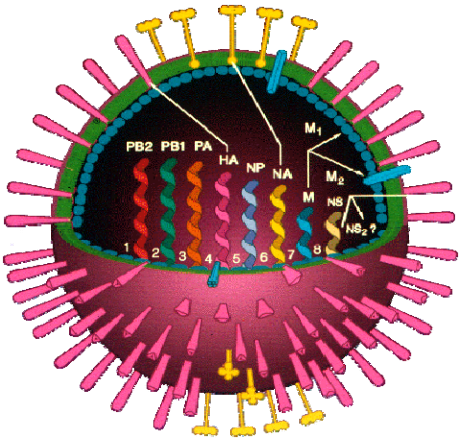
FEDERAL GUIDANCE TO ASSIST STATES IN IMPROVING STATE-LEVEL PANDEMIC INFLUENZA OPERATING PLANS



Presented to the American States, Territories and District of Columbia

By

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TABLE OF CONTENTS

I. Introduction
II. Background
III. Strategic Goals and Operating Objectives
IV. Planning Fundamentals
V. Instructions for Submitting Planning Information
VI. Evaluation Process
VII. Technical Assistance
VIII. Appendices – Detailed Information regarding the Strategic Goals and their associated Operating Objectives
IX Annex: Resource Documents

I. INTRODUCTION

Effective State, local and community functioning during and following an influenza pandemic requires focused planning and practicing in advance of the pandemic to ensure that States can maintain their critical functions. The *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (February 2007) was developed to provide guidance for pandemic planning and response. For community mitigation strategies to be effective, State governments need to incorporate them into their operating plans and assist local communities, businesses, non-governmental organizations, and the public in doing the same. State governments must have robust operating plans that have been sufficiently tested and improved by staff who understand and perform proficiently their supporting activities. Community partners must also perform proficiently their roles and responsibilities and understand accurately what the State government will and won't do and how it will communicate with both them and the public.

This document provides a strategic framework to help the 50 States, the District of Columbia (DC), and the five U.S. Territories improve and maintain their operating plans for responding to and sustaining functionality during an influenza pandemic. Hereinafter within this document, the terms "States" and "State-level" refer to all 56 governmental entities.

At the heart of the strategic framework are the supporting activities that State-level operating plans should address. Representatives of several United States Government (USG) Departments (see Annex) developed this document with input from State representatives.

II. BACKGROUND

During the past year, the US Department of Health and Human Services (HHS) – in collaboration with the US Department of Homeland Security (DHS) and six other USG Cabinet-Level Departments – assessed States' pandemic influenza planning. This endeavor was part of the implementation of the *National Strategy for Pandemic Influenza*, which the White House Homeland Security Council (HSC) issued in May 2006 (http://www.whitehouse.gov/homeland/pandemic-influenza-implementation.html). This first round of assessments revealed important progress in many areas but also underscored the

need for better guidance from the USG Departments and increased efforts by State-level agencies to fill the many remaining gaps in preparedness.

This document provides guidance for States' submissions of planning information for the second round of assessments. The guidance builds on the States' progress made since the first round of assessments and manifests lessons learned by the USG Departments. The guidance also manifests comments and recommendations provided by States' representatives – primarily through their responses to the first round of assessments or during a series of regional workshops co-hosted by HHS and DHS regional staff during January 2008.

As did the guidance for the first round of assessments, this revised guidance focuses on operating plans[1] – that is, plans that manifest a) clear-cut operating objectives, b) definitive implementation strategies, c) unequivocal specification as to which organizations or individuals are responsible for which elements, and d) measurable performance objectives. A defining characteristic of an operating plan is that, in whole or in part, it readily lends itself to evidence-based evaluation using the results of discussion-based exercises, operational-based exercises, or performance measurements obtained in the course of responses to actual incidents.

III. STRATEGIC GOALS AND OPERATING OBJECTIVES THAT MERIT INCLUSION IN STATE-LEVEL PANDEMIC INFLUENZA OPERATING PLANS

An operating plan for combating pandemic influenza should address at least the three strategic goals listed below. The goals provide an overarching framework for the various functions of State government during an influenza pandemic. This framework acknowledges the fact that the State government is simultaneously striving to continue its basic operations, respond to the influenza pandemic, and facilitate the maintenance of critical infrastructure.

The Strategic Goals

Strategic Goal A, "Ensure Continuity of Operations of State Agencies and Continuity of State Government" focuses on the role of State government in as an employer (i.e., looking inward). State governments are "large employers" and as such need to consider how they will continue to function during the pandemic. Continuing critical services and lifelines that many State citizens rely on for survival (e.g., Medicaid, newborn screening, safe food and unemployment insurance) is paramount. If State governments fail to prepare themselves by developing, exercising, and improving comprehensive operating plans, then they will fail in their abilities to meet the other two strategic goals, which focus on external functions (i.e., responding to the event and helping to maintain critical infrastructure).

Strategic Goal B, "Protect Citizens," reflects the role of the State government as a responder in to the influenza pandemic. During a pandemic, the State government is conducting business as usual (and perhaps with more intensity) with functions such as disease surveillance and is altering the way the

[1] Federal Emergency Management Agency (FEMA) defines an emergency operations plan as "a document that: describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated. See State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning, page 1-1. http://www.fema.gov/plan/gaheop.shtm

State conducts its business to delay the introduction, slow the spread, or lessen the severity of pandemic influenza (e.g., advising that sick people stay home, banning public gatherings, dismissing students from schools).

Strategic Goal C, "Sustain/Support 17 Critical Infrastructure and Key Resource Sectors" (CIKR), focuses on the State government's role with respect to sustaining its publicly- and privately-owned critical infrastructure. Note that infrastructure includes not only physical plants associated with it but also the processes, systems and information that support it.

States are responsible for developing and implementing Statewide CIKR protection programs that reflect and align with the full range of homeland security activities presented in the National Infrastructure Protection Plan (NIPP). The 17 CIKR sectors are: Agriculture and Food; Banking and Finance; Chemical; Commercial Facilities; Commercial Nuclear Reactors, Materials, and Waste; Dams; Defense Industrial Base; Drinking Water and Water Treatment; Emergency Services; Energy; Government Facilities; Information Technology; National Monuments and Icons; Postal and Shipping; Public Health and Healthcare; Telecommunications; and Transportation Systems.

The Operating Objectives

Associated with each Strategic Goal are Operating Objectives (Table 1) that merit inclusion in State pandemic influenza plans. Each operating objective has a corresponding Appendix containing (1) helpful hints for planning or preparedness activities (which contribute to comprehensive and exercisable operating plan development); and, (2) associated tables of supporting activities that should be specified in State operating plans.

Table 1. Strategic Goals and Operating Objectives

Strategic Goal	Operating Objectives	Appendix
A. Ensure Continuity of Operations of State Agencies & Continuity of State Government	Sustain Operations of State Agencies & Support and Protect Government Workers	A.1
	Ensure Public Health COOP During Each Phase of a Pandemic	A.2
	Ensure Continuity of Food Supply System	A.3
	Ensure Ability to Respond to Agricultural Emergencies & Maintain Food Safety Net Programs	A.4
	Ensure Integration of Uniformed Military Services Needs & Assets	A.5
	Sustain Transportation Systems	A.6
B. Protect Citizens	Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic	B.1
	Assist with Controls at U.S. Ports of Entry	B.2
	Implement Community Mitigation Interventions	B.3
	Enhance State Plans to Enable Community Mitigation through Student Dismissal and School Closure	B.4
	Acquire & Distribute Medical Countermeasures	B.5
	Ensure Mass Vaccination Capability During Each Phase of a Pandemic	B.6
	Provide Healthcare	B.7
	Manage Mass Casualties	B.8
	Ensure Communication Capability During Each Phase of a Pandemic	B.9
	Mitigate the Impact of an Influenza Pandemic on Workers in the State	B.10
	Understand Official Communication Mechanisms for Foreign Missions, International Organizations, and Their Members in the United States	B.11
	Integrate EMS and 9-1-1 into Pandemic Preparedness	B.12
	Integrate Public Safety Answering Points into Pandemic Preparedness	B.13
C. Sustain/Support 17 Critical Infrastructure Sectors and Key Assets	Define CIKR Protection, Planning &Preparedness Roles & Responsibilities	C.1
	Build Public-Private Partnerships & Support Networks	C.2
	Implement the NIPP Risk Management Framework for a Pandemic	C.3
	Bolster CIKR Information Sharing & Protection Initiatives	C.4
	Leverage Emergency Preparedness Activities for CIKR Protection, Planning & Preparedness	C.5
	Integrate Federal & State CIKR Protection, Planning & Preparedness Activities	C.6
	Allocate Scarce Resources	C.7

Again, this guidance document aims to assist States in improving their State government operating plans – necessitating a focus on the supporting activities that should be found in an operating plan. It is understood that preparedness and planning activities would not be included in an operating plan, and it is understood that many response activities are not the responsibility of the State government. However, to ignore the importance of preparedness and planning (e.g., breadth of disciplines that must be involved, accuracy of planning principles and assumptions) would be shortsighted. Therefore, both are included in this document.

