Campbell County Fiscal Court
Pandemic Influenza

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Introduction

Local Government continuity means ensuring that essential functions can survive a natural disaster, technological failure, human error, or other disruption. Many existing Local Government continuity plans anticipate disruptions such as fires, earthquakes, and floods; these events are restricted to certain geographic areas, the time frames are fairly well defined and limited and resources can flow in from other areas. Pandemic flu, however, demands a different set of continuity assumptions since it will be widely dispersed geographically and potentially arrives in waves that could last several months at a time.

Depending on the flu strain and based on previous pandemics, public health officials project cumulative absentee rates of 25-30 percent over three to four months in the first wave. Fear will also impact rates of absenteeism.

If a pandemic flu strikes, national, state and local government health officials will issue information, warnings and work with the media to disseminate advice on how to avoid becoming ill. Company managers, human resource departments, and employees should pay close attention to the guidance provided by local and state health departments.

In a worst case scenario, "Local Government as usual" may cease. Government health officials may have to implement dramatic measures, including shutting down certain Local Government that involve high levels of interaction with the public, such as restaurants and theatres. Health officials may also have to restrict travel, cancel public events such as concerts or sports, and close Local Government. (See Appendix A)

The size and type of Local Government will be the deciding factors for the type of plan that a Local Government needs to develop. All Local Government continuity plans for a pandemic should include the following components at a minimum:

- Provide each employee the resources to prepare themselves, and their families
- Prevent/minimize the spread of influenza within local government structure itself
- Monitor employee absentee rates
- Create a system to notify/share the information with employees during pandemic
- Develop a plan to address essential resources to maintain minimal operations

Resources for plan development:
http://flu.gov/plan/tools.html
Pandemic Influenza Action Kit for Local Government (to be developed) (will have web site/CD Rom Discs)

Assumptions

A pandemic flu will spread rapidly and easily from person to person, affecting all Local Governments due to absenteeism. County Government which is relied upon by other Local Governments will be facing the same massive absentee rates, and will be unable to provide essential components to maintain the daily operations.

Risk assessments to identify the essential/critical components of our Local Government operation needs to be conducted. Develop partnerships, alliances, third parties and suppliers to support continuity arrangements that will maintain operations and ensure these components are available during a pandemic.

Recognize in the Local Government impact assessment that the new paradigm includes for example:

- Healthcare services not being available (they are already full at present with the usual ailments).
- Local Government, churches and other public places not being open.

- Borders are partially or fully closed, especially airports, leaving people (our families, employees, Local Government partners, customers and suppliers) "stranded".
- Essential materials and supplies may be limited due to distribution chains that are affected by the travel restrictions or absentee workers supporting those transportation means.
- Essential services around utilities, food distribution/access and banking systems may not be at "normal levels"; access to cash flow could be tight.
- People may not be willing to or able to come to work.

Communications

Communications during a Pandemic involves both internal communications and external communications.

A call list of county employees will be developed and used so that all communications documentation is readily available for supporting updates, advisories, and alerts.

Alert: conveys the highest level of importance; warrants immediate action or attention.

Advisory: provides key information for a specific incident or situation; might not require immediate action.

Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Internal & External Communications

- Notification to employees of operational changes
- Provide frequent updates about the pandemic status
- Provide advisories and alerts as conditions change
- Ensure vendors and suppliers have available a dedicated communications contact
- Monitor local, state, and federal pandemic updates
- Establish and maintain communications with other local emergency preparedness authorities

Use the Communicator, which can perform automatic dialing from a database with each employees contact number will be used to send notifications and messages about alerts. The Communicator maybe used to create a message center for staff to call-in and receive important updates. The county email system will be used for alerting and notifying key stakeholders through e-mails, pagers, etc. The use of the Local Government web-site will serve as a portal for sharing information with employees and citizens.

