H1N1 INFLUENZA OUTBREAK RESPONSE PLAN
Planning Checklist for Public Entities
This guide recognizes that most public entities have a Disease Outbreak Response Plan in place. This guide is not intended to replace that response plan. It is intended to assist organizations review their plans and to be prepared to implement those plans if an influenza outbreak should occur.

The purpose of this guide is to assist organizations in developing plans to address the impact of a potential influenza outbreak for the business operations of the public entity. It is **not** the intention of this guide to address issues with community-wide public health planning for a potential influenza outbreak. This guide is recommended for use in managing the impact of an influenza pandemic on employees and operations based on two main strategies:

- Reducing spread of the virus within the organization’s facilities; and
- Sustaining essential services during the outbreak

Arthur J. Gallagher recognizes that public entities have developed their community-wide response plan for an influenza outbreak and have established an Incident Command System which will respond to an influenza outbreak in the community. We recognize that public health officials and emergency services providers have established their protocols for responding to a potential H1N1 influenza outbreak based on the National Incident Management System and those plans include exercising the ICS along with other operational elements of the plan.

This guide is intended for administrators, department heads and staff members in other departments within the public entity, as they prepare their respective operations for responding to an influenza outbreak.
Foreword

Influenza (flu) is a virus that mutates rapidly in nature. New variants arise frequently which is why a person can get sick with it more than once and also why there is a new vaccine every year. Totally new flu strains arise less frequently, but when they do (every 20 years or so), there is concern because there will be a lack of immunity to them and there is potential for many, many people to get sick. Pigs are one of nature’s repositories for flu virus, so it is no surprise that a new strain would arise from them.

Time, and only time, will tell what will happen with the current outbreak. However, the reason for the concern is that the 2009 H1N1 (Swine) Flu virus is a totally new strain; it appears able to be transmitted between humans (unlike bird flu of a couple of years ago): and the deaths in Mexico are in young, healthy people, which is more typical of a pandemic flu than a typical seasonal flu. So far, cases in the US do not appear as deadly, and researchers are working to try and understand more about the cases. This is why the World Heath Organization (WHO), the Centers for Disease Control (CDC) and governments are reacting quickly to try and contain the outbreak of cases.

There are two antiviral drugs, Tamiflu® and Relenza® that appear to be effective in treating this flu. However, the antivirals are thought to be most effective if given within the first two days of infection. The health community will give these drugs to family members and other close contacts of flu victims to prevent further spread. The government has been preparing for a flu pandemic over the past few years. Stockpiling the antiviral drugs was part of the preparation and the US has a large amount stockpiled. However, there is not enough supply to treat the entire population of the United States, and certainly not the entire world population. These drugs are being used to treat cases and close contacts as part of the effort to contain the epidemic and should only be used in these two scenarios.

There is no currently-available vaccine for this flu. The CDC has begun to develop what are called “seed stocks” in case vaccine production becomes necessary. If production were started now, the vaccine would not be available until next flu season – and there would likely not be enough doses for the whole world.

One of several scenarios may happen: 1. this epidemic dies out relatively quickly, never to be seen again. 2. It dies out for now, especially with heightened vigilance, but comes back with a vengeance and more deadly in the fall – however the availability of a vaccine and antiviral drugs should help mitigate this scenario. 3. It continues to infect
people around the world right now and more deaths will happen as more people become ill.

Local government officials will want to be educated via credible sources (the WHO and CDC websites are good ones). Right now, any sick employees with symptoms indicative of flu (fever, headache, muscle aches, respiratory symptoms, sore throat) need to be sent home immediately. If there were a confirmed, suspected or probable case of H1N1 influenza in one of your buildings, the organization’s disease outbreak plan should be activated. If there is an outbreak in your community, local officials need to be in contact with the county and or state department of health. Also, local leaders need to be a source of credible information for citizens who will have questions.

No one should panic, but everyone should be aware and be taking basic health precautions, such as staying away from sick people, washing hands frequently when out in public and staying home if sick.

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In the event of influenza outbreak, organizations will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for an influenza outbreak is critical. To assist you in your efforts, Arthur J. Gallagher has developed the following checklist. It identifies important, specific activities that organizations can do to prepare for a disease outbreak emergency.

**Continuing Operations during an Influenza Outbreak**

- Work schedules and working hours have been reviewed to determine if they can be modified in a manner that best promotes social distancing, business continuity or other response goals during the influenza outbreak.

- Identify essential functions that may be accomplished via telecommuting.

- Support services, key vendors and logistics have been reviewed to determine the impact that losing these services will have on the organization during the influenza outbreak.

- Assess how staff availability and the demand for emergency services will impact the organization’s ability to enforce public health measures that are likely to be proposed, including: travel or movement restrictions (leaving and entering areas where infection is established); school closings; prohibition of mass gatherings; isolation or quarantine of infected persons.

**Continuity of Essential Services and Priority Functions**

- Identify the essential services and priority functions that the organization will need to keep operating, for example, law enforcement, fire department, emergency medical services.

- Predetermine the personnel who will perform each of the priority functions and essential services.

