assigned emergency response roles.</p> |  |  |  |
|---|--|--|--|

|   |  |  |  |
|---|--|--|--|
| <p>Identify a training coordinator and maintain training records.<br/>                 Ensure all staff are familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure.<br/>                 See <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> for more information</p>  |  |  |  |
| <p>Stock recommended personal protective equipment (PPE) and environmental infection control supplies and make plans to distribute to employees, contractors, and others (including detainees) as needed.<br/>                 These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol).<br/>                 EPA registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities.<br/>                 PPE may include gloves, surgical masks and respirators (disposable N-95s or higher respirators or reusable respirators), eye protection, pocket masks (for respiratory resuscitation) and protective cover wear (e.g., impervious aprons).<br/>                 The specific uses for the above supplies will be advised by State and local health officials during a pandemic.<br/>                 Further information can be found at <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a> and at <a href="http://www.osha.gov/Publications/OSHA3327pandemic.pdf">http://www.osha.gov/Publications/OSHA3327pandemic.pdf</a>.</p>   |  |  |  |
| <p>Provide information to employees to help them and their families prepare and plan for a pandemic.<br/>                 See <a href="http://www.pandemicflu.gov/plan/individual/index.html">www.pandemicflu.gov/plan/individual/index.html</a>.</p> <p>Work with State and/or local public health to develop a plan for distribution of pandemic influenza vaccine and antiviral medications to law enforcement personnel.<br/>                 See current HHS recommendations for pandemic influenza vaccine and antiviral use at <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">http://www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">http://www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p> <p>Encourage and track seasonal influenza vaccination for employees every year.<br/>                 See <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a>.<br/>                 Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices.<br/>                 See <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm">www.cdc.gov/nip/recs/adult-schedule.htm</a> and <a href="http://www.cdc.gov/nip/recs/child-schedule.htm">www.cdc.gov/nip/recs/child-schedule.htm</a>.</p> |  |  |  |
| <p>Evaluate employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed.<br/>                 See <a href="http://www.hhs.gov/pandemicflu/plan/sup11.html">www.hhs.gov/pandemicflu/plan/sup11.html</a>.</p>  |  |  |  |

**Plan for providing services to the public during a pandemic**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| Identify community-based scenarios and needs likely to occur in a pandemic emergency, and plan how to respond. These might include security of health care and/or vaccine distribution sites, sites that store antiviral medications or vaccines, first-responder activities, protection of critical infrastructure, management of panic and/or public fear, crowd/riot control, enforcement of public health orders, etc. |             |             |           |
| Develop traffic flow plans to deal with standard traffic management and traffic flow around health-care delivery sites, including vaccine and antiviral distribution sites   |             |             |           |
| Anticipate community vulnerabilities (vulnerable populations, crimes of opportunity, fraudulent schemes, etc.) and specifically train employees to respond.  |             |             |           |
| Develop guidance for managing/assisting special populations (e.g., persons who are homeless, substance abusers, elderly, and individuals with disabilities, etc.) during a pandemic. This will require coordination with public health agencies, social services, correctional facilities, legal system representatives, and community-based organizations serving these populations.                                      |             |             |           |
| Work with local and/or State health departments or other relevant resources to ensure health protection and care for detainees or other individuals for whom the agency has responsibility.  |             |             |           |
| Establish policies on post-arrest management of an ill or exposed individual, including what to do should a care facility, precinct, and/or other law enforcement facility refuse entry to an ill or exposed individual.   |             |             |           |

**Plan for coordination with external organizations and help your community**

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.  |             |             |           |
| Share preparedness and response plans with other law enforcement agencies and law enforcement support agencies in your region or State (to include the National Guard) in order to share resources, identify collaboration strategies, and improve community response efforts. Develop, review, and modify local and State mutual aid agreements, if necessary. Mutual aid during an influenza pandemic can not be counted on as multiple jurisdictions in a given region may be affected simultaneously and have limited aid to offer. Availability of one State's National Guard to support another States plans under an existing compact (e.g., Emergency Management Assistance Compact) may be limited due to competing demands in their home State. |             |             |           |

Coordinate all requests for assistance with the next higher level governmental entity (e.g., local officials coordinate with State officials, State officials coordinate with Federal officials). Coordination is essential to ensure the assets: (1) can be provided in accordance with existing laws, (2) the requested resources are available.

