



Building Community Resilience

Pandemic Influenza Business Continuity Guide & Template

For Medical Facilities within San Mateo County

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Provided by:
San Mateo County Department of Public Health

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The Pandemic Influenza Business Continuity Guide and Template provides general guidance for medical facilities planning to respond to the threat of pandemic influenza. The information in this document should not be relied upon without reference to legal, occupational health and safety, infection control, and public health expertise tailored to your specific workplace.

Because of the evolving nature of this threat, up to date information should be sought at www.smhealth.org/pandemic and from other reliable sources referenced in this document. Future revisions will be available on the website.

How to Use the Guide and Template

The Pandemic Influenza Business Continuity Guide and Template has been developed by the San Mateo Department of Public Health to assist health care facilities of various sizes to think through critical issues related to pandemic influenza and create comprehensive plans to address these needs. Once finalized this plan should be folded into each organization's overall facility continuity and/or emergency response plan.

The content within the template should be considered a starting point. It will be necessary to adapt the text to create a final document that accurately represents your organization. Start by modifying the content within [brackets], filling out the forms and planning tools provided, and attaching the required information (specific response plans for medical facilities required for compliance issues). As you move through the template you may find that certain issues important to your facility's ability to function are not addressed and you may wish to add sections or subsections to the template. Or, you may need to delete sections that are not applicable to your facility.

As you move throughout the template you will see "Tips", things to "Consider", and other guidance. These notes are to assist you in developing your plan and can be easily erased by highlighting the text and pressing delete.

The forms provided will also be a critical component of your plan. Each form contains detail on how your organization will deploy key activities. Examples and worksheets are provided to help develop this information.

This document and other avian and pandemic influenza information can be found on our website www.smhealth.org/pandemic in Adobe PDF and Microsoft Word formats and may be updated periodically.

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GLOSSARY

Avian influenza	Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.
Contact	A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.
H5N1	H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.
Hand hygiene	Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.
Human-to-human transmission	Human-to-human transmission refers to the ability of an infectious diseases to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.
Infection control	Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.
Infectious disease	An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.
Influenza	Influenza is a viral disease that causes high fever, sore through, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.
Isolation	Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

Pandemic influenza	A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza.
Personal Protective Equipment (PPE)	PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.
Prophylaxis	Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza).
Quarantine	A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.
Respiratory etiquette	Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.
Seasonal influenza	Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.
Social distancing	Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

1. PURPOSE & OBJECTIVES

The primary purpose of the Pandemic Influenza Business Continuity Plan is to enable the [Medical Facility] to respond effectively and efficiently to ensure that essential operations are maintained during an influenza pandemic.

[Medical Facility's] objectives during a local pandemic influenza are the following: (sample)

- Introduce and emphasize the operating principle of “self-sufficiency” into planning efforts.
- Assist our staff in becoming more self-sufficient.
- Ensure cross-departmental/Business coordination in the planning for and responding to an outbreak of pandemic influenza.
- Ensure all involved Business departments know their roles and responsibilities.
- Outline the reporting and management structure in accordance with SEMS/NIMS.
- Provide a plan in coordination with that of San Mateo County's.
- If San Mateo County does progress to the “Black” phase, ensure the majority of staff are prepared to care for themselves for an extended period of time.

2. SUPPORTING PLANS

The [Medical Facility] has published several plans addressing emergency response and recovery including those required for compliance under state and federal accreditation standards. Please identify these plans by name below and attach to this document. The Pandemic Influenza Business Continuity Plan will be implemented in conjunction with the following plans:

1. [Insert plan name]
2. [Insert plan name]
3. [Insert plan name]
4. [Insert plan name]

3. OVERVIEW & CONTEXT

3.1 PANDEMIC OVERVIEW

The San Mateo County Health Department has overall responsibility for protecting the population of the county on a day-to-day basis and in a public health emergency—either natural or human-made. Since 2001, several events have changed the focus of public health and the need for emergency preparedness and response planning: bioterrorism and the intentional release of anthrax, emerging infections such as SARS, natural disasters, and the real threat of pandemic influenza.

An influenza pandemic has the potential to cause more death and illness than any other public health threat. The “Spanish Flu” of 1918, considered to be one of the worst natural disasters of modern times, caused 20 million deaths worldwide, including over 500,000 in the United States. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, in the absence of intervention, it is estimated that 1.9 million Americans could die and almost 10 million could be hospitalized over the course of the pandemic—which may evolve over a year or more. Although the timing, nature, and severity of the next pandemic cannot be predicted with any certainty, preparedness planning is imperative to lessen the impact.¹

Influenza is a highly contagious viral disease. People may be immune to some strains of the influenza virus either because they have had a particular strain of influenza in the past or because they have recently received an influenza vaccine. Sometimes the influenza virus changes so dramatically that no one has previous immunity and the vaccine available does not protect against it. This can result in an influenza pandemic with serious health consequences for the population.

An influenza pandemic occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with high numbers of cases and deaths. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world.

The Centers for Disease Control and Prevention has developed estimates of the impact pandemic influenza can have on a population. The following table applies these estimates to the population of California and San Mateo County to quantify the impact pandemic influenza may have.

CDC Estimates of Percent of Population Affected by the Next Pandemic (Avian Flu Rates)	Rate	California	San Mateo County
Population		33,000,000	750,000
Influenza Infection Rate	35%	11,550,000	262,500
Patients Requiring Hospitalization	3.8%	440,000	10,000
Mortality Rate	50%	220,000	5,000

The Need for Planning

As a result of the widespread emergence and spread of the H5N1 virus among birds, public health experts are escalating and intensifying their pandemic preparedness planning. Uncertainty about the magnitude of the next pandemic mandates planning for a severe pandemic influenza occurrence. Adequate planning for a pandemic also requires the involvement of every level of our nation and indeed, the world. The ubiquitous nature of an influenza pandemic compels governments, communities, schools, Businesses, families, and individuals to learn about, prepare for, and collaborate in efforts to slow, respond to, mitigate, and recover from a potential pandemic. The development, refinement, and exercise of a pandemic influenza plan by all stakeholders are critical components of preparedness.

3.2 ROLE OF THE SAN MATEO DEPARTMENT OF PUBLIC HEALTH

The purpose of this plan is to direct and coordinate actions by the San Mateo County Health Department and other county partners in preparing for and responding to pandemic Influenza. The plan serves as a blue print for all pandemic influenza preparedness planning and response activities within the county. While it is new, the plan incorporates several existing Department influenza response elements; e.g., mass vaccination, and is consistent with the November 2005 Federal Health and Human Services Pandemic Influenza Plan. The plan describes the emergency management concepts and structures under which the county will operate and the roles and responsibilities of the county government staff. The pandemic influenza plan should be thoroughly understood by relevant county personnel prior to its use.