To avoid confusion, it is important to distinguish between the tasks and capabilities that would be found in operating plans versus the preparedness and planning advice provided in this document. Therefore, within each operating objective, the helpful hints, planning guidance, and preparedness activity considerations are separated from the items that would be found in an operating plan. This was done using the widely accepted and adopted Federal Emergency Management Agency (FEMA) framework of "Prepare, Respond, and Recover".

Per the *National Response Framework* (January 2008) the following definitions apply:

"Preparedness- Actions that involve a combination of planning, resources, training, exercise and organizing to build, sustain, and improve operational capabilities. Preparedness is the process of identifying the personnel, training, and equipment for delivering capabilities when needed for an incident."

"Response - Immediate actions to save lives, protect property and the environment, and meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery."

"Recovery- The development, coordination and execution of service-and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and developmental initiatives to mitigate the effects of future incidents."

Many supporting activities required to plan for, respond to, and recover from an influenza pandemic are implemented by organizations (e.g., philanthropic organizations, community- and faith-based organizations, local health agencies) or individuals independently of the State government. This document provides some helpful hints and planning advice with respect to facilitating their preparedness; however, the focus of this document is on the operations of the State government. In some instances, the role of the State government might be facilitating communication or analyzing data or promoting consistency in rigor of interventions across communities.

IV. PLANNING FUNDAMENTALS

While pandemic influenza operating plans vary from other response plans in many ways, there are many planning fundamentals that apply regardless of threat. They should be integrated into all plans and operations – including those for an influenza pandemic. Several are described below.

Keys for successful preparation

1. Involve State and local Leadership. At the federal government level, the White House Homeland Security Council coordinates the work of the Departments, Independent Agencies, and other White House offices. We urge you to identify a coordinator from the Governor's Office to coordinate your State's integrated planning activities and include coordination with local government pandemic planning to ensure that all communities in the State will have a plan. In addition to consistent, strong leadership from the Governor's Office, there should be a senior level official designated as the pandemic influenza coordinator for the State.

2. Treat Pandemic as an All-Sectors (Community-Wide) Issue, not just a Health Issue. The USG views the threat of pandemic influenza as not just a health threat but as a threat to all sectors of our society. The USG has committed to using all instruments of national power against the threat. We urge you to address the threat of pandemic with all instruments of State power. This guidance document reinforces this message by identifying State entities that should be involved in specific areas of planning.

3. Collaborate with neighboring and distant States. Promising practices abound. We urge you to connect with planners in neighboring and distant States to share promising practices and lessons learned.

4. Collaborate across society at the State level. Local governments, faith- and community-based organizations, philanthropic organizations, and the business community are critical partners for State government. We urge you to engage with them early and often as you develop and refine your plans.

5. Collaborate with regional Principal Federal Officials. To coordinate the USG's responses to pandemic influenza, the Department of Homeland Security has divided the nation into 5 regions and designated a Principal Federal Official (PFO) for each region. The Department of Health and Human Services has enlarged the expertise available to the PFOs by designating 5 corresponding medical professionals, called Senior Federal Officials for Health (SFOs). You should make contact now and ensure that you understand the channels of communication and the roles of the federal officials. Please note that these officials are listed in the Annex.

Citizen Preparedness

As individual citizens plan and prepare, it is important to think about the challenges that they might face, particularly if a pandemic is severe. States can work with local health departments and emergency services agencies across the State to bolster citizen preparedness and community resiliency.

Below are a few links to websites that identify some guidance to the challenges that could be caused by a severe pandemic and possible ways to address them. A checklist and fill-in sheets for family health information and emergency contact information have been prepared to help guide individuals planning and preparation. More information might be obtained at http://www.pandemicflu.gov/plan/individual/index.html, citizencorps.com and www.ready.gov.

State-to-State Support

The Emergency Management Assistance Compact (EMAC), established in 1996, has weathered the storms of repeated testing in real-world emergencies and stands today as the cornerstone of mutual aid. The EMAC mutual aid agreement and partnership between member States exist because from hurricanes to earthquakes, from wildfires to toxic waste spills, and from terrorist attacks to biological and chemical incidents, all States share a common enemy: the threat of disaster. To learn more about the EMAC see http://www.emacweb.org/.

National Response Framework (NRF)

The *National Response Framework* presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies – from the smallest incident to the largest catastrophe. The *Framework* establishes a comprehensive, national, all-hazards approach to domestic incident response. More information is available at http://www.fema.gov/emergency/nrf/.

National Incident Management System (NIMS)

While most emergency situations are handled locally, when there's a major incident help may be needed from other jurisdictions, the State and the Federal Governments. NIMS was developed so responders from myriad jurisdictions and disciplines can work together better to respond to natural disasters and emergencies, including acts of terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management.

State-Local Emergency Management

States need to develop a plan for maintaining essential emergency functions and services during an influenza pandemic. To do so, State Emergency Management Operations should conduct a comprehensive assessment of the State's current capability. The assessment should reflect what the State will do to protect itself from its unique hazard with the unique resources it has or can obtain while maintaining essential emergency management functions during an influenza pandemic.

The Emergency Support Functions associated with the National Response Framework provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. http://www.fema.gov/pdf/emergency/nrf/nrf-esf-intro.pdf

Emergency Support Function (ESF) Annexes

ESF #1 – Transportation
ESF #2 – Communications
ESF #3 – Public Works and Engineering
ESF #4 – Firefighting
ESF #5 – Emergency Management
ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services
ESF #7 – Resource Support
ESF #8 – Public Health and Medical Services
ESF #9 – Search and Rescue
ESF #10 – Oil and Hazardous Materials
ESF #11 – Agriculture and Natural Resources
ESF #12 – Energy
ESF #13 – Public Safety and Security
ESF # 14 – Long-Term Community Recovery
ESF # 15 – External Affairs
Other Locally defined ESFs

States must consider the inherent interagency nature of emergency management operations and it's reliance on voluntary organizations and how that might be affected by a pandemic. States should also identify best practices for social distancing, alternative work arrangement and a modified COOP to ensure essential emergency management capabilities are maintained.

Information or guidance on the Federal Government's Pandemic Influenza COOP plan can be found at http://www.fema.gov/government/coop/index.shtm .

At-Risk Populations[2]

Communities are best-positioned to address the special needs of at-risk populations during an influenza pandemic. For all practical purposes, State agencies will be limited to promoting such community-level preparedness and facilitating and coordinating as resources allow. This section is included to help States plan for their largely indirect but nevertheless important role.

At-risk individuals, along with their needs and concerns, must be addressed in all Federal, State, Tribal, Territorial, and local emergency plans, and thus need to be addressed in State pandemic plans. HHS has developed a working definition of "at-risk individuals" that is function-based and designed to be harmonious with the NRF definition of "special needs." The HHS working definition is:

"Before, during, and after an incident, members of at-risk populations might have additional needs in one or more of the following functional areas:

- *maintaining independence,*
- *communication,*
- *transportation,*
- *supervision, and*
- *medical care.*

[2] Sometimes referred to as special needs individuals or vulnerable populations.