- Provide compulsory anti-viral drugs for essential services and priority functions staff.
☐ Identify non-critical functions that may be suspended while personnel are assigned to more critical roles.

☐ Identify secondary personnel who have the skills and abilities to perform other functions.

☐ Develop a double-staffing plan for critical functionality.

☐ Identify other personnel, such as retired employees, former employees, temporary workers, and contract workers who may be available to perform essential functions.

☐ Persons who are responsible for maintaining essential services and who “moonlight” for another entity have been identified and it has been predetermined which entity they will respond to and support during an influenza outbreak event.

☐ Mutual Aid agreements with other organizations for essential services have been reviewed for potential conflicts during a period of staffing shortages.

☐ Develop workforce resilience programs and ensure readiness to deploy to maximize responders’ performance and personal resilience during an influenza outbreak emergency.

☐ Stockpile equipment needed to implement CDC recommended infection control and bio-safety measures, including personal protective equipment.

☐ Conduct fit testing for respiratory protection for personnel who will be issued the protective equipment.

☐ Training in using personal protective equipment has been provided for employees who need (PPE) to maintain critical services.

☐ Fitness-for-duty procedures have been established to identify recovered cases of essential employees presumed to be immune and ready to return to work.

☐ Plan for utilization of the local health department to provide psychosocial support services for the staff during and after an outbreak.
Availability of Other Staff during an Influenza Outbreak

☐ Assess the impact of staff absences during an influenza outbreak due to personal or family illness, school and daycare closings, fear of infection, quarantines and public transportation closures.

☐ Assistance has been provided to employees to develop their personal family care plan to ensure employee availability during an influenza outbreak.

☐ Predetermine the individuals who will have the delegated authority to make decisions when management personnel are unavailable; the plan includes communicating information to others in the affected departments about these temporary changes in delegated authority.

☐ A system is in place, or additional staff have been trained, to maintain essential business functions for the organization, including:
  ▪ Payroll and accounts receivable
  ▪ Purchasing of goods and services
  ▪ Funds transfer to meet financial and regulatory obligations

☐ Policies have been established for non-penalized staff leave for personal illness or for the care for sick family members during an influenza outbreak.

☐ Policies have been established for mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite.

☐ Policies have been established for flexible work hours and working from home to alleviate spreading the virus in the workplace.

☐ Procedures have been established to manage or minimize interaction with members of the public.

☐ Surgical masks or N95 respirators have been stockpiled for employees to wear as part of a social distancing plan or an individual protection strategy.

☐ The impact of potential commuting issues, public transit closures and gasoline shortage has been assessed.

Discontinuation of Operations during an Influenza Outbreak

☐ Criteria to close government offices have been determined and the process for implementation has been developed.
Criteria for reopening government offices have been developed and include protocols for notifying employees.

Criteria for suspension of public transportation have been determined.

Criteria for closure of owned facilities that host large social gatherings (auditoriums, arenas, convention centers) have been established in conjunction with recommendations from local health department officials.

Infection Control Measures

Stockpile adequate supplies of tissues, hand sanitizing gels, and cleaning supplies for employees.

Protocols have been established for frequent cleaning and disinfection of common-use surfaces or surfaces touched by more than one person, such as water fountains, door handles, handrails, eating surfaces, shared telephones, shared computer keyboards.

Evaluate the necessity of using contractors to conduct special cleaning and disinfection of common areas during the influenza outbreak. At this point, most state health departments are recommending that environmental services should follow routine cleaning and disinfection procedures for all buildings at a facility where there is a suspected or confirmed case of H1N1 flu.

Staff have been provided with a supply of hand sanitizer cloths for wiping down common-use surfaces at intervals between the scheduled cleaning done by environmental services staff.

Protocols are in place for infection control on public transportation.

Procedures are in place to limit the spread of infection in staff eating areas.

Provide soap and warm water for handwashing; instruct staff on the necessity of frequent handwashing.

Provide instruction to staff on cough etiquette; provide tissues and wastebaskets.

Instruct employees to stay home if sick.
Test the adequacy of building ventilation systems especially in those areas considered for temporary quarantine or isolation of staff who display symptoms of influenza.

The Communications Plan

- Communicate with employees about the threat of an influenza outbreak, and describe the steps the organization is taking.

- Educate employees on how to stop the spread of the virus and post the information around the workplace (including entrances, notice boards, meeting rooms and restrooms). Notices should contain information regarding hand hygiene, covering coughs and sneezes, and social distancing.

- Information about influenza has been developed and is available, including:
  - Information on routes of transmission
  - How to prevent spread of the disease, including general hygiene measures such as cough etiquette and hand washing
  - Medical follow-up for symptoms
  - Isolation or quarantine
  - Treatment with antiviral drugs

- Update employee emergency contact information.

- Communicate to employees certain provisions such as:
  - Previously approved vacation, compensatory time, leave of absences (other than for sick or family leave purposes) may be rescinded with minimal notice.
  - Employees may be required to report for work with minimal notice.
  - Employees’ work schedules and/or hours of work may change with minimal notice.
  - Employees may be directed not to report for work.
  - Employees may be required to work at other locations or telecommute with minimal notice.
  - Employees may be assigned overtime with minimal notice.
  - Employees may be assigned to work other duties or to work in other departments with minimal notice.