The health department will be the lead agency in coordinating city/county-wide public health and emergency medical response and will activate its **Department Operations Center (DOC)** and request the activation of the county-wide Emergency Operations Center (EOC) when a unified response is necessary. The epidemiology of the new influenza virus strain and the current situation will influence the health department's response. Specific guidance and policies, based on up-to-date intelligence, will be provided throughout each alert stage. Table 1 outlines the stages of San Mateo health department's pandemic influenza response strategy and *selected* activities. For more detail on the County's complete activities during each stage of a possible pandemic situation, see the "Pandemic Flu Preparedness Response Plan: Phase 1" which can be found on at: www.smhealth.org

Table 1. San Mateo County Department of Public Health's Pandemic Management Response

Alert Stage*		San Mateo County Health Department <i>Overview of Selected County Activities</i>
GREEN	Little or No Human Transmission	<ul style="list-style-type: none"> • Review and update existing plans and procedures • Ensure essential services are identified • Ensure essential supplies necessary to provide essential services are available (stockpile) * • Identify how essential services will be delivered with when there are shortages of key personnel and essential supplies • Monitor status worldwide • Monitor status locally • Establish 24/7 capability if required • Develop communication mechanisms with vendors and partners • Regularly update staff about situation • Assist general public to become self-sufficient if possible • Establish close working relationships with other Businesses and local communities • Train staff on SEMS and their role in an emergency • Issue PPE to selected staff • Design and exercise drills

YELLOW	Limited to Moderate Human Transmission	<ul style="list-style-type: none"> • Cooperate with PHD instructions • Implement phase yellow actions as needed to continue essential operations • Prepare to perform essential services only • Increase use of telecommuting and social distancing strategies • Deploy PPE (masks) to assigned personnel • Ensure staff understand self-protection strategies • Communicate change in status to all staff • Implement phased public health legal strategies-Individually based isolation/quarantine orders, selected school and Business closures, limitation of public gatherings • Encourage use of surgical masks, basic respiratory hygiene strategies, and social distancing
RED	Extensive Human Transmission	<ul style="list-style-type: none"> • Perform essential services only • Follow PHD guidance • Maximize telecommuting option • Deploy PPE to assigned personnel
BLACK	Uncontrolled & Uncontrollable Human Transmission	<ul style="list-style-type: none"> • Perform essential services, if possible • Follow PHD guidance • Maximize telecommuting option • Ensure staff understand self-protection strategies • Minimal, if any, government service will be available • Staff are, for the most part, on their own and should not expect any outside assistance • Only austere medical care will be available

* Material resources required to carry out local operations could be limited at any stage due to international and national production shortages and disruptions in distribution systems (e.g. truck, train, aircraft).

1.3 ROLE OF [MEDICAL FACILITY]

During an influenza pandemic, [Medical Facility] will be responsible for maintaining essential community services in line with its mission and supporting the public **and it's patients**. The [Medical Facility] will maintain communications with the San Mateo Department of Public Health and will implement recommended procedures that promote the health and safety of employees **and patients**. Table 2 details possible activities that the [Medical Facility] may implement throughout the influenza pandemic alert stages. **Use this matrix to outline the steps your facility will take within each phase of the pandemic.**

Table 2. [Medical Facility] Pandemic Response (sample)

Alert Stage	San Mateo County <i>Overview of (Medical Facility) Activities</i>
Green	<ul style="list-style-type: none"> • Participate in Avian/Pandemic Influenza Task Force Meetings • Report / coordinate up through section leader • Establish necessary policies • Finalize pandemic influenza business continuity plan • Inform and train employees • (other)
Yellow	<ul style="list-style-type: none"> • Manage essential operations and patient services • Provide regular information updates to staff, patients and suppliers • Activate <u>increased</u> infection control measures • Track employees who report ill • (other)
Red	<ul style="list-style-type: none"> • Perform essential services only • Follow PHD guidance • Maximize telecommuting option • Deploy PPE to assigned personnel • (other)
Black	<ul style="list-style-type: none"> • Perform essential services, if possible • Follow PHD guidance • Maximize telecommuting option • Ensure staff understand self-protection strategies • (other)

4. PLANNING ASSUMPTIONS

The following planning assumptions were used in the development of the Pandemic Influenza Business Continuity Plan:

- Current Alert Level-We are currently in Alert Level 3 out of 6. Phases 1-3 are for planning. We should be in the final stages of planning. Phases 4-6 are for plan execution. The time interval between stage 3 and 4 is unknown. The time interval between alert levels 4 through 6 may be rapid, ranging from days to weeks to months.
- Duration – The pandemic may last anywhere from 9 to 24 months. It will occur as 3 separate waves (or cycles) lasting from 6-18 weeks each. Mortality and morbidity will be highest in the first wave.
- Arrival of the Outbreak - The pandemic will arrive with less than six weeks notice.
- Personnel - expect an employee absenteeism rate of approximately 40-50%; employees will either be directly ill or taking care of family members that are ill or fearful of coming to work
- Community Issues- Assume any public gatherings or congregate settings will be closed. Restaurants, malls, theaters and other events are likely to be closed.
- Family Issues -Schools and childcare settings are likely to be non-operational.
- Inventory/Raw Materials/Supply – Deliveries will be disrupted; transported materiel will be delayed or unavailable. Assume no re-supply for 6-8 weeks. Stockpiles of essential items need to be developed.
- Contractors/Vendors/Consultants – Critical functions carried out by contractors, vendors, or consultants cannot be guaranteed.
- Medical treatment/prophylaxis
 - Vaccine – Not available for at least six months; when available, supply will be short. There will be a priority set of individuals who receive vaccine.
 - Anti-virals – Very expensive and in short supply; no guarantee that they will be effective against the new strain
 - Medical care-All levels of medical care, including critical care, may be rationed.
- Travel – All modes of transportation may be limited.
- Civil Society- infrastructure will be stressed, but remain functional at a low level.
- Surveillance-The Health Department will regularly communicate to partners as to the level of transmission locally.