In addition to those individuals specifically recognized as at-risk in the Pandemic and All Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who might need additional response assistance should include those who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency."

This approach to defining at-risk individuals establishes a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnoses, statuses, or labels (e.g., children, the elderly, transportation disadvantaged). These functional needs of at-risk individuals are ones that may exist across segments of the population.

In simple terms, at-risk individuals are those who, in addition to their medical needs, have other needs that may interfere with their ability to access or receive medical care. Although children, pregnant women, and the elderly were the populations cited as most vulnerable in the influenza epidemics of the 20th century, many others among those listed above would be adversely affected when another pandemic occurs – despite modern science and medical capabilities. For example:

> An individual with HIV/AIDS who does not speak English and who contracts influenza could easily find herself in a precarious situation. In addition to treatment for influenza, her functional needs would be medical care (for the HIV/AIDS) and communication (her lack of English may keep her from hearing about where and how to access services). Without addressing those functional needs, she cannot obtain healthcare services.
>
> The health status of an individual receiving home dialysis treatment that relies on a local Para-transit system to attend medical appointments and food shopping could quickly become critical if 40% of the drivers are ill and transportation is suspended. In addition to treatment for influenza, his functional needs would be medical care (for dialysis) and transportation. Without addressing those functional needs, he cannot obtain healthcare services.
>
> An individual with a progressive chronic illness living alone on a limited income in the community with the help of a part-time care giver may become fearful and agitated during a pandemic event and be unable to access additional care. In addition to treatment for influenza, her functional need would be maintaining independence (to help address the impact of the condition) and possibly supervision (if she is not able to live alone safely). Without addressing those functional needs, she cannot obtain healthcare services.

Models currently being used to facilitate planning for at-risk individuals emphasize 1) locating individuals in the community who may have additional needs such as the home bound, homeless and disabled 2) establishing good relationships with community service providers and advocates to develop planning response and recovery actions that are realistic - sometimes through a coalition of providers and social organizations, and 3) using a trusted source in the community such as a community leader or organization to ensure that messages about influenza reach at-risk populations. These three elements account for the critical at-risk planning issues of outreach and communication and the delivery of public health and medical and human services during a pandemic. Recommended resources and models are provided in the Annex..

Legal Authorities

Legal preparedness is crucially important to successful implementation of States' operational plans for responding to, and sustaining functionality during, an influenza pandemic. A definition for public health legal preparedness is provided here. However, all agencies should review, understand, and follow or seek changes to existing legal authorities.

Public health legal preparedness is defined as "the attainment by a public health system of specified legal benchmarks or standards essential to preparedness of the public health system." Legal preparedness has four core elements:

- Laws and legal authorities,
- Competency in applying those laws,
- Coordination across jurisdictions and sectors in implementing laws, and
- Information about public health law best practices.

Operational plans should cite the applicable State laws that authorize and regulate components consistent with protection of civil liberties and other due process requirements of their pandemic plans such as:

- employee ability to report to work/use of sick leave,
- isolation and quarantine,
- restriction of traveler movement,
- closure of public venues,
- suspension of public gatherings,
- curfews ,
- related social distancing,
- school closing/school dismissal,
- advice to close childcare facilities
- dispensation of antiviral drugs (e.g., laws authorizing State/local health agencies to mass dispense prescription drugs; laws specifying the professionals that may mass dispense prescription drugs), and,
- administration of mass vaccination without the completion of standard medical examinations.

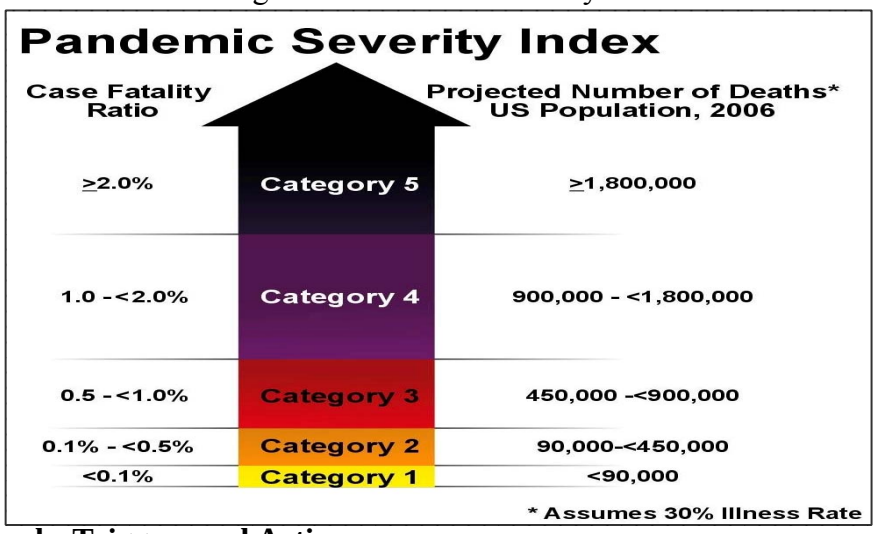
For example, as part of the preparedness activities outlined in Appendix B.10 (Mitigate the impact of an influenza pandemic on workers in the State), States will assess which State benefits and other assistance programs can help workers during a pandemic and whether new resources, **laws** or programs may be needed. In this assessment of State programs or services, particularly the triggers for eligibility, States will need to consider if legal/statutory flexibilities may be needed because of the unique circumstances of a pandemic. Examples of such statutes include State workers' compensation laws and State family and medical leave laws.

Additionally, as part of an operational plan, the agencies and specific officials authorized to implement these laws should be included as well as the status of liability protection for participating officials.

Pandemic Severity Index

The *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (February 2007) features the Pandemic Severity Index (Figure 1) which uses case fatality ratios as critical drivers for categorizing the severity of a pandemic. Interventions will be recommended based on the severity of pandemic, including: isolation and treatment of ill persons with antiviral drugs; voluntary home quarantine of members of households containing confirmed or probable cases; dismissal of students from school; closure of childcare facilities, and use of social distancing measures to reduce contacts between adults in the community and workplace. State pandemic plans should take into account implementation of these mitigation strategies and their possible secondary effects.

Figure 1. Pandemic Severity Index



Pandemic Intervals, Triggers and Actions

In November 2005, the President of the United States released the National Strategy for Pandemic Influenza, followed by the Implementation Plan in May 2006. These documents introduced the concept of "stages" for Federal Government response[3]. The six USG stages have provided greater specificity for U.S. preparedness and response efforts than the pandemic phases outlined in the World Health Organization (WHO) global pandemic plan.[4] The stages have facilitated initial planning efforts by identifying objectives, actions, policy decisions, and messaging considerations for each stage.

While the stages have provided a high-level overview of the Federal Government approach to a pandemic response, more detailed planning for Federal, State, and local responses requires a greater level of specificity than is afforded with the current USG stages.

<u>The Pandemic Intervals</u>
The incorporation of known principles regarding epidemic influenza transmission, along with the adoption of well-defined triggers for action, will enhance the development of more detailed plans and

[3] Pandemicflu.gov – Federal Planning & Response Activities. Available at http://www.pandemicflu.gov/plan/federal/index.html#national.
[4] WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics. Available at http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf

guidance. Moreover, these refinements will facilitate better coordinated and timelier containment and mitigation strategies at all levels, while acknowledging the heterogeneity of conditions affecting different U.S. communities during the progression of a pandemic.