Resources Pandemic Updates:

Department of Health and Human Services http://www.hhs.gov/

Northern Kentucky District Health Department http://www.nkyhealth.org/mx/hm.asp?id=home

Kentucky Cabinet for Health and Family Services http://chfs.ky.gov/

Centers for Disease Control and Prevention http://www.cdc.gov/

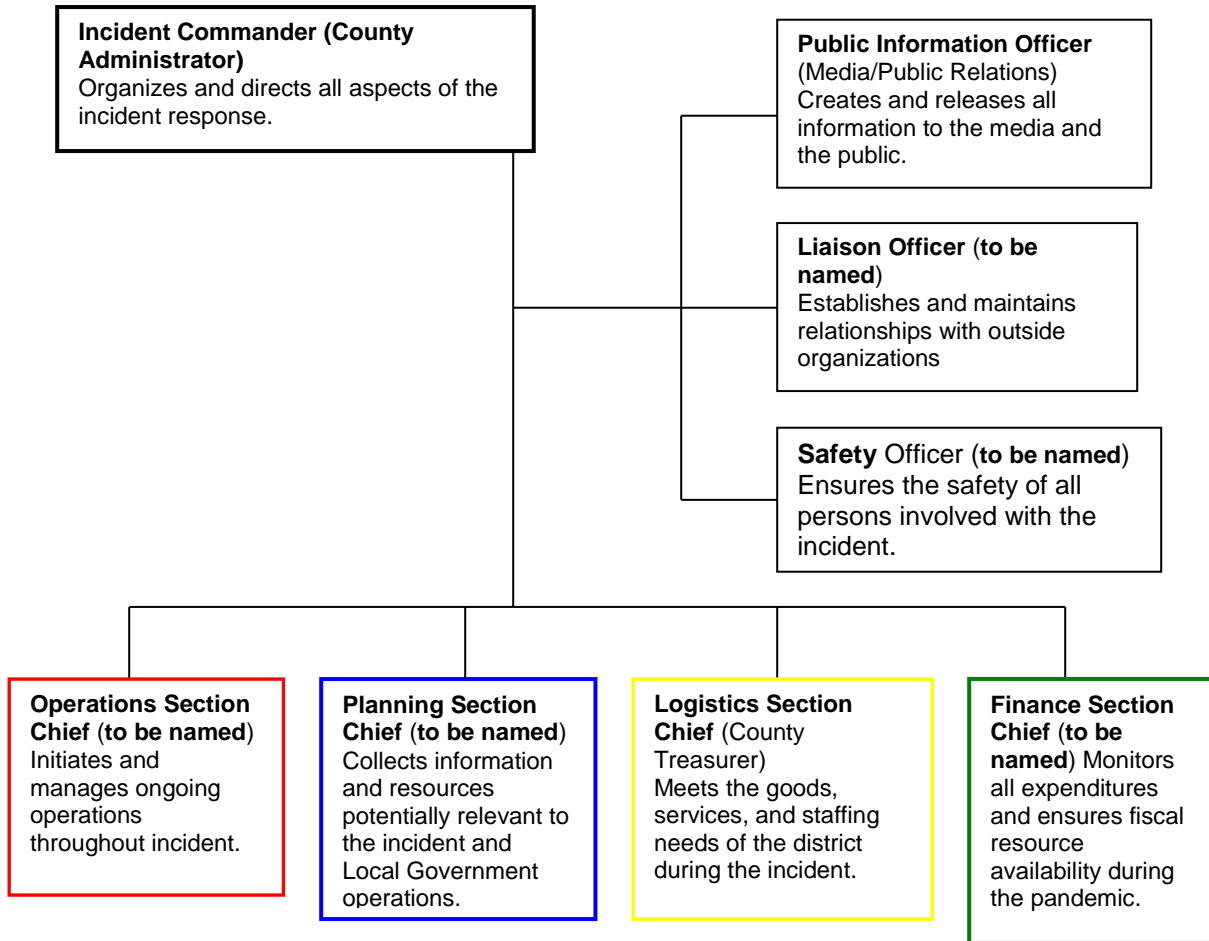World Health Organization http://www.cdc.gov/

Command and Control

During an emergency, employees look to management to provide leadership for the Local Government. Our Local Government needs to demonstrate to the employees that the leadership has a plan and are able to work together.