During a pandemic, assistance from the next higher level of government may be limited due to competing higher priority demands and the effects of the influenza pandemic on these assets.

|   |  |  |  |
|---|--|--|--|
| Integrate planning with emergency service and criminal justice organizations such as courts, corrections, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.). |  |  |  |
|---|--|--|--|

States should plan on utilizing their National Guard to perform law enforcement and security functions during a pandemic influenza. The National Guard under the command and control of the respective State's Governor is not subject to Posse Comitatus Act restrictions as are Federal military forces. Availability of one State's National Guard to support another States plans under an existing compact (e.g., Emergency Management Assistance Compact) may be limited due to competing demands in their home state.

|   |  |  |  |
|---|--|--|--|
| Security functions are essential during a pandemic influenza. Through your city or county attorney, corporation counsel or other appropriate authority, collaborate with the Office of the State Attorney General to clarify and review the authorities granted to law enforcement to include the National Guard. Suggest clarifications and work arounds as needed, and integrate into agency policy, training, and communications activities. |  |  |  |
|---|--|--|--|

Identify local or regional entities, such as health-care agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities. This collaboration might involve situational awareness, exercises or drills, or public safety training.

|  |  |  |  |
|--|--|--|--|
| Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons. Each law enforcement agency will need to interact with local, State, county, and tribal public health officials to define the extent of the authorities provided from State legislation, develop procedures for the local initiation, implementation, and use of those authorities, as well as define protections from liability for law enforcement that may arise from quarantine and isolation enforcement. Operational planning must be flexible enough to address all scenarios in an all hazards environment, and in light of emerging infectious diseases. |  |  |  |
|--|--|--|--|

**This page intentionally left blank.**



## Correctional Facilities Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable health care delivery system within correctional facility settings. HHS has developed the following checklist to help prison and jail systems to self-assess and improve their preparedness for responding to pandemic influenza. Given the differences among systems, individual facilities should adapt this checklist to meet their unique needs. This checklist should be used as one tool in developing an overall pandemic influenza plan for correctional systems as well as individual facilities.

Responsible officials should incorporate information from State, regional and local health departments and emergency management agencies/authorities into the system and individual facility pandemic influenza plan. An additional benefit of this planning is that it can be used for other types of disaster preparedness.

All contact information specified below should include the names, titles, and contact information (i.e., office phone and cell phone numbers and e-mail and physical addresses) for individuals or organizations. These sheets should be provided to the system-level office (for prison and large jail systems). Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov). For information on general emergency planning and continuity of operations, see [www.ready.gov](http://www.ready.gov).

### Develop a pandemic influenza preparedness and response plan.

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| Incorporate pandemic influenza preparedness into correctional facility or system disaster planning and exercises.<br>Review Federal, State, and local public health and emergency management agencies' pandemic plans in areas where you operate or have jurisdictional responsibilities.<br>Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management.<br>See "State and Local Governments," <a href="http://www.pandemicflu.gov/plan/states/index.html">www.pandemicflu.gov/plan/states/index.html</a> and <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> . |             |             |           |
| Assign responsibility for coordinating pandemic influenza preparedness planning to a person with appropriate training and authority.<br>Verify Command and Control areas of responsibility and authority during a pandemic.<br>Develop a plan for back-up if that person becomes ill during a pandemic.   |             |             |           |

|                     | Pandemic Influenza Preparedness (PIP) Coordinator | Alternate PIP Coordinator |
|---------------------|---|---------------------------|
| Name                |   |                           |
| Title               |   |                           |
| Contact Information |   |                           |

Form a multidisciplinary planning committee to address pandemic influenza preparedness specifically. Alternatively, pandemic influenza preparedness can be addressed by an existing committee with appropriate skills and knowledge and relevant mission. Committee Name:

Appoint members of the planning committee to include (as applicable in different settings) the representatives listed in the table below:

| Committee Representative                       | Name and Title | Contact Information (office phone, cell phone, e-mail) | Alternate Representative |
|--|----------------|--|--------------------------|
| PIP Coordinator                                |                |  |                          |
| Secretary/Commissioner/Warden/Sheriff/Director |                |  |                          |
| Medical Director                               |                |  |                          |
| Health Services Representative(s)              |                |  |                          |
| Infection control expert                       |                |  |                          |
| Environment Health Officer/POC                 |                |  |                          |
| Maintenance Director                           |                |  |                          |
| Staff Trainer(s)                               |                |  |                          |
| Dietary Services Coordinator/Director          |                |  |                          |
| Pharmacist                                     |                |  |                          |
| Security Coordinator/Director                  |                |  |                          |
| Human Resources Representative                 |                |  |                          |
| Communications Director                        |                |  |                          |
| Others   |                |  |                          |

Establish points of contact for influenza pandemic preparedness in the local and State health departments (table below is provided as a guide).

See <http://www.pandemicflu.gov/state/statecontacts.html>

| Agency                  | Contact Name(s) and Title(s) | Contact Information (office phone, cell phone, e-mail) |
|-------------------------|------------------------------|--|
| Local Health Dept.      |                              |  |
| State Health Dept.      |                              |  |
| State Corrections Dept. |                              |  |

Establish linkages with local, regional or State emergency preparedness groups (table below is provided as a guide).

| Emergency Preparedness Groups | Contact Name and Title | Contact Information (office phone, cell phone, e-mail) |
|-------------------------------|------------------------|--|
| City                          |                        |  |
| County                        |                        |  |
| Other regional                |                        |  |

Identify one or more representatives from acute care hospitals as committee liaisons that may facilitate hospitalization of seriously ill inmates or facilitate transfer of patients into the correctional facility (table below is provided as a guide).

| Acute Care Hospital | Liaison(s) Name and Title | Contact Information (office phone, cell phone, e-mail) |
|---------------------|---------------------------|--|
|                     |                           |  |
|                     |                           |  |
|                     |                           |  |

Designate authority (and back-up individuals) to activate the correctional system pandemic influenza plan.

| Authority  |  |
|--|--|
| Name   |  |
| Title  |  |
| Contact Information (Office phone, cell phone, e-mail) |  |

Set up chain of command and procedures to signal activation of the agency's influenza pandemic response plan, altering operations (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations.

|   |  |  |  |
|---|--|--|--|
| <p>Ensure all staff is familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure.<br/>See <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> for more information.</p>   |  |  |  |
| <p>Determine the potential impact of a pandemic on the agency or organization by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc.<br/>Incorporate pandemic influenza into agency emergency management planning and exercise.</p>           |  |  |  |
| <p>Obtain relevant sections of the Department of Health and Human Services Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan">http://www.hhs.gov/pandemicflu/plan</a>) for incorporation into the system or facility plan, as appropriate.</p>   |  |  |  |
| <p>Obtain copies of available State, regional and local pandemic plans for incorporation into the system or facility plan, as applicable. (When appropriate, facility representatives should participate in development of these plans).<br/>See: <a href="http://www.pandemicflu.gov/plan/stateplans.html">http://www.pandemicflu.gov/plan/stateplans.html</a></p> |  |  |  |
| <p>Describe organizational structure that will be used to implement the plan.</p>   |  |  |  |
| <p>Include provisions for timely and periodic review and revision of the plan, including dated history of revisions and clear identification of most current plan.</p>  |  |  |  |
| <p>Include allowances for the administrator or other authorized personnel to modify the plan in response to evolving circumstances that may represent a threat to the well-being and safety of the inmates and/or personnel.</p>  |  |  |  |
| <p>Make sure that the plan checklist includes the date and signature of senior managerial representatives to confirm understanding and general conformity with the plan details.</p>  |  |  |  |
| <p>Submit a completed plan to the Secretary/ Commissioner's Office by [insert date] for review and approval by [insert dates completed and sent for review].</p>  |  |  |  |

**Elements of an Influenza Pandemic Plan for each system and facility should include the following:**

| Tasks | Not Started | In Progress | Completed |
|-------|-------------|-------------|-----------|
|-------|-------------|-------------|-----------|