- Coordination of all communications involves messages consistent with state health department advisories; all communications are cleared through the organization’s designated spokesperson and the organization’s Communications Director to ensure that messages align.
□ Relationships have been established with medical and public health specialists who are able to help with the development of accurate and timely messages before and during an outbreak.

□ Responsibility has been assigned for monitoring recommendations from WHO, CDC, State and local public health departments

□ Communicate with employees about where to find up-to-date and reliable influenza information from federal, state and local public health organizations.

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

**Equipment and Supplies**

□ Evaluate the potential limitations on availability of equipment and supplies once an influenza outbreak starts. Develop a list of equipment and supplies and secure all needed supplies.

□ The appropriate type and amount of personal protective equipment to implement CDC recommended infection control has been identified and stockpiled for use during an influenza outbreak.

□ Plans are in place for respirator fit testing for employees.

□ Discuss contingency plans in case of fuel, water, and energy shortages; evaluate the availability of emergency generators.

**Social Distancing**

□ Education on social distancing should be distributed to all employees, including tactics such as:
  ▪ Avoid crowded places and heavily populated gatherings
  ▪ Whenever possible, avoid face-to-face meetings—use teleconference calls and the Internet to conduct business
  ▪ Avoid public transportation or avoid rush hour crowding on public transportation
  ▪ Avoid congregating in break rooms
  ▪ If a face-to-face meeting with people is unavoidable, minimize the meeting time and sit three feet away from each other
- Implement personal social distancing strategies: where practical maintain a three foot separation between workers.

- Control front door traffic. Employees who are expecting visitors should notify the front desk ahead of time so that the visitor is expected. The front desk should maintain a supply of face masks and hand cleaner.

- Evaluate the advisability of event cancellation and building closure – tactics known as “focused measures to increase social distance” include:
  - Cancellation of public events (concerts, sports events)
  - Closure of recreational facilities and suspension of recreational programs (community swimming pools, park and recreation programs, gymnasiums)

**Forced Measures to Increase Social Distancing, Quarantine**

- Set up prominent notices at all entry points to each facility, advising staff and visitors not to enter if they have symptoms of influenza

- If a person becomes ill, or if someone observes that another person is exhibiting symptoms of influenza at work; procedures are in place to make certain the ill person leaves the workplace as soon as possible and that the employee’s supervisor is notified.

- When the employee leaves work, the protocol is to have the employee seek medical care and report back to the supervisor if influenza is suspected or confirmed by medical staff.

- Inform employees of the organization’s procedure for persons who develop influenza-like-illness: self-isolate in their home for seven days after the onset of illness or at least 24 hours after symptoms have cleared, whichever is longer.

- Policies have been established for isolating an ill employee if the employee is waiting for a family member for transportation home.

- Provisions have been made for transporting an ill employee who is unable to operate a motor vehicle or normally relies on public transportation.

- Supervisors have been trained to detect flu symptoms in employees in order to trigger an appropriate response to a suspected case of influenza.
Procedures have been developed to notify public health officials of suspected flu symptoms in an employee.

Coordinate with state health departments on the advisability of excluding an otherwise healthy employee who has been exposed to a person with influenza symptoms through:
- Family members
- A public gathering
- Travel on an airplane or cruise ship or other closed conveyance
- Contact with an infected person in a school or workplace

Coordinate with state health department officials on the advisability of refusing reentry into the workplace for person returning from travel to any area with a confirmed influenza outbreak, for the incubation period of the virus.

Investigate the feasibility and advisability of enacting disease-containment strategies, Including:
- Mandatory “snow days” for employees
- Restrictions on the assembly of groups of people
- Cancellation of public events
- Suspension of public gatherings and closings of public places, including auditoriums and arenas
- Closure of mass transit systems

The information contained in this document was obtained from sources which to the best of the writer’s knowledge are authentic and reliable. Arthur J. Gallagher makes no guarantee of results, and assumes no liability in connection with either the information herein contained, or the recommendations made, either directly or by inference. Moreover, it cannot be assumed that every acceptable planning measure is contained herein, or that abnormal or unusual circumstances may not warrant or require further or additional procedures.
Resources:

Centers for Disease Control
www.cdc.gov

World Health Organization
www.who.int

U.S. Department of Health and Human Services
www.pandemicflu.gov
HHS Pandemic Influenza Plan, US Department of Health and Human Services, November 2005

www.pandemicflu.gov/plan/workplaceplanning/correctionchecklist.pdf
Correctional Facilities Pandemic Influenza Planning Checklist

www.pandemicflu.gov/plan/workplaceplanning/lawenforcement.pdf
Law Enforcement Pandemic Influenza Planning Checklist

Business Pandemic Influenza Checklist

U.S. Department of Homeland Security
www.dhs.gov

Minnesota Department of Health
www.health.state.mn.us/divs/idepc/diseases/flu/swine