Typically, epidemic curves are used to monitor an outbreak as it is occurring or to describe the outbreak retrospectively. While epidemic curves are useful during an outbreak or retrospectively for noting the possible effects of interventions (graphically showing when they are or were implemented relative to the rise and fall of the epidemic), model epidemic or pandemic curves can also be used to describe likely events over time. These hypothetical models may be particularly valuable prospectively for anticipating conditions and identifying the key actions that could be taken at certain points in time to alter the epidemic or pandemic curve. Classic epidemic curves have been described in the literature as having a: growth phase, hyperendemic phase, decline, endemic or equilibrium phase, and potentially an elimination phase.[5,6]

For the purposes of pandemic preparedness, the Federal Government will use intervals representing the sequential units of time that occur along a hypothetical pandemic curve[7,8].. For state planning, using the intervals to describe the progression of the pandemic within communities in a state helps to provide a more granular framework for defining when to respond with various interventions during U.S. Government stages 4, 5 and 6. (Figure 2) These intervals could happen in any community from the time sustained and efficient transmission is confirmed.

While it is difficult to forecast the duration of a pandemic, we expect there will be definable periods between when the pandemic begins, when transmission is established and peaks, when resolution is achieved, and when subsequent waves begin. While there will be one epidemic curve for the United States, the larger curve is made up of many smaller curves that occur on a community by community basis. Therefore, the intervals serve as additional points of reference within the phases and stages to provide a common orientation and better epidemiologic understanding of what is taking place. State health authorities may elect to implement interventions asynchronously within their states by focusing early efforts on communities that are first affected. The intervals thus can assist in identifying when to intervene in these affected communities. The intervals are also a valuable means for communicating the status of the pandemic by quantifying different levels of disease, and linking that status with triggers for interventions.

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[5] Liang W, Zhu Z, Guo J, et al. Severe acute respiratory syndrome, Beijing, 2003. *Emerg Infect Dis* (2004); 10(1): 25-31. http://www.cdc.gov/ncidod/EiD/vol10no1/pdfs/03-0553.pdf

[6] Wasserheit JN, Aral SO. The dynamic typology of sexually transmitted disease epidemics: Implications for prevention strategies. *J Infect Dis* (1996); 174 (suppl 2): S201-13.

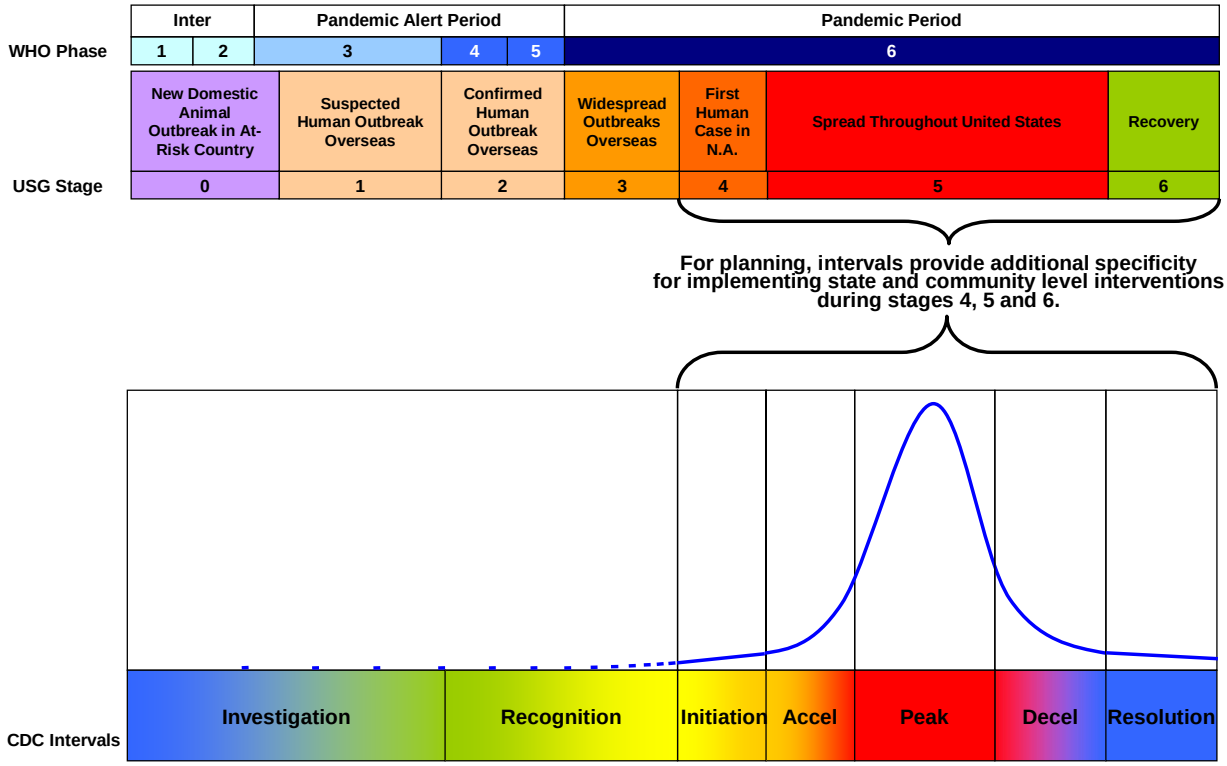
[7] Pandemic curves can be drawn to represent many different outbreaks—an epidemic curve for the world is distributed over a long period of time and around the globe and might be correlated to the WHO phases. A pandemic curve for the U.S. is likely shorter and references only the geographic bounds of the United States, and can be correlated with the U.S. government planning stages. A pandemic curve for a state or community is likely shorter still and references only the geographic bounds of the state or community. In this document, we apply these intervals to State and community planning during U.S. government stages 4, 5 and 6. (Of course these intervals have utility for national and international efforts as well.)

[8] Because we recognize that the pandemic may begin, or first be detected, in the United States or elsewhere in North America, the intervals do not distinguish between the occurrence of pre-pandemic or pandemic cases overseas versus the occurrence of cases domestically. Therefore, this framework can be applied in community, state, national, or international settings.

The intervals are designed to inform and complement the use of the Pandemic Severity Index (PSI) for choosing appropriate community mitigation strategies.[9] The PSI guides the range of interventions to consider and/or implement given the epidemiological characteristics of the pandemic. The intervals are more closely aligned with triggers to indicate *when* to act, while the PSI is used to indicate *how* to act.

[9] CDC. Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions. February 2007. Available at http://www.pandemicflu.gov/plan/community/commitigation.html

Figure 2: Periods, Phases, Stages, and Intervals



Pre- Pandemic Intervals
- Investigation
- Recognition

Pandemic Intervals
- Initiation
- Acceleration
- Peak Transmission
- Deceleration
- Resolution

Definitions of the Different Pandemic Intervals

For each interval shown in Figure A, a definition of the interval is provided below for communities, states and for the nation.

For states that are "affected" (i.e., they have met the definition for the interval), selected actions to initiate during the interval are provided. For states that are "unaffected" (i.e., they have not met the definition for the interval at a time when other states have met the definition), selected actions and preparations are provided. Questions regarding the use of these intervals can be obtained at intervals@cdc.gov.

"Investigation" Interval – Investigation of Novel Influenza Cases: This pre-pandemic interval represents the time period when sporadic cases of novel influenza may be occurring overseas or within the United States. During this interval, public health authorities will use routine surveillance and epidemiologic investigations to identify human cases of novel influenza and assess the potential for the strain to cause significant disease in humans. Investigations of animal outbreaks also will be conducted to determine any human health implications. During this interval, pandemic preparedness efforts should be developed and strengthened. Case-based control measures (i.e., antiviral treatment and isolation of cases and antiviral prophylaxis of contacts) are the primary public health strategy for responding to cases of novel influenza infection. The national case definition for novel influenza is located at http://www.cdc.gov/ncphi/disss/nndss/casedef/novel_influenzaA.htm.

Affected State – A state where a sporadic case of novel influenza is detected.

- Voluntarily isolate and treat human cases
- Voluntarily quarantine if human-to-human transmission is suspected, monitor, and provide chemoprophylaxis to contacts
- Assess case contacts to determine human to human transmission and risk factors for infection
- Share information with animal and human health officials and other stakeholders, including reporting of cases according to the Nationally Notifiable Diseases Surveillance System and sharing virus samples
- Disseminate risk communication messages

Unaffected State – A state not currently investigating novel influenza cases.