Assign a person(s) (with a back-up identified) the responsibility for monitoring Federal and State public health advisories using the internet ([www.pandemicflu.gov](http://www.pandemicflu.gov)) and other appropriate information sources and to notify the pandemic influenza coordinator and the planning committee (system and facility levels) when pandemic influenza is reported in the United States and when it is reported within the geographic area of the correctional facility.

|  | Responsible Person | Alternate |
|--|--------------------|-----------|
| Name   |                    |           |
| Title  |                    |           |
| Contact Information (Office phone, cell phone, e-mail) |                    |           |

A plan for surveillance (monitoring) and detection of seasonal and pandemic influenza in inmates and staff (see [www.hhs.gov/pandemicflu/plan/sup1.html](http://www.hhs.gov/pandemicflu/plan/sup1.html)). The plan should ensure:

Develop a written protocol for monitoring seasonal influenza-like illness in inmates and staff (i.e., weekly or daily number of inmates and staff with influenza-like illness).

See <http://www.cdc.gov/flu/professionals/diagnosis/>.

Institute a system for tracking illness trends during seasonal influenza to ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.

Create a protocol for the detection, evaluation, diagnosis and treatment of inmates and personnel with symptoms of pandemic influenza.

See <http://www.hhs.gov/pandemicflu/plan/sup5.html>

Institute a system to monitor and internally review transmission of pandemic influenza among inmates and staff in the facility. Information from this monitoring system is used to implement containment measures (e.g., isolation, cohorting).

A communication plan. See <http://www.hhs.gov/pandemicflu/plan/sup10.html>.

Assign responsibility for communication with public health authorities and within the corrections system for planning and response.

|   | Responsible Person | Alternate |
|---|--------------------|-----------|
| Name  |                    |           |
| Title   |                    |           |
| Contact Information (Office & cell phone, e-mail) |                    |           |

|  |  |  |  |
|--|--|--|--|
| <p>Develop a list of local hospitals/health facilities, emergency medical services, commercial and clinical laboratories, relevant community organizations (including those involved with disaster preparedness) and update as necessary including points of contact to facilitate communication across organizational lines during pandemic conditions.<br/>(Attach a copy to the pandemic plan).</p> |  |  |  |
|--|--|--|--|

Assign responsibility for communication with inmates, staff, and the community regarding the status and impact of pandemic influenza in the facility.  
Develop a plan for back-up if that person becomes ill during a pandemic. Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.

|   |  |  |  |
|---|--|--|--|
| <p>Ensure that communications are available in appropriate formats for individuals with disabilities (e.g., visual or hearing impairments) and limited English proficiency.</p> |  |  |  |
|---|--|--|--|

An education and training plan.  
Each system and each facility should develop or obtain an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current system/facility and community response plans.

Designate responsibility for coordinating education and training on pandemic influenza, including identifying and facilitating access to available programs, as well as tracking which personnel have completed the training.

|   |  |  |  |
|---|--|--|--|
| <p>Identify existing and potential sources for alternative training options such as Web casts, DVD, CD-ROM and local training programs conducted by the health department, area hospitals, local colleges or trade schools for clinical and non-clinical education for corrections staff.<br/>See <a href="http://www.cdc.gov/flu/professionals/training/">http://www.cdc.gov/flu/professionals/training/</a></p> |  |  |  |
|---|--|--|--|

Identify or develop language, format (i.e., prepared for individuals with visual, hearing or other disabilities), and reading-level appropriate materials (e.g., brochures, pamphlets) to supplement and support education and training programs of personnel and inmates.  
See [www.cdc.gov/flu/groups.htm](http://www.cdc.gov/flu/groups.htm) and [www.cdc.gov/flu/professionals/infectioncontrol/index.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm)

|  |  |  |  |
|--|--|--|--|
| <p>Ensure that education and training includes information on infection control measures to prevent the spread of pandemic influenza, such as hand hygiene and sneeze/cough etiquette.</p> |  |  |  |
|--|--|--|--|

Pre-identify, perform background checks, credential and train personnel who will be brought in for surge capacity.

An infection control plan for managing inmates and visitors with pandemic influenza that includes the following:

Create policies and procedures for cohorting inmates with known or suspected pandemic influenza using one or more of the following strategies: 1) Confining ill and exposed inmates to their cells, 2) Placing inmates with symptoms of pandemic influenza together in one area of the facility, or closing off units that have symptomatic inmates.