5. (SAMPLE) TASKS – STAGES GREEN & YELLOW LITTLE TO MODERATE HUMAN TRANSMISSION

5.1 AUTHORITY & PROTOCOLS

- 5.1.1 Internal pandemic influenza continuity plan & team.** [Develop a business continuity plan based on the color-coded scheme that is being used by the County Health Department.](#) Identify a facility/business continuity plan coordinator and/or team with defined roles and responsibilities for preparing the continuity of operations plan. Review existing emergency plans. Attach in *Form 1: Pandemic Influenza Planning Team*

Tip

A pandemic can affect many areas of your facility. Consider including leaders from various sectors like health and safety, security, communications, human resources to be part of your planning team along with your Department of Health [section leader](#). You may need to get input from others as well including employees, legal and labor representatives, clients, and vendors.

- 5.1.2 County/City Business Task Force.** [Designate participant to participate in the San Mateo Pandemic Task Force to assist in the development of a multi-discipline approach to continuity of operations preparedness.](#)

- 5.1.3 Internal Authority.** Set up authorities for activating and terminating the response plan, leadership succession, altering operations, communicating with internal and external groups, and other planning, response, and recovery activities. Attach in *Form 2: Authority and Procedures*

Consider

Which individuals in your organization are authorized to make decisions to divert employees to essential services when absence rates threaten continuity of operations? Who can step in if key personnel are absent for lengthy periods?

- 5.1.4 Procedures.** Set up triggers and procedures for activating and terminating the response plan, altering operations, and other planning, response, and recovery activities. Attach in *Form 2: Authority and Procedures*
- 5.1.5 Administration and logistics.** Set up a mechanism to maintain complete and accurate records to ensure a more efficient emergency response and recovery.
- 5.1.6 Test the plan.** Test the plan with key participants using a pandemic scenario and measurable objectives to ensure an effective and realistic plan. [Participate in Pandemic Exercise planned by County Health Department on May 4, 2007.](#) Make adjustments to the plan based on this and secondary exercises.

- 5.1.7 Checklists.** Use available checklists as a guide to develop specific community sector plan.

Tip

Several types of tests, including a [tabletop exercise or simulation exercises](#), can be conducted to find strengths and flaws in your plan. Work with you section leader to help test your plan!

5.2 OPERATIONS ASSESSMENT

- **5.2.1 Assess essential operations.** Identify essential services if any provided by your facility (definition of essential services-those services if not delivered on a timely basis will result in grave harm to human health or grave harm to the environment) Examples of essential services: disaster medical care, water delivery, food delivery, electricity delivery, communication infrastructure, and pharmacy. Attach in *Form 3: Essential Operations*

Tip

Identify essential services for special or vulnerable populations that may require additional consideration.

- **5.2.2 Assess critical inputs.** Identify critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain facility operations and review existing inventory. Attach in *Form 7: Product and Service Vendors*.

Consider

What inputs are used on a daily or monthly basis? How might shortages of supplies affect operations? Consider shortages of nationally and internationally produced goods.

- **5.2.3 Assess demand changes.** Assess changes in client demand (increases and decreases) for services/products that may occur during a pandemic. *Form 3: Essential Operations*

Consider

Behavior may change during a pandemic- people may limit their activities and choose to avoid gatherings, they may be fearful, or may be opportunistic. Your facility should be prepared to meet these needs (e.g. provide services that can be accessed from home, service at off peak hours, increased security).

- **5.2.4 Alternative services.** Identify alternative ways for patients to access the [Medical Facility's] products and services (e.g. expand on-line and self service options). Attach in *Form 3: Essential Operations*

Consider

Can your facility alter routine practices to address the needs of patients during a pandemic? You may want to extend facility hours to accommodate patients requiring services at off peak hours or arrange for services to be provided via phone, internet, fax, or mail to minimize the time people are in contact with others if at all possible.

- **5.2.5 Assess security needs.** Identify security needs that will be required for safeguarding personnel, supplies, or buildings during a pandemic.

- **5.2.6 Assess financial process.** Identify ways to expedite any purchases that may be necessary and unforeseen during each stage. Identify special funding authorities that may apply.

5.3 JOB FUNCTIONS

5.3.1 Essential job functions. Identify [minimum staffing patterns](#) and essential job functions required to maintain operations and [provide essential services](#) during a pandemic if absenteeism equals 20-50%. Clearly document job actions (e.g. job action sheets with classification codes). Attach in *Form 4: Essential Job Functions*

5.3.2

Consider

What are critical staff numbers and skills required to keep essential areas of the facility running– at what level do certain operations stop? What changes in staff will be needed for expanded or diminished demand of services? Do certain systems rely on periodic physical intervention by key individuals, to keep them going?

5.3.2 Primary and alternate staff. Assess skill requirement needs and [identify core and alternate staff to fill essential job functions](#) if absenteeism equals 20 to 50%. Ensure that personnel contact information, including after hours and emergency numbers, are up to date. Attach in *Form 4: Essential Job Functions*

Consider

What other human resources (e.g. volunteers, retirees) could be drawn on if there is a high level of absenteeism?

5.3.3 Disaster service worker obligations. Remind disaster service workers of their obligation to report to work during a pandemic. Encourage employees to develop a personal/family disaster plan to ensure that home and family obligations are attended to and do not require their presence. For a personal/family disaster plan see *Form 9: Informational Materials*.

Tip

The more prepared your employees are, the more you can rely on them when an emergency occurs (this was an important lesson learned following Hurricane Katrina). Remind staff to plan for the care of children who may be home from school, ill family members, etc.

5.3.4 Reassignments. Consider that staff may need to be reassigned to other departments. Assess how their job functions will be filled. Consider cross-training at all levels.

5.3.5 Telecommuting. [Identify which essential services can be done remotely.](#) [Develop a plan to deliver these services remotely.](#) [Ensure resources to deliver essential services remotely are in place.](#) Ask designated employees to test telecommuting tools.

5.3.6 Training. Train employees how they will be expected to carry out the continuity plan. Cross-train employees so that they can fill essential job functions if needed.

Tip

- Make sure that the plan and other key operating and emergency management information is stored in known, accessible, and shared locations.
- Hold an exercise to ensure that key staff understand how implementation will occur.

5.4 PANDEMIC POLICIES

5.4.1 Employee leave. Consult with your department of human resources regarding emergency personnel policies that allow for employee compensation during absences due to factors such as

personal illness, family member illness, trauma, isolation, quarantines, and/or public transportation closures. See *Form 5: Pandemic Influenza Policies*

Consider

How will you deal with employees who have used all their vacation and sick leave? What policies will encourage the sick to stay home? How will you respond to employees who are too afraid to come to work? See Form 4 for policy brainstorming questions.