- Continue to maintain state surveillance
- Continue to build state and local countermeasures stockpile
- Continue to develop and promote community mitigation preparedness activities, including plans and exercises
- Continue refining and testing healthcare surge plans

"Recognition" Interval – Recognition of Efficient and Sustained Transmission: This interval occurs when clusters of cases of novel influenza virus in humans are identified and there is confirmation of sustained and efficient human-to-human transmission indicating that a pandemic strain has emerged overseas or within the United States. During the recognition interval, public health officials in the affected country and community will attempt to contain the outbreak and limit the potential for further spread in the original community. Case-based control measures, including isolation and treatment of cases and voluntary quarantine of contacts, will be the primary public health strategy to contain the spread of infection; however, addition of rapid implementation of community-wide antiviral prophylaxis may be attempted to fully contain an emerging pandemic.

Affected State – A state where human to human transmission of a novel influenza virus infection is occurring and where the transmission of the virus has an efficiency and sustainability that indicates it has potential to cause a pandemic. This represents the detection of a potential pandemic in the U.S. before recognition elsewhere in the world.

- Continue/initiate actions as above (Investigation)
- Implement case-based investigation and containment
- Implement voluntary contact quarantine and chemoprophylaxis
- Confirm all suspect cases at public health laboratory
- Consider rapid containment of emerging pandemic influenza
- Report cases according to Nationally Notifiable Diseases Surveillance System
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages, including when to seek care and how to care for ill at home
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

Unaffected State – A state not meeting the criteria above. This may represent either that recognition of a potential pandemic is occurring in another state, or is occurring outside the United States.

- Continue/initiate actions as above (Investigation)

- Prepare for investigation and response
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

"Initiation" Interval – Initiation of the Pandemic Wave: This interval begins with the identification and laboratory-confirmation of the first human case due to pandemic influenza virus in the United States. If the United States is the first country to recognize the emerging pandemic strain, then the "Recognition" and "Initiation" intervals are the same for affected states. As this interval progresses, continued implementation of case-based control measures (i.e., isolation and treatment of cases, voluntary prophylaxis and quarantine of contacts) will be important, along with enhanced surveillance for detecting potential pandemic cases to determine when community mitigation interventions will be implemented.

Affected State – A state with at least one laboratory-confirmed pandemic case.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 1 to 3, declare Alert if PSI Category is 4 or 5
- Continue enhanced state and local surveillance
- Implement (pre-pandemic) vaccination campaigns if (pre-pandemic) vaccine is available
- Offer mental health services to health care workers**.**

Unaffected States – A state with no laboratory-confirmed pandemic cases.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 4 or 5
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy state/local caches
- Prepare to transition into emergency operations

"Acceleration" Interval – Acceleration of the Pandemic Wave: This interval begins in a State when public health officials have identified that containment efforts have not succeeded, onward transmission is occurring, or there are two or more laboratory-confirmed cases in the State that are not epidemiologically linked to any previous case. It will be important to rapidly initiate community mitigation activities such as school dismissal and childcare closures, social distancing, and the efficient management of public health resources.[10] Isolation and treatment of cases along with voluntary quarantine of contacts should continue as a key mitigation measure. Historical analyses and mathematical modeling indicate that early institution of combined, concurrent community mitigation

[10] CDC. Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions. February 2007. Available at http://www.pandemicflu.gov/plan/community/commitigation.html

measures may maximize reduction of disease transmission (and subsequent mortality) in the affected areas.[11][12][13][14]

Affected State – A state that has two or more laboratory-confirmed pandemic cases in a state that are not epidemiologically linked to any previous case; or, has increasing numbers of cases that exceed resources to provide case-based control measures

- Continue/initiate actions as above (Initiation)
- Activate community mitigation interventions for affected communities
- Transition from case-based containment/contact chemoprophylaxis to community interventions
- Transition surveillance from individual case confirmation to mortality and syndromic disease monitoring
- Begin pre-shift healthcare worker physical and mental health wellness screening
- Implement vaccination campaigns if (pre-pandemic) vaccine is available
- Monitor vaccination coverage levels, antiviral use, and adverse events
- Monitor effectiveness of community mitigation activities

Unaffected State – A state that has not met the criteria above.

- Continue/initiate actions as above (Initiation)
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy state/local caches
- Prepare to transition into emergency operations
- Implement vaccination campaigns if (pre-pandemic) vaccine is available
- Monitor vaccination coverage levels, antiviral use, and adverse events

"*Peak/Established Transmission" Interval – Transmission is Established and Peak of the Pandemic Wave:* This interval encompasses the time period when there is extensive transmission in the community and the state has reached it's greatest number of newly identified cases. The ability to provide treatment when the healthcare system is overburdened will be particularly challenging. To reduce the societal effects of the pandemic, available resources must be optimized to maintain the critical infrastructure and key resources in the face of widespread disease.

Affected State – A state in which 1) >10% of specimens from patients with influenza-like illness submitted to the state public health laboratory are positive for the pandemic strain during a seven day period, or, 2) "regional" pandemic influenza activity is reported by the State Epidemiologist using CDC-defined criteria, or, 3) the healthcare system surge capacity has been exceeded.

- Continue/initiate actions as above (Acceleration)
- Manage health care surge
- Maintain critical infrastructure and key resources

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[11] Hatchett RJ, Mecher CE, Lipsitch M. Public health interventions and epidemic intensity during the 1918 influenza pandemic. *Proceedings of National Academy of Sciences of USA*, (2007); 104 (18): 7583-7587.
[12] Markel H, Lipman HB, Navarro JA, et al. Nonpharmaceutical Interventions Implemented by US Cities During the 1918-1919 Influenza Pandemic. *JAMA* (2007);298 (6): 644-654.
[13] Ferguson NM, Cummings DA, Fraser C, et al. Strategies for mitigating an influenza pandemic *Nature* (2006); 442:7: 448-452.
[14] Bootsma MC, Ferguson NM. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of National Academy of Sciences of USA*, (2007);104 (18): 7588-7593.

- Laboratory confirmation of only a sample of cases as required for virologic surveillance
- Implement surveillance primarily for mortality and syndromic disease

Unaffected States – As transmission increases in the U.S., states are likely to be in different intervals. Thus, states should anticipate the actions needed for subsequent intervals and plan accordingly.

"Deceleration" Interval – Deceleration of the Pandemic Wave: During this interval, it is evident that the rates of pandemic infection are declining. The decline provides an opportunity to begin planning for appropriate suspension of community mitigation activities and recovery. State health officials may choose to rescind community mitigation intervention measures in selected regions within their jurisdiction, as appropriate; however mathematical models suggest that cessation of community mitigation measures are most effective when new cases are not occurring or occur very infrequently.[15] [10]

Affected State – A state where <10% of specimens from patients with influenza-like illness submitted to the state public health laboratory are positive for the pandemic strain for at least two consecutive weeks, or, the healthcare system capacity is below surge capacity.

- Continue/initiate actions as above (Peak/Established Transmission)
- Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate
- Transition surveillance from syndromic to case-based monitoring and confirmation
- Initiate targeted cessation of surge capacity strategies
- Maintain aggressive infection control measures in the community

"Resolution" Interval – Resolution of the Pandemic Wave: In this interval, pandemic cases are occurring only sporadically. The primary actions to be taken during this interval include discontinuing all community mitigation interventions, facilitating the recovery of the public health and healthcare infrastructure, resuming enhanced surveillance protocols to detect possible subsequent waves, and preparing for next waves of infection should they occur.

Affected State – A state where active virologic surveillance detects pandemic cases occurring sporadically.