Policies and protocols for restricting staff who are assigned to work on affected units from working on other units.

Develop policies and procedures for handling intake, influenza screening, processing and placement of new inmates with known or suspected pandemic influenza.

Design an infection control policy for the use of recommended personal protective equipment and infection control measures for staff.

See <http://www.hhs.gov/pandemicflu/plan/sup4.html>

Develop procedures for implementing respiratory hygiene/cough etiquette for staff and inmates throughout the facility.

See [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) and the Community Mitigation guidance at <http://www.pandemicflu.gov/plan/community/mitigation.html>

Specify criteria and protocols for appropriately closing the facility to new admissions, including notification of feeder jails and reception (intermediary classification and assessment) centers.

Develop criteria and procedures for transfer of inmates with known or suspected pandemic influenza to hospitals, if it becomes necessary.  
Policies and procedures for clinical management of inmates who need hospitalization but must remain in the facility due to limited hospital beds.

Plan for discharging released inmates with known or suspected pandemic influenza

Develop criteria and protocols for limiting non-essential visitors, including an education and communication strategy for visitors, especially those traveling long distances.  
Include policies and procedures for pandemic influenza screening of all persons coming into the facility.

A plan for the impact of a pandemic on your employees that includes the following:  
See [www.hhs.gov/pandemicflu/plan/sup11.html](http://www.hhs.gov/pandemicflu/plan/sup11.html) and the Community Mitigation guidance at <http://www.pandemicflu.gov/plan/community/mitigation.html>

Develop contingency plans for 30 – 40% employee absences.

Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.

Identify critical job functions and plan now for to cover those functions in case of prolonged absenteeism during a pandemic.  
 Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary. These replacements should be integrated into employee development activities, and should include critical contracted services as well.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) if appropriate.

Develop a mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Establish compensation and leave policies that strongly encourage ill workers to stay home until they are no longer contagious.

During a pandemic, employees with influenza-like symptoms (such as fever accompanied by sore throat, muscle aches and cough) should not enter the worksite to keep from infecting other workers.

Employees who have been exposed to someone with influenza, particularly ill members of their household, may also be asked to stay home and monitor their symptoms.

Employees who develop influenza-like symptoms while at the worksite should leave as soon as possible. Explore the availability of resources for testing for influenza in coordination with local and State health departments.

Consult with State and local public health authorities regarding appropriate treatment for ill employees. Prepare policies that will address needed actions when an ill employee refuses to stay away from work. Federal agencies can consult guidance provided by the Office of Personnel Management (OPM) at [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Develop policies that focus on preventing the spread of respiratory infections in the workplace.

This policy might include social distancing practices, promoting respiratory hygiene/cough etiquette, and attention to environmental hygiene and cleaning.



For more information see [www.pandemicflu.gov](http://www.pandemicflu.gov) and <http://www.pandemicflu.gov/plan/community/mitigation.html> as well as OPM's guidance at [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

Provide educational programs and materials (language, culture, and reading-level appropriate) to personnel on: pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, medical care)  
See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, and [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).  
personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, etc.).  
Post instructional signs that illustrate correct infection control procedures in all appropriate locations, including offices, restrooms, waiting rooms, processing rooms, detention facilities, vehicles, etc.  
See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, and community mitigation interventions <http://www.pandemicflu.gov/plan/community/mitigation.html>.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Provide information to employees to help them and their families prepare and plan for a pandemic. See [www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html)

Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic.  
Advise employees not to bring their children to the workplace if childcare cannot be arranged.  
Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Provide training for law enforcement officers, office managers, medical or nursing personnel, and others as needed for performance of assigned emergency response roles. Identify a training coordinator and maintain training records.