- 5.4.2. Flexible work.** Consult with the department of human resources regarding emergency policies that allow for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts, extended shifts). See *Form 5: Pandemic Influenza Policies*.
- 5.4.3. Health care.** Consult with the department of human resources regarding employee access to healthcare services during a pandemic, and improve services as needed. Identify availability of internal medical and mental health consultation for emergency response. See *Form 5: Pandemic Influenza Policies*.
- 5.4.4. Management of ill employees.** Develop a policy on the management of employees who become ill. See *Form 6: Management of Ill Employees*.
- 5.4.5 Travel policies.** Prepare travel policies for possible travel restrictions. See *Form 5: Pandemic Influenza Policies*.

5.4 PRODUCT AND SERVICE VENDORS

- 5.5.1 Critical vendors.** Identify vendors of critical products and services (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain essential operations. Attach contact information in *Form 7: Product and Service Vendors*.

Tip

Have your organization's suppliers and service vendors contact information in one place so that any employee can initiate communication if necessary.

- 5.5.2 Stockpile critical supplies.** [Identify essential supplies.](#) [Develop a plan to stockpile essential supplies.](#) Supplement existing inventory with sufficient critical supplies to keep essential services functioning for 7 days or more.
- 5.5.3 Vendor continuity.** Discuss with product and service vendors their plan for ongoing services and/or shipments in the event of absences, shortages, or disruptions in transportation systems.

Tip

Suppliers may also be experiencing staff shortages. This may cause disruptions in transportation systems (e.g. truck, train, aircraft), decreases in product production, or inability of suppliers to meet demands.

- 5.5.4 Alternate vendors.** Identify other facilities, businesses or organizations that can provide essential services and supplies if your regular vendor cannot. Include their contact information in *Form 7: Product and Service Vendors*.

Tip

Look for geographic dispersion of vendors as some regions may be experiencing waves of

■ illness at different times.

5.6 EMPLOYEE COMMUNICATION

5.6.1 Information dissemination system. Establish a communication plan (with redundancy) for providing information to employees. Identify how urgent communications (e.g. work schedules) will be relayed as well as less timely information. Attach in *Form 8: Information Dissemination Plan*.

5.6.2 Communication systems. Ensure that communication systems (e.g. teleconferencing abilities, telecommuting, facsimile services, laptops, radios) are operational, interoperable with other systems, secure, and robust enough to handle increased and constant use. Build in layers of redundancy so that if failure occurs other systems can take over. Test systems regularly.

■ Tip

Face-to-face communication may not be desirable at certain pandemic stages and exclusive use of communication systems may be advised. Without the ability to communicate with stakeholders, partners, and employees, chaos could occur.

5.6.3 Ongoing communication plan. Develop a plan to provide regular updates to employees throughout a pandemic. Include mechanisms for developing and finalizing communications and authorizing dissemination. Plan to use multiple dissemination techniques to better ensure that employees hear the message. Attach in *Form 8: Information Dissemination Plan*

■ Tip

There may be a high level of fear, anxiety, rumors, and misinformation regarding a pandemic. Regularly sharing information is one way to reduce staff distress. Always ensure that communications are culturally and linguistically appropriate.

5.6.4 Stage 1-2 communication. Communicate to employees 1) general avian/pandemic influenza information; 2) disaster service worker obligations; 3) components of the [Facility's] pandemic influenza plan; 4) how to develop a personal/family emergency plan; and 5) infection control steps taken to protect the health and safety of employees should a pandemic occur (see *Form 9: Informational Materials*). Utilize *Form 8: Information Dissemination Plan* to distribute information.

■ Tools

As more is known about the virus updated materials will be posted on the San Mateo County Health Department's website (www.smhealth.org).

5.7 INFECTION CONTROL & PREVENTION

5.7.1 Hand hygiene and respiratory etiquette. Provide employees with information & materials detailing strategies for stopping the spread of disease (e.g. hand hygiene, respiratory etiquette). See *Form 9: Informational Materials*. Maintain a supply of infection control products (e.g. hand-hygiene supplies, tissues).

■ Tip

- Deploy training on recognizing flu symptoms, hygiene measures, what to do if you think you are sick, and how to keep your family healthy.

- 5.7.2. **Social distancing.** Determine how essential meetings can occur with participants not being physically together in the same room. Identify ways to modify the frequency and type of face-to-face contact (e.g. telecommuting, teleconferencing, no hand-shaking, limiting shared workstations) among employees and between employees and patients. Practice these measures.
- 5.7.3. **Personal protective equipment (PPE).** Identify personal protective equipment needs (e.g. hand-hygiene products, masks) and procure necessary items. (San Mateo Department of Public Health can provide PPE guidance). Attach in *Form 10: Infection Control*.
- 5.7.4 **Workplace cleaning.** Develop a protocol for cleaning work areas (standard cleaning and if someone becomes ill at the facility) and stockpile necessary supplies. *Form 10: Infection Control*.

5.8 CLIENT COMMUNICATION

5.8.1 **Client information dissemination plan.** Establish a plan for communicating with customers and the suppliers about planning efforts and ongoing activities as required. Establish multiple levels of redundant communication with all staff, particularly key personnel. Identify modalities that will be used to disseminate information (e.g. website, press releases, flyers). Include responsibility for developing and finalizing communications and authorizing dissemination. *Form 8: Information Dissemination Plan*

5.8.2 **Stage communication.** Inform the public of the [Facility's] Pandemic Business Continuity Plan and how regular service may change during a pandemic.

Tip

Help patients to minimize the impact of a pandemic influenza on their lives and daily activities by letting them know what services may not be available during a pandemic.

5.8.3 **Community.** Communicate with local organizations (e.g. faith-based organizations, Red Cross, community centers) about collaborating during an influenza pandemic.

Tip

Share best practices with other organizations, associations, and businesses in your community to improve community response efforts.