- Continue/initiate actions as above (Deceleration)
- Rescind community mitigation interventions
- Continue case confirmation of selected cases to verify resolution of pandemic wave
- Resume enhanced virologic surveillance to detect emergence of increased transmission.
- Prepare for possible second wave
- Continue to promote community mitigation preparedness activities on standby for second wave
- Conduct after-action review for lessons learned
- Replenish stockpiles/caches as able

V. INSTRUCTIONS FOR SUBMITING PLANNING INFORMATION

[15] Davey VJ, Glass RJ. Rescinding Community Mitigation Strategies in an Influenza Pandemic. *Emerging Infectious Diseases*, (2008);14 (3): 365-372. Available at: http://www.cdc.gov/eid/content/14/3/365.htm?s_cid=eid365_e#cit

Format

Information regarding the State's / District's / Territory's planning for countering pandemic influenza should be presented in accord with the following 5-part outline:

1. Cover Page
2. Table of Contents
3. Contributing Agencies
4. Generic Planning Principles and Assumptions
5. Information Specific to Each Operating Objective

See the Appendices for additional instructions regarding the information requested for each Operating Objective.

Information to be included under each of the five headings identified in the aforementioned outline

Cover Page

- Name of State / District of Columbia / Territory
- Name and title of the official submitting the report
- Date of submission

Table of Contents

- Starting pages of each of the 5 headings and the major sections under headings 3-5, respectively
- Full title of each plan, if any, that is referenced and included as part of the response to item 5

Contributing Agencies

Please provide a table identifying each contributing agency and, for each, the printed name and signature of the individual responsible for its contribution.

Generic Planning Principles and Assumptions

- Please describe briefly the overarching principles and assumptions that guide the State's / District's / Territory's planning to counter pandemic influenza. Note the adjective "generic", and be aware that the Appendices request descriptions of planning principles and assumptions specific to the Operating Objectives.
- Please describe briefly how pandemic preparedness plans are documented. That is, do they exist as a freestanding Pandemic Influenza Plan? Or are they included in one or more broader ranging plans such as an All-Hazards Emergency Response Plan or a Continuity-of-Operations Plan? List the full title of each State plan, if any, that is referenced and included as part of the response to item 5.
- With respect to the National Incident Management System, please provide the following information:
    - Name and contact information for lead individual for State.
    - Plan for conformance with all NRF/NIMS principles and guidelines; and,
    - Plan for relating to the Joint Field Office Principal Federal Official during a pandemic.

Information Specific to Each Operating Objective

- Note that each Operating Objective listed in Table B has a corresponding Sub-Appendix, which provides guidance for States' consideration in planning and lists in tabular form the Supporting Activities for which planning information is requested. **Thus, the USG Departments are seeking planning and operating information only for the Supporting Activities cited in the tables. The rest of the material in the Appendices and Sub-Appendices is intended only to facilitate planning and does not require a response.**

- Note also that the tables in the Sub-Appendices correspond to the format of the worksheets that reviewers will use. The intent is to enable responders to know precisely what is to be evaluated.

Organization of the information submitted

The submission may take either of two forms:

Option 1

- A WORD document that presents the information requested for Items 1-4;
- A set of EXCEL spreadsheets (templates forthcoming) providing citations to a WORD document that contains all of the information requested for the Operating Objectives; AND
- The WORD document that contains all of the information cited in the EXCEL spreadsheets.

OR

Option 2

- A WORD document that presents the information requested for Items 1-4;
- A set of EXCEL spreadsheets (templates forthcoming) providing citations to the documents that contain the information requested for the Operating Objectives;
- A copy of each freestanding plan that is cited in the spreadsheets – for example, a Pandemic Influenza Plan, an All-Hazards Emergency Response Plan, or a Continuity of Operations Plan; AND
- A WORD document that presents any information that is cited in the spreadsheets but not contained in any freestanding plan such as those mentioned above.

For Option 2, the copy of each freestanding plan cited in the EXCEL spreadsheets should be provided in PDF format.

For both Options 1 and 2, the several computer-manipulable files (WORD only or WORD plus PDF) must be submitted on compact disc (CD ROM) because the volume might be too large to be accommodated by conventional e-mail systems.

NOTE: HHS WILL PROVIDE AN SET OF EXCEL SPREADSHEETS ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS DOCUMENT. These templates will be available soon on www.pandemicflu.gov.

In the interim, State officials may wish to use the tables included in the Sub-Appendices as worksheets in preparation for submitting documentation in Excel spreadsheets. The Excel spreadsheets will mimic the format of the Word tables included herein.

Due date, number of copies and address for submissions

Submissions are due on June 16, 2008.

Please submit three copies (3) of the CD ROM containing the requested information.

Please send the material to US Department of Health and Human Services, ATTN: Shelia Jones, Hubert H. Humphrey Building, Room 638G, 200 Independence Avenue SW, Washington DC, 20201 by a private package delivery service (DHL, FEDEX, or UPS).

NOTE: Do not use US Mail. The irradiation applied to US Mail received by the Federal Government might damage CD ROMs.

VI. EVALUATION PROCESS AND SCORING

Evaluation Process

The participating USG Departments will follow a five-step process as follows:

1. Subject matter experts within the participating USG Departments will review those portions of the submissions that fall within their respective mission areas.
2. Reviewers will assess the information provided for each Operating Objective in accord with the scoring schema described below.
3. HHS will compile the preliminary results of the reviews into State-specific reports; provide them to the States, District, and Territories individually and privately in the form of "Draft Concluding Assessments"; and solicit comments related to any apparent procedural irregularities or factual errors. The adjective "concluding" signifies that this is the second phase of a two-phase assessment process – the first phase having resulted in the "Interim" Assessments" that the States, District, and Territories received in Fall 2007/Winter 2008.
4. Once in receipt of the States' / District's / Territories' comments, HHS will share them with the appropriate USG Department(s) for their consideration in concluding their respective reviews.
5. HHS will compile the review results in the form of State-specific "Concluding Assessments" and share them first with the States individually and then with the Congress and the general public.

Scoring for Comprehensiveness

The information provided for the Operating Objectives will be rated for comprehensiveness. That is, reviewers will consider the information submitted for each associated Supporting Activity and assess the degree to which the response describes a) a definitive implementation strategy and b) unequivocal specification as to which organizations or individuals are responsible for which elements.

Before commencing to rate, reviewers may modify the list of Supporting Activities in one or both of two ways. First, they will not assign a rating to a particular Supporting Activity if the State has indicated that the item is "not applicable" and offered a convincing justification. Second, they will add and rate a new Supporting Activity as proposed by the State if they judge the proposed addition to be

relevant to the Operating Objective and of comparable significance to the Supporting Activities already listed.

The scoring schema to be used for each Operating Objective is as follows. For each supporting activity, the review team will award a score of 0, 1, 2, or 3. A percentage for the Operating Objectives will be calculated by summing the scores of the supporting activities under that Operating Objective and dividing by the total number possible (number of supporting activities X 3).

Example:

Operating Objective X.1
Supporting activity - 3/3
Supporting activity - 2/3
Supporting activity - 2/3
Supporting activity - 3/3
Supporting activity - 2/3
12/15 = 80%

Key:
≥85% = "No Major Gaps"
69-84% = "A Few Major Gaps"
50-68% = "Many Major Gaps"
1-49% = "Inadequate Preparedness"

The percentage derived for the Operating Objective will be translated into a standardized verbal designation in accord with the key shown in the text box. No submission or a non-responsive submission will be classified as "insufficient information to allow assessment."

Using the example provided, the Score for Operating Objective X.1 would be "A Few Major Gaps."

Scoring for Operational Readiness

The USG Departments jointly will assign a single rating for Operational Readiness for the entire State submission. In particular, based on the information requested in the last sub-Appendix for each of the 3 Strategic Goals, the Departments will determine the number of the Operating Objectives for which the State submitted evidence that it has tested its response capability in some appropriate way.

This number then will be divided by the total number of Operating Objectives, expressed as a percentage, and translated into a standardized verbal designation in accord with the key shown in the text box.

Key:
≥50% = "Substantial Evidence of Operational Readiness"
25-49% = "Significant Evidence of Operational Readiness"
1-24% = "Little Evidence of Operational Readiness"

No submission or a non-responsive submission will be classified as "insufficient information to enable assessment."