Stock recommended personal protective equipment (PPE) and environmental infection control supplies and make plans to distribute to employees, contractors, and others (including detainees) as needed.  
These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol).  
EPA registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities.  
PPE may include gloves, surgical masks and respirators, eye protection, pocket masks (for respiratory resuscitation) and protective cover wear

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|   |  |  |  |
|---|--|--|--|
| <p>(e.g., impervious aprons).<br/>The specific uses for the above supplies will be advised by State and local health officials during a pandemic. Further information can be found at <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>. and at <a href="http://www.osha.gov/Publications/OSHA3327pandemic.pdf">http://www.osha.gov/Publications/OSHA3327pandemic.pdf</a></p>  |  |  |  |
| <p>Work with State and/or local public health to develop a plan for distribution of pandemic influenza vaccine and antiviral medications to personnel.<br/>See current HHS recommendations for pandemic influenza vaccine and antiviral use at <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">http://www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">http://www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p>   |  |  |  |
| <p>Encourage and track seasonal influenza vaccination for employees every year.<br/>See <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a>.<br/>Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices. See <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm">www.cdc.gov/nip/recs/adult-schedule.htm</a> and <a href="http://www.cdc.gov/nip/recs/child-schedule.htm">www.cdc.gov/nip/recs/child-schedule.htm</a>.</p> |  |  |  |
| <p>Evaluate employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed.<br/>See <a href="http://www.hhs.gov/pandemicflu/plan/sup11.html">www.hhs.gov/pandemicflu/plan/sup11.html</a>.</p>   |  |  |  |
| <p>Develop a plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave, altering their work location, or other appropriate alternatives during a pandemic health crisis, consistent with the EEO laws.</p>  |  |  |  |
| <p>A vaccine and antiviral use plan, including:</p>   |  |  |  |
| <p>Refer to web sites containing current CDC and State health department recommendations and guidance for the use, availability, access and distribution of vaccines and antiviral medications during a pandemic.<br/>For more information, see: <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p>   |  |  |  |
| <p>Develop policies and a plan that addresses prioritization of personnel and inmates to be vaccinated or treated based on the availability of vaccines, antiviral medications, and other limited quantity treatment or prophylaxis, consistent with HHS guidance and State health department recommendations<br/>See <a href="http://www.hhs.gov/pandemicflu/plan/appendixd.html">www.hhs.gov/pandemicflu/plan/appendixd.html</a></p>  |  |  |  |
| <p>Establish an implementation plan for rapid delivery of vaccines, antiviral treatments, and prevention strategies for staff and inmates based on the preceding prioritization strategy.</p>   |  |  |  |

A plan to address concerns related to surge capacity during a pandemic including staffing and supply issues. The plan should:

Develop a staffing plan that specifies the minimum number and categories of personnel necessary to maintain the operation of the prison or jail, based on inmate census and the need to provide medical and nursing care in a safe manner.

| Assign responsibility for assessing day-to-day staffing and other needs during an influenza pandemic to someone with proper authority and training.   |                    |                    |      |  |       |  |  |  |  |  |  |
|---|--------------------|--------------------|------|--|-------|--|--|--|--|--|--|
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">Responsible Person</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Contact Information (office phone, cell phone, e-mail)</td> <td></td> </tr> </tbody> </table> |                    | Responsible Person | Name |  | Title |  | Contact Information (office phone, cell phone, e-mail) |  |  |  |  |
|   | Responsible Person |                    |      |  |       |  |  |  |  |  |  |
| Name  |                    |                    |      |  |       |  |  |  |  |  |  |
| Title   |                    |                    |      |  |       |  |  |  |  |  |  |
| Contact Information (office phone, cell phone, e-mail)  |                    |                    |      |  |       |  |  |  |  |  |  |

Define criteria for declaring a “staffing crisis” that would enable the use of emergency staffing alternatives.

|  |  |  |  |
|--|--|--|--|
| Include protocols for mandatory security and medical staff overtime within applicable State law or system regulations.<br>Assess the value of voluntary emergency staffing agreements, preferably written, with medical and clinical staff members for all-cause disasters prior to implementing mandatory staffing. |  |  |  |
|--|--|--|--|

Address facilities that use contracted medical staffing. Arrangements should be made for voluntary or mandatory crisis staffing on a collaborative basis. Contract providers do not have the same authority as the State to require mandatory overtime, so cooperative planning is necessary.

|  |  |  |  |
|--|--|--|--|
| Provide cross training of facility staff to help sustain operating capacity. |  |  |  |
|--|--|--|--|

Include linkages to local and regional planning and response groups to collaborate on addressing widespread healthcare staffing shortages during a crisis.

|   |  |  |  |
|---|--|--|--|
| Estimate consumable resource needs (e.g., masks, gloves, hand hygiene products) for approximately six to eight weeks and consider stockpiling these quantities depending on storage capacity, purchasing flexibility, and other facility-specific considerations. |  |  |  |
|---|--|--|--|

Develop a primary plan and contingency plan to address supply shortages, including detailed procedures for the pre-pandemic acquisition of supplies through normal channels as well as procedures for replenishing supplies under crisis conditions.