6. (SAMPLE) TASKS – STAGES RED & BLACK EXTENSIVE TO UNCONTROLLED HUMAN TRANSMISSION

6.1 ACTIVATION AND MANAGEMENT

- 6.1.1 Activate Response for Stage Red & Black.** Follow protocol for activating a stage. Alert pandemic leaders and staff of change in pandemic status and activation of the Pandemic Influenza Business Continuity Plan. Re-familiarize managers and alternates of their duties.
- 6.1.2 Unified Management.** Regularly evaluate the need for setting up a [Crisis Management Team \(CMT\)](#) and make contact with the County's Emergency Operations Center (EOC).
- 6.1.3 Internal briefings.** Disseminate regular briefings to employees.
- 6.1.4 External briefings.** Coordinate with city and county agencies to attend and/or receive important briefings (e.g. Avian/Pandemic Influenza Task Force, EOC).
- 6.1.5 Review continuity plan.** Regularly review and update the pandemic continuity of operations protocol and procedures to ensure that new issues are addressed.

6.2 OPERATIONS

- 6.2.1. Assess operations.** Assess 1) the ability to provide regular services with available human and material resources; 2) increases and decreases in demand of existing services; and 3) the need for new or alternative services. Reference and update *Form 3: Essential Operations*.
- 6.2.2 Reallocate resources.** Reallocate resources as needed to provide services that are essential, in high demand, and/or are new or alternative. See *Form 3: Essential Operations*.
- 6.2.3 Essential operations.** Suspend non-essential operations as human resources become limited and/or material resources (e.g. gasoline) must be rationed. See *Form 3: Essential Operations*.

6.3 JOB FUNCTIONS

- 6.3.1. Absenteeism.** Identify absent employees and job functions. Report absences to leadership. Track when ill employees will be expected to return to work.
- 6.3.2. Reassign employees.** Reassign personnel to essential or prioritized job functions and provide job action sheets. See *Form 4: Essential Job Functions*
- 6.3.3 Just-in-time training.** Provide just-in-time training or refreshers to alternate staff taking over new job functions and consider early cross-training.

6.4 PANDEMIC POLICIES

- 6.4.1. Employee policies.** Activate applicable policies per existing procedures (i.e. employee leave, flexible work schedules, travel, health care, management of ill employees). Notify staff of policy changes and provide with necessary claim forms. Reference *Form 5: Pandemic Policies* and *Form 8: Information Dissemination Plan*

6.5. COMMUNICATION

- 6.5.1 Inform employees.** Provide regular (e.g. daily, weekly, bi-weekly) updates to staff on pandemic status and any applicable policy changes, infection control measures, job reassignments, illness reporting etc. that apply during the stage. Utilize *Form 8: Information Dissemination Plan*.

Tip

Communicate regularly with staff to promote confidence in personal safety and the workplace. Throughout the event updated informational materials will be provided on the San Mateo Health Department's website (www.smhealth.org).

- 6.5.2 Inform product and service vendors.** Inform suppliers and service vendors of change of any changes in supply/service needs. Utilize *Form 7: Product and Service Vendors*.
- 6.5.3 Inform customers.** Inform customers of any changes to services or products. Utilize *Form 8: Information Dissemination Plan*.
- 6.5.4 Communication system.** Activate and ensure that communication systems (e.g. teleconferencing, telecommuting, facsimile services, radio, internet) are in working order.

6.6 INFECTION CONTROL

- 6.6.1. Infection control information.** Disseminate information to staff on how to prevent infection at home and at work (e.g. hygiene measures, social distancing). Utilize *Form 8: Information Dissemination Plan* and *Form 9: Informational Materials*.

Tip

Post hygiene notices at entrances, washrooms, hand washing stations, and public areas.

- 6.1.2 Develop Containment Strategies.** Understand how you can use containment strategies (Vaccination, Chemoprophylaxis, infection control, Personal Protective Equipment, and Public Education/Communication) within your Business.
- 6.6.3 Infection control products.** Ensure that supplies of hygiene products (e.g. soap and/or hand sanitizer, hand towels) are available. (The San Mateo Department of Public Health can provide specific product recommendations). See *Form 10: Infection Control*.
- 6.6.4 Personal Protective Equipment (PPE).** Follow San Mateo Department of Public Health guidance for Businesses regarding PPE use. Employees that routinely use PPE to perform their everyday job should continue to do so until notified otherwise. See *Form 10: Infection Control*.
- 6.6.5 Social distancing.** Follow San Mateo Department of Public Health recommendations regarding activation of social distancing strategies (e.g. telecommuting, teleconferences). See *Form 10: Infection Control*.
- 6.6.6 Workplace cleaning.** Arrange for appropriate office sanitation and immediate sanitation of work stations where staff report illness. See *Form 10: Infection Control*.

Tip

Gain staff and client confidence by maintaining a healthy workplace.

- 6.6.7 Illness notification.** Notify employees who they must inform if they become ill.
- 6.6.8 Illness reporting protocol.** Follow the protocol for managing staff who become ill at work. Keep records of affected staff. See *Form 6: Management of Ill Employees*.
- 6.6.9 Return to work.** Activate process for employees who have been ill to return to work.

FORMS & REPORTING TOOLS

- 1. Pandemic Influenza Planning Team**
- 2. Authority and Procedures**
- 3. Essential Operations**
- 4. Essential Job Functions**
- 5. Pandemic Policies**
- 6. Management of Ill Employees**
- 7. Product and Service Vendors**
- 8. Information Dissemination Plan**
- 9. Informational Materials**
- 10. Infection Control**

FORM 1: PANDEMIC INFLUENZA PLANNING TEAM

The (sample) pandemic influenza planning team responsible for developing the continuity of operations plan is:

Role	Name	E-mail	Phone #	Emergency #
Business Continuity Plan Coordinator				
Information Coordinator				
Technical Processes				
Human Resources				
Financial Information				
Legal Responsibilities				
Data Security				
Building Security				
Health and Safety Officer				

Regular Meeting Times:

Plan Completion Date:

Plan Exercise Date:

FORM 2: AUTHORITY & PROCEDURES

The following sections outline the authority and procedures for activating and implementing the Pandemic Influenza Business Continuity Plan:

Tip

Your Business may already have this information as part of their overall emergency response plan. If so, attach to Form 2.

LEADERSHIP SUCCESSION

During an influenza pandemic, management of the [Medical Facility] is delegated to the following persons in the order of succession shown below:

1. President: _____
2. Vice President: _____
3. Medical Director: _____
4. Manager: _____
5. Manager: _____
6. Manager: _____
7. Manager: _____
8. Manager: _____

If a designated individual is unavailable, authority will pass to the next individual on the list. “Unavailable” is defined as:

- The designated person is incapable of carrying out the assigned duties by reason of death, disability, or distance from/response time to the facility.
- The designated person is unable to be contacted within [# hours/minutes].
- The designated person has already been assigned to other emergency activities.