VII. TECHNICAL ASSISTANCE

In January 2008, the USG held a series of regional workshops to obtain States' preferences regarding technical assistance mechanisms. Preferences ranged from "to pick up the phone and ask a "Fed" a specific question" to hoping for on-site assistance with drafting operating plans to wanting national conference calls on complicated aspects of pandemic influenza response that involve State and federal coordination. In response to States' requests, the USG is offering a variety of technical assistance mechanisms. Some are in the form of documents – which are provided in citations or accompany this document. Others are under development (e.g., webcasts) and should be forthcoming soon. Some hands-on, individualized technical assistance is also available to State planners, and instructions for tapping into it are included in this document. Keep in mind that the technical assistance mechanisms span the spectrum of pandemic influenza related concerns – not only the personal health impact of the threat. This might include preparing businesses to operate in the face of community mitigation strategies, maintaining transportation response capabilities during hurricane season, coping with mental health impact of mass fatalities, or protecting the energy infrastructure.

Operating Plan Assistance

States that do not have staff that are very familiar and are experienced in drafting, testing and improving plans based on continuous quality improvement mechanisms. But in some jurisdictions these assets remain marginalized or disconnected from efforts to improve planning and practicing for an influenza pandemic and other threats. States are strongly urged to utilize existing State and local resources for assistance. Many State militia and National Guard staff have extensive training and experience in writing operating plans. Since these individuals are part of the State government planning community, they will have detailed knowledge of and thorough understanding about the infrastructure and systems context surrounding the State- and region-specific needs, assets, and gaps.

States might also utilize USG (e.g., DOD, DHS) regional staff for support and guidance. Because of their distribution across the country, these staff may be better able than their headquarters counterparts to provide on-site technical assistance or provide region-specific context or advice. Many regional staff have expertise in writing operating plans and are able to provide: (1) models or templates of operating plans, and (2) approaches for States to consider for improving their operating plans. Federal assets available to provide guidance and answer questions regarding State planning issues include the HHS regional health offices (http://www.hhs.gov/about/regionmap.html), FEMA regional offices (http://www.fema.gov/about/regions/index.shtm), and the pre-designated pandemic influenza regional Principal Federal Officials.

Another regional asset that can be utilized to assist State and local CI/KR security efforts are the DHS Protective Security Advisors (PSAs). PSAs are deployed to local communities throughout the United States to assist with local efforts to protect critical assets, serve as DHS' on-site critical infrastructure and vulnerability assessment specialists, and serve as DHS liaisons between Federal agencies, State, territorial, local, and tribal governments, and the private sector. Additionally, PSAs support the development of the national risk picture by identifying, assessing, monitoring and minimizing risk to critical assets, and provide reach-back capabilities to DHS and other Federal resources. PSA contact information can be obtained, and PSAs may be contacted through the national PSA Duty Desk at psadutydesk@hq.dhs.gov or by calling 703-235-5724.

Content Assistance

The Annex contains the names of USG Working Group members that have been involved in developing this guidance document. State officials are encouraged to contact Working Group members with questions about the guidance document itself or to obtain referrals to other USG staff.

Resource Document

The Annex also contains a collection of references, resources and citations that might be of assistance to States while developing their operating plans. One example is the "Return to Work" brochure – a one-page document ready for distribution and use with individuals who have been diagnosed with pandemic influenza by a healthcare provider or who believe that they have pandemic influenza base on symptoms of illness explaining to them when they might return to work or to school. Additionally, the Existing Resources Document includes excerpts or summaries of other documents that might save planners time. Reading any excerpt included in this document, of course, is not a substitute for reading subject-specific recommendations, models or guidelines in full.

Website

Many resources referenced in the Existing Resources Document or the Primer can be found at http://www.pandemicflu.gov. This website serves as the federal clearinghouse for pandemic influenza documents, recommendations, checklists, planning tools, exercises, and as such provides a much more comprehensive collection of documents which provide in-depth information on general and topic-specific pandemic influenza operational and preparedness concerns. Materials specific to pandemic planning can be found at http://www.pandemicflu.gov/plan/index.html

Webinars

HHS invites State officials to live discussions with USG officials in a series of three web seminars ("webinars") to help State planners in the next round of pandemic influenza planning.

The first webcast will be held on March 13, 2 p.m. – 3 p.m. EDT. It will provide an overview of the guidance and will provide an opportunity for a live question-and-answer session with representatives from the U.S. Department of Health and Human Services (including its Centers for Disease Control and Prevention), the U.S. Department of Homeland Security, and the U.S. Department of Labor.

Participants can access the webcast by going to http://www.pandemicflu.gov/news/panflu_webinar.html. Questions for the webcast panelists may be emailed, during the program, to hhsstudio@hhs.gov. Please include your first name and hometown.

Future webcasts on the State planning and assessment process will be held on April 2, 2008, and April 30, 2008. Additional details will be available on www.pandemicflu.gov. All of the webcasts will be videotaped and archived on www.pandemicflu.gov for future viewing.

Conference calls

The USG will offer conference calls on various Operating Objectives, depending upon the nature and extent of States' continuing queries. Additional information on topics and dates will be posted on www.pandemicflu.gov and, as they become available, disseminated via the SFOs and PFOs.

APPENDIX A.0 – GENERIC GUIDANCE FOR ENSURING CONTINUITY OF OPERATIONS OF STATE AGENCIES & CONTINUITY OF STATE GOVERNMENT

This section of the Appendix is informational only and is provided as a resource for the State Workforce Planning process. **It does not establish any reporting requirements.** See www.pandemicflu.gov/plan/States/Statelocalchecklist.html for a complete list of activities that may be considered as part of pandemic planning by States. States may also find the Federal agency checklist of value to them. See www.pandemicflu.gov/plan/federal/operationalplans.html.

Basic Pandemic Operational Planning for State Agencies:

1) Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives. Ensure accountability through an independent review of its pandemic influenza plan and preparedness.

2) Identify essential employees and other critical inputs (e.g. suppliers, sub-contractor services/ products, and logistics) required to maintain operations by location and function during a pandemic.

3) Develop and plan for scenarios likely to result in an increase or decrease in demand for State services during a pandemic (e.g. increased filings of unemployment insurance, increased calls to public health, effect of restriction on mass gatherings, need for hygiene supplies, distribution of antiviral drugs).

4) Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers, key constituencies and public), and processes for tracking and communicating State operational and employee status.

5) Implement an exercise/drill to test your pandemic plan, and revise periodically.

6) Set up authorities, triggers, and procedures for activating and terminating your plan, altering business operations (e.g. temporarily shutting down non-essential operations), implementing selected HR policies, distributing antiviral drugs, and other preparedness actions.

7) Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access. Develop platforms (e.g. hotlines, dedicated Web sites) for communicating pandemic status and actions to employees, vendors, suppliers, and the public in a consistent and timely way, including redundancies in the emergency contact system.

8) Collaborate with federal and local public officials, particularly health agencies and emergency responders, as well as neighboring States to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.

APPENDIX A.1

Operating Objective: Sustain Operations of State Agencies and Support and Protect Government Workers

This Appendix will help States ensure personnel/human resource policies and practices support continuity of State operations, community mitigation strategies, and State government employees during a pandemic. The Appendix has two parts:

Part I. Sustain Operations of State Agencies

Operating sub-objective A.1.1. Ensure continuity of government in face of significantly increased absenteeism

Operating sub-objective A.1.2. Assist employees of State agencies unable to work for a significant time period

Operating sub-objective A.1.3. Communicate with employees of State agencies

Operating sub-objective A.1.4. Consult with bargaining units (if the State has bargaining unit employees)

Part II. Protect the Health and Safety of State Government Workers

Operating sub-objective A.1.5. Make State agency workplaces safe places

Operating sub-objective A.1.6. Revise human resource and other workplace policies affecting the safety of State government workers

Note: Each Operating sub-objective contains a section preceding its corresponding table to assist the State in understanding what is required and the reasoning behind the requirements in the "PREPARE" section of the table. The "RESPOND AND RECOVER" section of the table lists actions to be taken during or after a pandemic that should be included in the State's pandemic plan. (Whether some "RESPOND AND RECOVER" actions will be taken depends on specific conditions, such as the severity of the influenza pandemic.)