Development of a strategy to help increase health care bed capacity in the community, if feasible. Plans should consider:

Identification of potential problems and concerns associated with temporary use of facility space for acute care beds and develop strategies for addressing these issues with both security and medical personnel in advance of need.

|  |  |  |  |
|--|--|--|--|
| Identification of areas within the facility that could be used to create additional acute care beds for expanded health care capacity; discuss availability with local and regional planning groups. |  |  |  |
|--|--|--|--|

Signed transfer agreements with hospitals and/or other providers for the facility to accept non-influenza patients, if applicable, to enable hospitals to focus on the most seriously ill patients with pandemic influenza.

Development of a strategy for handling and storing increased numbers of deceased persons, including communications plans for contacting appropriate family members or others regarding disposition of remains. The plan should:

Address expanding morgue capabilities with local hospitals and other relevant institutions.

|  |  |  |  |
|--|--|--|--|
| Identify an area in the facility that could be used as a temporary morgue. |  |  |  |
|--|--|--|--|

Coordinate your plan with other agencies and organizations

Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.

|  |  |  |  |
|--|--|--|--|
| <p>Share preparedness and response plans with other correctional agencies and law enforcement support agencies in your community, region or State in order to share resources, identify collaboration strategies, and improve community response efforts.</p> <p>Develop, review, and modify local and State mutual aid agreements, if necessary.</p> <p>Mutual aid during a pandemic cannot be counted on as multiple jurisdictions in a given region may be affected simultaneously and have limited aid to offer.</p> |  |  |  |
|--|--|--|--|

Coordinate all requests for assistance with the next higher level governmental entity (e.g., local officials coordinate with State, State coordinate with Federal). Coordination is essential to ensure the assets: (1) can be provided in accordance with existing laws, (2) the requested resources are available.

During a pandemic influenza, assistance from the next higher level of government may be limited due to competing higher priority demands and the effects of the influenza pandemic on these assets.

Integrate planning with emergency service and criminal justice organizations such as courts, law enforcements, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.).

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Security functions are essential during a pandemic. Through your city or county attorney, counsel or other appropriate authority, collaborate with the Office of the State Attorney General to clarify and review security needs and resources available to your facility.

Identify local or regional entities, such as health-care agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities. This collaboration might involve situational awareness, exercises or drills, or public safety training.

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons.

Each law enforcement agency will need to interact with local, State, county, and tribal public health officials to define the extent of the authorities provided from State legislation, develop procedures for the local initiation, implementation, and use of those authorities, as well as define protections from liability for law enforcement that may arise from quarantine and isolation enforcement. Operational planning must be flexible enough to address an all hazards environment, including infectious diseases.

**This page intentionally left blank.**

## School District (Kindergarten -12<sup>th</sup> Grade) Pandemic Influenza Planning Checklist

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. HHS and CDC have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan.

The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education ([Practical Information on Crisis Planning: A Guide For Schools and Communities \(PDF\)](#) (1.56MB)). Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Planning and Coordination:

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.   |             |             |           |
| Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.   |             |             |           |
| As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives).<br>This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.  |             |             |           |
| Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan.<br>An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident.<br>Ensure compatibility between the district's ICS and the local/state health department's and state education department's ICS. |             |             |           |
| Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan.  |             |             |           |

Assure that the plan includes timelines, deliverables, and performance measures.

|  |  |  |  |
|--|--|--|--|
| Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan. |  |  |  |
|--|--|--|--|

Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.

|   |  |  |  |
|---|--|--|--|
| Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months. |  |  |  |
|---|--|--|--|

Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.