The designated individual retains all assigned obligations, duties, and responsibilities until officially relieved by an individual higher on the list of succession.

DELEGATION OF AUTHORITY

To ensure that [Facility] staff identified in the leadership succession are aware of their responsibilities and are appropriately authorized to execute functions assigned to them, explicit emergency authority has been pre-delegated. In the event of a disaster or emergency, and the [Medical Facility] manager is unavailable (as defined above), alternate personnel are authorized to perform the following functions:

- All operational tasks normally performed by a facility officer.
- Expenditure approval consistent with established County of San Mateo procedure.
- Personnel task and work assignments.
- Policy level authority and decision making

PLAN ACTIVATION

The San Mateo Department of Public Health will alert [medical facilities](#) of the emergence of a pandemic influenza strain internationally and locally through section leaders. Updates on the spread of the virus in San Mateo (a few local cases, clusters of cases, and widespread infection) will be made regularly.

The [Medical Facility] owners or managers or their appointee or successor will activate their Pandemic Influenza Business Continuity Plan to manage and coordinate their response. This decision will be made in consultation with key [Facility] and government partner leaders.

[Insert additional protocols]

FORM 3: ESSENTIAL OPERATIONS

The information below details the [Medical Facility's]: 1) routine operations; 2) essential operations; 3) services that may be in high and low demand; and 4) regulatory requirements.

The attached forms provide additional detail on each of the [Medical Facility's] operations. [Copy and attach additional forms as needed]

ROUTINE OPERATIONS

The operations carried out by the [Medical Facility's units/departments] on a routine basis include:

Unit	Operation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
[Add additional lines as needed]	_____

ESSENTIAL OPERATIONS

The following operations are deemed essential for the [Medical Facility] to maintain mission-critical operations and services at 20%, 35%, and 50% absenteeism:

Unit	Operation	Absenteeism		
		20%	35%	50%
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following operations can be suspended temporarily without causing immediate or irreparable damage to the [Medical Facility]:

Unit	Operation	Can be suspended for the time period:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CUSTOMER/CLIENT DEMAND CHANGES

Tip

Determine how the needs of your **patients** may change and plan to deliver on those needs. If some of the products or services you normally provide would be in low demand, find ways to re-deploy assets normally dedicated to providing those, to areas that experience increased demand.

The following services/operations may be in high demand during a pandemic:

The following services/operations may be in low demand during a pandemic:

REGULATORY REQUIREMENTS

The following regulatory requirements may be difficult to fulfill during a pandemic:

[Use the attached for to assess each operation carried out by the [Medical Facility] and attach to Form 3]

ROUTINE AND ESSENTIAL OPERATIONS

1. **Daily operation:** _____

2. **Unit responsible for operation:** _____

3. **Description of operation:** _____

4. **Purpose of operation:**

- Client Service Internal Service (e.g. administrative, financial)
 Partner Service Other _____

5. **Number of staff required to perform operation on a routine basis:**

Required Staff	
Number	Job Classification

6. **Supplies required to perform operation:**

* Detailed information attached in Form 7, Product and Service Vendors

7. **Is this an essential operation if workforce absenteeism equals:**

- 20% _____
 35% _____
 50% _____

8. **Changes in demand that may occur during a pandemic:**

9. **Strategy for scaling back operation:**

10. **Alternative ways to provide services that limit human-to-human contact:**

FORM 5: PANDEMIC POLICIES

The following policies will be activated as part of the Pandemic Influenza Business Continuity Plan:

1. Employee Leave

[Department of Human Resources to provide.]

2. Flexible Work

[Department of Human Resources to provide.]

3. Health Care

[Department of Human Resources to provide.]

4. Travel Policies.

[Department of Human Resources to provide.]

FORM 6: MANAGEMENT OF ILL EMPLOYEES

RESTRICT WORKPLACE ENTRY OF PEOPLE WITH INFLUENZA SYMPTOMS

During an influenza pandemic an effective way to limit the spread of disease is to ask infected individuals to remain home. During Stages Red and Black, the [Medical Facility] will:

1. Notify employees they should not come to work if they are unwell, particularly if they are exhibiting any influenza symptoms.
2. Post notices at all workplace/facility entry points advising staff and visitors not to enter if they have influenza symptoms.
3. Advise employees to call the Medical Facility's health and safety staff if they become ill at home or work (provide a designated phone number for reporting illness).
4. Provide health and safety staff with protocol for employees who become ill (attached).
5. Ensure that ill employees have completed the required isolation period (guidance to be provided by the San Mateo's Department of Public Health) and are healthy and no longer infectious before allowing them to return to work. Note that staff who have recovered from the pandemic influenza are less likely to be re-infected and should be encouraged to return to work.

PROTOCOL FOR EMPLOYEES WHO BECOME ILL

Advise employees that if a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their Medical Facility's health and safety staff by *telephone* if possible.

Duties of health and safety staff:

1. Speak with the individual by phone.
2. Check if the employee has any influenza symptoms. (The San Mateo Health Department can provide a list of symptoms).
 - If the employee does not have any symptoms they are unlikely to have influenza and should be reassured and advised to call again later or to see their doctor if they are still concerned.
 - If the employee has influenza symptoms they should be treated as a "suspect influenza case."
3. Complete a Suspect Influenza Case Form (attached).
4. If the employee is at work provide them with a surgical mask and instruct them to put the mask on immediately. (This is to help protect other staff).
 - Instruct employee to leave work. If possible, public transportation should be avoided. If public transportation is unavoidable, instruct the employee to keep the mask on and cough or sneeze into a tissue while traveling.
5. Advise the employee to contact a health professional. This may involve phoning the person's normal doctor or a specially designated center to seek advice.
6. Advise the employee on how long to stay away from work (the San Mateo Department of Public Health website, www.smhealth.org, will post isolation guidelines).
7. Have the employee's work station cleaned and disinfected as indicated in *Form 10: Workplace Cleaning*.
8. The San Mateo Health Department may ask employers to 1) identify contacts (once an employee is suspected to be infected); 2) advise contacts that they have been in contact with a person suspected of having influenza; and/or 3) ask contacts to go home, and stay home until advised otherwise.
9. Advise supervisor and human resources of employee absence and need for cover.

10. Check on the employee during his/her absence from work.
11. Encourage employees to return to work once they have recovered.