During a pandemic, many administrators may be out sick or are home taking care of ill family. We must build in redundancy for the specific measures identified as part of the response plan and those additional responsibilities will be designated in the management structure.

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Local Government has well developed disaster plans that mirror the state emergency operations plan and the federal governments National Incident Management System (NIMS). **NIMS is an emergency management tool that works for any crisis type of management and relies on a flexible structure similar to a Local Government Organizational Chart. Training for NIMS is available through the OEM.** Below is an example of a NIMS organizational structure. This type of system should be adapted as local circumstances dictate. Other local emergency preparedness organizations including public health and emergency responders will also be using this approach. Work with them on coordination.

Incident Commander (County Administrator)
Organizes and directs all aspects of the incident response.

Public Information Officer
(Media/Public Relations)
Creates and releases all information to the media and the public.

Liaison Officer (**to be named**)
Establishes and maintains relationships with outside organizations

Safety Officer (**to be named**)
Ensures the safety of all persons involved with the incident.

Operations Section Chief (**to be named**)
Initiates and manages ongoing operations throughout incident.

Planning Section Chief (**to be named**)
Collects information and resources potentially relevant to the incident and Local Government operations.

Logistics Section Chief (County Treasurer)
Meets the goods, services, and staffing needs of the district during the incident.

Finance Section Chief (**to be named**) Monitors all expenditures and ensures fiscal resource availability during the pandemic.

However our Local Government decides to structure during an emergency, share this with your employees so that they will have a clear understanding of who has the responsibility for various functions. Once employees are aware of this and know the Local Government has a plan, their fears will be greatly reduced and will be more likely to support the Local Government in an emergency.

Resources for Emergency Management:
FEMA http://www.fema.gov/emergency/nims/index.shtm
FEMA/EMI – web based training for NIMS
http://training.fema.gov/IS/crslist.asp

Timing of Closures

The timing of closures will be a function of the dynamic nature of the event as determined by the parameters above. Recommendations will be based upon guidance documents and direction from the national level and use of present and evolving state of the art analyses of the mitigating impact of Local Government closures within a given pandemic situation.

On February 3rd, 2007, the U.S. Department of Health and Human Services (HHS) in conjunction with the Centers for Disease Control and Prevention (CDC) provided guidance on mitigating the impact of pandemic influenza in the U.S. As part of that guidance, HHS created a Pandemic Severity Index similar to the classification structure for hurricanes.

The Pandemic Severity Index (PSI) is a domestic planning tool to help categorize a pandemic by severity. Communities can then make decisions on what measures to take based on how harmful the pandemic is projected to be. The index is divided into five categories: a category 1 pandemic is as harmful as a severe seasonal influenza season, while a pandemic with the same intensity as the 1918 flu pandemic (thought to have killed anywhere from 20 million to 100 million people around the world), would be classified as category 5. Estimating the severity of a pandemic will be primarily based on the percentage of deaths among ill persons. Based on this projection, the government and health officials may recommend different actions communities can take in order to try to limit the spread of disease by reducing contact between sick and well individuals. Table 1 below is from the guidance and illustrates the PSI in relation to various severity levels.

Characteristics	Pandemic Severity Index (PSI)				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30-<150	150-<300	300-<600	≥600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20th Century U.S.Experience	Seasonal Influenza (illness rate 5-20%)	1957,1968	None	None	1918 Pandemic

Table 1.

The PSI is designed to also relate to the World Health Organizations Pandemic Influenza Phases as are indicated in Table 2. below and these trigger points indicate action that needs to be taken at the each level.

Pandemic Severity Index	WHO Phase 6, U.S. Government stage 3*	WHO Phase 6, U.S. Government Stage 4† and First human case in the United States	WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby**	Standby/Activate††	Activate

Table 2.