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

Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

|   |  |  |  |
|---|--|--|--|
| Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students. |  |  |  |
|---|--|--|--|

Implement an exercise/drill to test your pandemic plan and revise it periodically

|  |  |  |  |
|--|--|--|--|
| Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts. |  |  |  |
|--|--|--|--|

**Continuity of Student Learning and Core Operations:**

| Tasks | Not Started | In Progress | Completed |
|-------|-------------|-------------|-----------|
|-------|-------------|-------------|-----------|

Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.

|  |  |  |  |
|--|--|--|--|
| Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures. |  |  |  |
|--|--|--|--|

Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.



**Infection Control Policies and Procedures:**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette).<br>Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu. |             |             |           |
| Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.   |             |             |           |
| Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).   |             |             |           |
| Establish sick leave policies for staff and students suspected to be ill or who become ill at school.<br>Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.  |             |             |           |
| Establish policies for transporting ill students.  |             |             |           |
| Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a> ).  |             |             |           |

**Communications Planning:**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.   |             |             |           |
| Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.   |             |             |           |
| Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities. |             |             |           |
| Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.   |             |             |           |
| Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.  |             |             |           |
| Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.   |             |             |           |

Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.

Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).

Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).

Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.

## Colleges and Universities Pandemic Influenza Planning Checklist

In the event of an influenza pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families.

HHS and the CDC have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic.

Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Planning and Coordination:

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| 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. Assure that the plan includes timelines, deliverables, and performance measures.   |             |             |           |
| <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• cancellation of classes, sporting events and/or other public events;</li> <li>• closure of campus, student housing, and/or public transportation;</li> <li>• assessment of the suitability of student housing for quarantine of exposed and/or ill students (See <a href="http://www.hhs.gov/pandemicflu/plan/sup8.html">www.hhs.gov/pandemicflu/plan/sup8.html</a>);</li> <li>• 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);</li> <li>• contingency plans for maintaining research laboratories, particularly those using animals; and</li> <li>• stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.</li> </ul> |             |             |           |
| Work with State and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university.   |             |             |           |

|  |  |  |  |
|--|--|--|--|
| Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus. |  |  |  |
| 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 healthcare 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 Incident Command System and the Incident Command Systems 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.   |  |  |  |
| Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).   |  |  |  |
| Share what you have learned from developing your preparedness and response plan with other colleges/universities to improve community response efforts.  |  |  |  |

**Continuity of Student Learning and Operations:**

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.     |             |             |           |
| 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. |             |             |           |

**Infection Control Policies and Procedures:**

| Tasks   | Not Started | In Progress | Completed |
|---|-------------|-------------|-----------|
| <p>Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette).<br/>                     See Infection Control<br/> <a href="http://www.cdc.gov/flu/pandemic/healthprofessional.htm">www.cdc.gov/flu/pandemic/healthprofessional.htm</a><br/>                     Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza.<br/>                     Encourage students and staff to get annual influenza vaccine (<a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a>).</p> |             |             |           |
| <p>Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).</p>  |             |             |           |
| <p>Establish policies for employee and student sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).</p>  |             |             |           |
| <p>Establish sick leave policies for employees and students suspected to be ill or who become ill on campus.<br/>                     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.</p>  |             |             |           |
| <p>Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (See <a href="http://www.cdc.gov/flu/pandemic/healthprofessional.htm">www.cdc.gov/flu/pandemic/healthprofessional.htm</a>). 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.</p>   |             |             |           |
| <p>Adopt CDC travel recommendations (<a href="http://www.cdc.gov/travel/">www.cdc.gov/travel/</a>) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.</p>   |             |             |           |

**Communications Planning:**

| Tasks  | Not Started | In Progress | Completed |
|--|-------------|-------------|-----------|
| <p>Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See <a href="http://www.hhs.gov/pandemicflu/plan/sup10.html">www.hhs.gov/pandemicflu/plan/sup10.html</a>).</p> |             |             |           |
| <p>Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.</p>  |             |             |           |
| <p>Develop and test platforms (e.g., hotlines, telephone trees,</p>  |             |             |           |

dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.

Assure 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, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at [www.pandemicflu.gov/plan/tab3.html](http://www.pandemicflu.gov/plan/tab3.html)), 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.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|