SUSPECT INFLUENZA CASE FORM FOR MANAGEMENT OF STAFF WHO BECOME ILL AT WORK

Details of affected employee

Name:	Date:	<input type="checkbox"/> Visitor <input type="checkbox"/> Employee	Date of Birth:
Job Title:	Worksite:	Location of Isolation:	
Address:			
Telephone no: _____ (Work) _____ (Home) _____ (Other)			
Symptoms noticed:			
<input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Dry cough <input type="checkbox"/> Cold <input type="checkbox"/> Body aches <input type="checkbox"/> Fatigue <input type="checkbox"/> Other: _____		Time of fever on-set: _____ Time of isolation: _____ Date expected to return to work: _____	
* Symptoms and isolation periods will be updated by the San Mateo Health Department as information becomes available following the emergence of a pandemic influenza virus strain.			
Where referred:			
Notes:			

Details of Reporter

Name:
Job title:
Telephone no.: _____ (Work) _____ (Home) _____ (Other)

FORM 7: PRODUCT AND SERVICE VENDORS

The [Medical Facility] relies on a variety of products and services to maintain operations. Contact information for each of the [Medical Facility's] product and service vendors, and their alternates, is attached. The table, Routine and Essential Products and Services Utilized by the [Medical Facility], details the products and services required to perform routine and essential operations.

Tip

Vendors may also be experiencing employee absences and product shortages. Think of the services and products that are received on a daily, weekly, and monthly basis. Remember to include maintenance contractors (e.g. copy machine, fuel companies, etc.)

PRODUCT/SERVICE VENDOR	
Company name:	_____
Address:	_____
Telephone:	_____
Fax:	_____
E-mail:	_____
Primary contact name:	_____
Alternate contact:	_____
Account/contract:	_____
Materials provided:	_____
Frequency of delivery:	_____
Notes:	_____ _____ _____
If this company is unable to provide materials/services they can be obtained from the following organization(s):	
Company name:	_____
Address:	_____
Telephone:	_____
Fax:	_____
E-mail:	_____
Primary contact name:	_____
Alternate contact:	_____
Notes:	_____ _____ _____

[Copy and attach additional forms.]

FORM 8: INFORMATION DISSEMINATION PLAN

Throughout all pandemic stages, the [Medical Facility] may be asked to provide accurate and up-to-date information to municipal and county agencies. The information dissemination plan describes who will develop and authorize content, audiences, messages, and the information dissemination strategy.

RESPONSIBILITY AND AUTHORITY

Content Development

The following individuals and alternates will be responsible for creating and/or coordinating the development of content for communicating with employees, clients, the general public, suppliers and service vendors, and partners.

Name	Job Classification	Section/Unit	Contact Information	Primary/Alternate

Approves Content

The following individuals and alternates will be responsible for authorizing the content and information dissemination strategy.

Name	Job Classification	Section/Unit	Contact Information	Primary/Alternate

AUDIENCES

The [Medical Facility] will be responsible for providing information to the following audiences:

- **Employees.** Senior managers, administrative staff, field staff
- **Product and service vendors.** See Form 7 for product and service vendors.
- **Clients/general public.** Special needs groups.
- [Insert additional audiences as appropriate]

See attached table, Modes for Communicating Pandemic Influenza to Primary Audiences.

COMMUNICATION MESSAGES

The [Medical Facility's] will provide ongoing information and guidance to the above audiences- employees, customers/clients/general public, and product and service vendors- throughout each stage. Important communication messages include:

Stages Green and Yellow

- General avian/pandemic influenza information
- Disaster service worker obligations
- Components of the [Medical Facility's] pandemic influenza continuity of operations plan
- Infection control preparations made by the [Medical Facility]
- How to develop a personal/family disaster kit
- Where to get information during an emergency (e.g. website, telephone information line)

Stages Red and Black

- Activation of Stages Red or Black
- Updates on the status of the pandemic
- Policy changes
- Infection measures to be utilized at work
- Illness reporting
- Job reassignments
- Vendor product/supply needs
- Services available to the public

See *Form 9: Informational Materials* for fact sheets and other communication products.

MODES OF DISSEMINATION

Information will be disseminated to audiences throughout each stage using the modes of communication described below. Multiple strategies will be used to create redundancy and ensure that intended recipients receive messages.

- **Telephone Systems.** Internal Business information line [insert telephone number], external public information line, mass voice mail message, call center/phone bank, call-down tree
- **Electronic Systems*.** Mass e-mail message, website posting [insert web address], intranet posting, on-line chat
- **Hard copy*.** Mailing, interoffice mail, mass faxes, notice board postings, pay check mailing
- **In person.** Meeting, presentation, training
- **Media- TV, Radio, Newspaper.** Press releases, press conferences

* Information may be packaged in the form of letters, memos, fact sheets, brochures, newsletters, etc.

See attached:

1. Modes for Communicating Pandemic Influenza to Primary Audiences.
2. Personal roster with after hours and emergency contact information. [Attach information to Form 8]
3. Instructions for operating modes of communication (e.g. information telephone line, web postings) with key contacts and required access numbers. [Attach information to Form 8]

[Modify table as appropriate.]

MODES FOR COMMUNICATING PANDEMIC INFLUENZA INFORMATION TO PRIMARY AUDIENCES

Mode of Dissemination	Audience				Good for urgent communication	Strength/Weaknesses
	Employees	Partners	Clients/ Public	Vendors		
Telephone System						
Internal Business Emergency Information Line	✓				Yes	A voice message can be pre-recorded and updated off site. Access to the voice message can be controlled by using a PIN provided to all employees. (Good for relaying instructions on reporting to work.)
External Information Line	✓	✓	✓	✓	Yes	
Mass Voice Mail Message	✓				Maybe	Some employees may not have a designated work phone with voice mail.
Call center/phone bank	✓	✓	✓	✓	Yes	Some individuals may prefer speaking to a live person vs. a recorded message.
Call-down tree	✓				Yes	A call-down tree can be used for relaying simple and short information by phone. Each person is designated to call another once they have received the message.
Electronic						
Mass E-mail message*	✓				No	Some employees may not have a designated e-mail address or be able to access e-mail at home.
Website Posting*	✓	✓	✓	✓	Maybe	Not all people will have access to a computer.
Intranet Posting*	✓				No	Not all employees will have access to a computer.
On-line chat			✓			Not all people will have access to a computer.
Hard Copy						
Mailing*	✓	✓	✓	✓	No	Delivery may take a few days. May be costly.
Interoffice Mail*	✓					Not all employees will have a mail box for receiving interoffice mail.
Mass Faxes*		✓		✓	Yes	Database with fax numbers and mass fax system required.
Notice Board Posting*	✓		✓		Maybe	
Pay check mailing*	✓				No	All employees will receive information.
In Person						
Meeting/Presentation	✓	✓	✓	✓	Maybe	During some stages it may not be advisable to hold gatherings
Training	✓				No	May take time to coordinate.
Media- TV, Radio, Newspapers						
Press release*	✓	✓	✓	✓	Yes	
Press conference	✓	✓	✓	✓	Yes	

* Examples of informational content include letters, memos, fact sheets, brochures, and newsletters.