Alert: Notification of critical systems and personnel of their impending activation.
Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.
Activate: Implementation of the community mitigation strategy.
*Widespread human outbreaks in multiple locations overseas.
†First human case in North America.
§Spread throughout the United States.
¶Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.
**Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.
††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in Table 2.

The Ky Department of Health will monitor surveillance data available and provide recommendations to areas of the state while the Health District will monitor local situational aspects in conjunction with Local Governments to determine specific closure recommendations.

As the CDC guidance notes, "Determining the likely time frames for progression through *Alert, Standby*, and *Activate* postures is difficult. Predicting this progression would involve knowing 1) the speed at which the pandemic is progressing and 2) the segments of the population most likely to have severe illness. These two factors are dependent on a complex interaction of multiple factors, including but not limited to the novelty of the virus, efficiency of transmission, seasonal effects, and the use of countermeasures. Thus it is not possible to use these two factors to forecast progression prior to recognition and characterization of a pandemic outbreak, and predictions within the context of an initial outbreak investigation are subject to significant limitations. Therefore, from a pre-pandemic planning perspective and given the potential for exponential spread of pandemic disease, it is prudent to plan for a process of rapid implementation of the recommended measures."

Resources for Pandemic Phases:
World Health Organization http://www.who.int/csr/en/
CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States Early Targeted Layered use of Non-Pharmaceutical Interventions
http:www.pandemicflu.gov/plan/community/community_mitigation.pdf

Monitoring & Reporting

Monitoring absenteeism and identifying the number of ill employees will provide useful information regarding operational decisions that need to be made during all phases of a pandemic. Reporting these numbers to the Northern Kentucky Independent Health District will also provide them with a community wide surveillance to implement necessary public health measures.   For this reason, developing a monitoring and reporting system will be essential for Local Government continuity of operations.

- Local Government should designate a staff person to be the Influenza Manager, i.e. Local Government Human Resources. This person would be responsible for tracking the employees who call in sick or get ill at work. Weekly or daily reports would be provided to upper management for determining policy issues that may need to be implemented. In addition, these reports should be provided to the local health department for community wide surveillance per previously agreed procedures.

- Pandemic reporting will be developed during the alert phases to identify community clusters. Self reporting forms may be made available on-line, and provided to institutional settings, long-term care homes, public Local Government, responder agencies, and large businesses

Information generated through this type of integrated surveillance program will be used to: determine when a pandemic begins, track its course globally, nationally, regionally, and locally; guide antiviral use, and evaluate management efforts including when to institute community containment measures or lift them.

Resources for Surveillance:
WHO http://www.who.int/csr/disease/avian_influenza/phase/en/index.html
CDC http://www.cdc.gov/flu/weekly/ - http://www.cdc.gov/flu/avian/

Public Health Measures

Access to vaccines and antiviral drugs during a pandemic will be extremely limited, non-medical interventions may be the only way to delay the spread of the disease. Many of the interventions, however, may affect human behavior and human rights and therefore need a strong educational and legal basis. Moreover, most of the interventions are based on limited evidence. Therefore, transparent decision-making and frank information-sharing should go hand-in-hand with the measures discussed in this section.

The key to make public health measures effective, involves providing information to staff on the threat of a pandemic, limitations of resources to combat the disease, and educational awareness of the measures that need to be implemented before a pandemic begins. These efforts are intended to modify behavior so that utilizing these measures will be effective.

Examples of public health measures include;
- Utilize good hygiene by following recommended protection and infection control measures
- Minimize exposure by avoiding public gatherings, public places, and areas considered high risk
- Update vaccinations including seasonal flu and pneumonia
- Keep physically healthy; eat right, drink plenty of fluids, exercise, and get plenty of sleep
- Maintain a positive mental attitude
- Stay home and seek medical care when sick

Utilize experts from the field of public health and emergency management to resolve questions about the plans. At a minimum, create signage to place in the Local Government facilities for employees and citizens recommending good hygiene measures.

References for public health measures:
DHS http://www.pandemicflu.gov/
CDC http://www.cdc.gov/flu

Infection Control Measures
Guidelines for infection control are important to clarify the routes of transmission and the ways to interrupt transmission through measures of hygiene. Infection control is an essential component of pandemic management and a component of public health measures. Utilize training sessions, and signage to make employees aware of the essential measures.

Examples of Infection Control Measures;
1. Stay at home when you are sick. If possible, stay away from work, and from running errands. You will help others from catching your illness.
2. Cover your coughs and sneeze into tissue, or cough into your shirt sleeve.
3. Wash your hands often to avoid spreading and getting germs.
4. Enhance existing housekeeping service by wiping down and disinfecting work areas (i.e. keyboards, telephones, desks, doorknobs, etc.) frequently.
5. Enhance housekeeping services for general public use areas several times throughout the work period.
6. Use personal protective equipment where appropriate to minimize exposure (i.e. gloves- handling money, masks- for ill employees)

References for Infection Control measures:
CDC http://www.cdc.gov/infectioncontrol
VA PH http://www.publichealth.va.gov/infectiondontpassiton/index.htm

Maintaining Essential Services (Continuity of Operations Planning [COOP])
Planning for Pandemic Influenza is distinctly different from other potential crises that might occur. While good solid NIMS based command and control element is the foundation for an effective response to any crisis, most situations will be localized geographically and therefore resources outside of the crisis area will be available for use. In a pandemic, all areas of the country will be affected and those resources generally taken for granted will likely not be available as they would under other circumstances. Thinking through this difference is essential for an effective response. The Health District will be able to provide assistance in this area.

Perform a risk assessment. Utilize the risk assessment to identify the critical components to maintaining our operation. Prioritize these components (services and materials) and begin identifying provisions to support those components during an emergency.

The assessment of critical operations needs to include supplies and human resources. Identify the essential staff necessary to continue operations in emergency situations (4 to 6 weeks). Develop a method to cross-train or back-fill these essential employees should the impact of absenteeism during a pandemic minimize worker availability. Look for creative solutions to operational needs such as, creating partnerships with vendors, suppliers, personnel management agencies, and neighboring Local Government districts.

The key to maintaining essential services is to identify the critical components that may become scarce during a pandemic. By identifying these early, you can begin looking for ways to create back-up systems, supplies, and other resources.

Implementation, Testing, and Revision of the Plan
Writing the plan may seem the most difficult but ensuring the plan works can only be achieved in testing the plan. There are numerous ways are available to accomplish this, without having to wait for an actual emergency.

Implement the policy measures necessary to minimize the spread of influenza during the upcoming flu season. Begin conducting trainings, and place signage to stimulate good hygiene. Other policies like staying at home when ill and tracking employee absenteeism during the seasonal flu period would also be a good place to begin testing the plan.

Testing the plan can also be accomplished by conducting exercises. Exercises range from loss stress to actual full scale hands on drills. A tabletop exercise is the easiest way to begin testing a plan. This type of exercise involves having discussions regarding a scenario that challenges the plan and the decision makers during an emergency. Functional exercises take on an additional level of complexity, in that they actually require participants to conduct functional components of the plan. This usually involves planning specific scenarios, creating pretend data and issues that target an area within the plan to be tested. Each of these methods of testing the plan requires appropriate planning for the exercise and the evaluation. The evaluation is critical to revising the plan, by capturing actual responses during the exercise or drill objectively. Once this data is captured, an after-action report with recommendations to revising the plan should be completed.

Assistance for implementing and testing a plan is available through Emergency Management at federal, state and local levels, and public health. Additionally, there are many consultant agencies available to assist in full exercise design and facilitation. The tabletop scenario attached and discussion questions can be helpful and can also be tailored to your specific plan or needs. Instructions on facilitating the exercise are also included.

Resources for Implementation
Whitehouse http://www.whitehouse.gov/infocus/pandemicflu/