FORM 9: INFORMATIONAL MATERIALS

The following informational materials are provided by the San Mateo Department of Public Health. Additional materials will be made available prior to, during, and after a pandemic at www.smhealth.org.

1. Avian Influenza (Bird Flu): Frequently Asked Questions

Available in English, Spanish, and Chinese. For recent versions see: see www.smhealth.org and click on “Avian Flu” in the “Quick Links” column.

2. Pandemic Influenza: San Mateo City & County Preparedness

For recent versions see: www.smhealth.org and click on “Pandemic Flu”

3. Pandemic Influenza Infection Control Strategies for Work & Home

Information sheet to be available on the San Mateo health department’s website.

4. Personal and Family Disaster Kit

Information sheet to be available on the San Mateo health department’s website.

5. Order form for free hand washing posters

Attached.

FORM 10: INFECTION CONTROL

Safeguarding the health of employees, customers, vendors, and the public during an influenza pandemic is a key objective for the [Medical Facility]. A variety of infection control measures, including heightened hygiene practices, social distancing, and infection control equipment may be utilized to slow the spread of disease.

HYGIENE

Employees will be educated and reminded of hygiene measures that help to limit the spread of disease. These include:

- Use respiratory etiquette (e.g. covering cough or sneeze with a tissue or cloth).
- Properly clean hands with soap and water or hand sanitizer regularly.
- Avoid direct skin to skin contact with others, such as hand shaking hands. Substitute hand shaking with alternatives like waving, smiling, nodding, and bowing.
- Keep work areas and home clean and disinfected.
- Stay home when ill and do not send ill children to school or day care.
- [Add additional hygiene messages as appropriate.]

Informational materials are provided in Form 9, Informational Materials and can be distributed following the procedures in Form 8, Information Dissemination Plan.

The following hygiene measures will be taken to reduce the spread of disease:

- Hand washing instructions will be posted in shared washrooms.
- Cover Your Cough reminders will be posted in waiting rooms and common areas.
- Magazines/papers will be removed from waiting rooms and common areas.
- Hand sanitizer will be available in waiting rooms and common areas.
- Tissues and trash cans will be available in waiting rooms and common areas.
- [Add additional measures as appropriate.]

SOCIAL DISTANCING

The [Business] has the ability to utilize the following social distancing strategies to reduce close contact among individuals:

Telecommuting. The number of employees who have the technological capability to telecommute from home and can adequately perform their primary functions from home is [insert number].

Teleconferences. Teleconferences *can* be held within the following units: [insert unit names].
Teleconferences *can not* be held within the following units: [insert unit names].

Staggering work shifts. The number of employees who do not need to perform their work during the same time of the day and can be spread out in the 24 hours period are [insert number]. The number of employees who can work an extended number of hours in fewer days are [insert number].

Face-to-face barriers. The number of employees who have regular face-to-face contact with the public that can provide services behind a barrier, by telephone, etc. is [insert number]. Services that can be re-organized to be provided to the public without face-to-face contact are [insert number and type of

service]. Systems that can be put in place to minimize direct face-to-face contact with the public are [insert systems].

* Other infection control strategies can be used to reduce the spread of disease between employees who must have face-to-face contact with others.

INFECTION CONTROL SUPPLIES

Increased use of infection control supplies may be advisable during an influenza pandemic (The San Mateo’s Health Department provides guidance on their website). The following infection control supplies are regularly available and may be needed by employees during a pandemic.

Supplies	No. of Employees with Access	No. of employees who may need access during a pandemic
Soap within bathrooms		
Soap within kitchen areas		
Hand sanitizer (min. 60% alcohol content)		
Paper towels		
Tissues		
Garbage bags and trash cans		
Office cleaning supplies (details below)		
Personal protective equipment		
- Gloves		
- Surgical masks		
- N95 masks		
- Other Respirators		

WORKPLACE CLEANING

During a pandemic thorough workplace cleaning measures will be required to minimize the transmission of influenza virus through hard surfaces (e.g. door knobs, sinks, handles, railings, objects, and counters). The influenza viruses may live up to two days on such surfaces.

When a person with suspected influenza is identified and has left the workplace, it is important that their work area, along with any other known places they have been, are thoroughly cleaned and disinfected. Cleaning is the removal of visible dirt or soil. It is usually accomplished by physical scrubbing using detergent and water. To disinfect, use any of the disinfectants listed in the table below and follow the manufacturer’s recommendations.

Influenza viruses are inactivated by many EPA approved disinfectants including alcohol and chlorine. Surfaces that are frequently touched with hands should be cleaned and disinfected often, preferably daily. Clean the surface to remove dirt and soil with a cleaning agent and disinfect following manufacturers recommendations (see table below). The person cleaning and disinfecting should wear a mask and gloves and should discard them afterwards. Hands must be washed or sanitized at the completion of the procedure.

RECOMMENDED WORKPLACE DISINFECTANTS

Disinfectants	Recommended use	Precautions
<p>Sodium Hypochlorite 1 part bleach to 100 parts of water, or 1:100 dilution. Usually achieved by ¼ cup bleach for 1½ gallons water.</p>	<ul style="list-style-type: none"> • Disinfection 	<ul style="list-style-type: none"> • Should be used in well-ventilated areas. • Utilize gloves while handling and using bleach solution. • Do not mix with strong acids to avoid release of chlorine gas. • Corrosive to metals and certain materials.
<p>Alcohol (e.g. Isopropyl 70%, ethyl alcohol 60%)</p>	<ul style="list-style-type: none"> • Disinfection • Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used. 	<ul style="list-style-type: none"> • Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation. • Keep away from heat sources, electrical equipment, flames, and hot surfaces. • Allow it to dry completely.
<p>EPA-Approved Product (see product container for instructions)</p>	<ul style="list-style-type: none"> • Follow directions on label 	<ul style="list-style-type: none"> • Follow precautions on label.