Part I. Sustain Operations of State Agencies[16]

Intent: To ensure personnel/human resource policies support implementation of the State's pandemic plan while promoting community mitigation strategies, such as social distancing and dismissal of children from schools, and help mitigate the impact of these strategies on State government employees.

Operating sub-objective A.1.1: Ensure continuity of government in face of significantly increased absenteeism[17]

a. Assess potential employee absences during a severe pandemic due to:
   - personal illness due to the pandemic influenza;
   - caring for family members who are ill;
   - staying home after exposure to pandemic influenza or caring for children dismissed from school (as per community mitigation strategies); and,
   - possible reductions in public transportation services.

   Based on expected levels of absenteeism, determine the potential impact of a pandemic on the State agencies' workforce. (It may help to develop human capital related "what if" scenarios.)

b. Identify "essential" services, functions, and processes that must be maintained during each Federal Government Response Stage or defined pre-pandemic and pandemic intervals. Take into account staffing for programs or functions that are essential during pandemic and will need a higher level of staffing (e.g., law enforcement or healthcare[18]). Also determine which employees have unique credentials (e.g., physicians, contract officers, positions which have licensure requirements).

c. Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials. (For essential functions, it is recommended that in order to sustain continuity of operations, orders of succession go at least three positions deep.)

d. Establish standard operating procedures for essential functions.

e. Assess whether some employees can work from home during a pandemic, particularly those caring for children dismissed from school or unable to get to work. If not already in place, create telework plans to be used during a pandemic and test those plans.[19] Telework plans must take into account whether the stage agencies' IT infrastructure can support the number of users in the plan and if sensitive data can be protected.

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[16] Some actions or activities described below are taken at the State agency level; others at State level. Given the variation in how States operate, it is left to the States to determine if actions should be taken by agencies or by the State.

[17] The Federal Government recommends that government entities and the private sector plan with the assumption that during a severe pandemic, up to 40% of their staff may be absent for periods of about 2 weeks at the height of a pandemic wave with lower levels of staff absent on either side of the peak; for pandemic planning purposes, the need for essential services and functions may be broader than in the 30-day Continuity of Operations (COOP) plan.

[18] Other State programs that should be evaluated include: unemployment insurance; disaster unemployment insurance; Food Stamps; medical assistance; children, youth and family protective services; juvenile justice; foster care; income support services; and public food and nutrition services.

[19] The USG expects there will be some limitations in Internet accessibility during a pandemic but does expect telework, if planned properly, to be a realistic option for many employers.

f. Assess changes in demands on State agencies' services during a pandemic, particularly for essential functions.[20]

g. Given telework plans and above assessments of staffing levels and demand for services, if a State agency expects there may be a shortage of staff needed to maintain essential functions, identify specific hiring needs (e.g., critical positions, geographic locations) and determine which hiring flexibilities the agency may need. Identify which of these can be implemented with existing authorities and which need new authorities. For example, will "buyout" repayment and dual compensation (for returning retired annuitants) waivers be needed?

h. If it is expected staffing levels will not be sufficient, train and/or prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees) or create alternative plans for providing staff.[21]

i. Consult with procurement staff and major contractors to discuss the effect of pandemic-related human capital issues on the contract workforce and make needed changes to contracts (e.g., require contractors to have pandemic plans, telework capabilities, etc.).

j. Review relationships with suppliers, shippers, and other businesses that support essential functions and, as necessary, implement standing agreements for back-ups.

[20] Also note that State revenues tied to general economic activity (such as sales tax) may be lower during a severe pandemic.

[21] Where it is not feasible to train an ancillary workforce or use employees from other State agencies, other alternatives to staffing essential functions would have to be employed such as temporarily hiring retirees during a pandemic or having contracts in place that would allow for hiring experts from outside the State workforce.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.1 – Ensure continuity of government in face of significantly increased absenteeism		
PREPARE		
Assess potential employee absences/ determine potential impact of a pandemic on the agencies' workforce	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Determine essential functions and which employees have unique credentials		
Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials		
Establish standard operating procedures for essential functions		
Create telework plans		
Assess changes in demands on State agencies' services		
Identify specific hiring needs and determine needed hiring flexibilities		
If needed, train and/or prepare ancillary workforce or create alternative plans for staffing of essential functions		
Consult with procurement staff and major contractors re HR issues		
Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans		
Activity Added by State		
RESPOND AND RECOVER		
Implement telework and other HR flexible work schedules as per plan		
Employ pre-identified plans to maintain sufficient staffing (FTE and contractor) for essential functions and high-demand services		
Collect data and report the status of employees for the purpose of monitoring agency workforce levels and reporting such information to appropriate agencies (This includes a plan for accountability of personnel and their status and a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work)		
Use pre-identified hiring/contracting flexibilities to replace employees/ contractors unable to work (or return to work)		
Implement previously developed employee-labor relations plan	Refer to Respond and Recover requirement under Sub-Objective A.1.4. Consult with bargaining units	
Monitor effectiveness and consistency of application of HR flexibilities by agencies		
Activity added by State		

Operating sub-objective A.1.2: Assist employees of State agencies unable to work for a significant time period[22]

Note: To the extent practicable and allowed by law and by function, policies should be consistent across State agencies. Do not assume that only essential or mission critical employees will be working – during a 12-week pandemic wave many employees will need and want to work and States should strive to maintain as many normal functions as possible. Also note that working at alternative sites across the State is not a viable option during an influenza pandemic since a pandemic will likely move quickly across a State.

a. Assess policies and practices that would allow employees to continue to work (a benefit both to the agency and individual) when they must be absent to care for a child dismissed from school, are staying home after exposure to pandemic influenza, etc. In addition to providing the opportunity to telework when feasible (see A.1.1.e. above), agencies should review and revise, as necessary, agency policy and/or guidance on alternative work schedules (flexible and compressed work schedules).

b. For those employees that will not be able to work even with the above workplace flexibilities, review and revise, as necessary, policies and/or guidance on pay, leave and benefits. Review the federal Family and Medical Leave Act provisions as well as the State Family and Medical Leave Act (as applicable). In order to encourage ill employees or those exposed to ill persons to stay home (as per community mitigation strategies), consider establishing policies for employee compensation and sick-leave absences specific to a pandemic (e.g., non-punitive, liberal leave) and guidance on when a previously ill person is no longer infectious and can return to work. (See Annex for the Return to Work brochure.) Attention should also be paid to employees' options for pay and benefits (e.g., health care) when all leave is exhausted.

   (Exactly what leave and benefit policies are adopted are up to the State; the required action is to assess current policies and take appropriate actions given the impact of a pandemic on State government employees.)

c. Ensure managers and supervisors are familiar with various leave options, the procedures and obligations for requesting and approving leave, and the limited circumstances under which an employee may be directed to take leave.

d. Consult with procurement staff and major contractors to discuss the effect of pandemic-related human capital issues on the contract workforce and the contractors' pandemic plans.

[22] With a mitigated Category 4 or 5 pandemic, a wave could last up to 12 weeks; absences for parents caring for children dismissed from school thus could last the full 12 weeks.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.2 - Assist employees of State agencies unable to work for a significant time period		
PREPARE		
Assess flexible work schedules (can include cross reference to telework plans from A.1.1.e.) *(States should assess current policies and then report on decisions)*	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Review and revise, as necessary, policies and/or guidance on leave and benefits *(States should assess current policies and then report on decisions)*		
Ensure managers/supervisors are familiar with various leave options		
Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce		
Activity Added by State		
RESPOND AND RECOVER		
Implement telework and other flexible work schedules as per plan	Refer to the first Respond and Recover requirement under Sub-Objective A.1.1 - Ensure continuity of government in face of significantly increased absenteeism	
Implement any special pandemic compensation/ leave/benefit policies		
Activity Added by State		

<u>Operating sub-objective A.1.3</u>: Communicate with employees of State agencies

a. Develop a <u>communications plan</u> for managers, employees, and contractors that includes, at a minimum:
   - An internal Web site[23] with pandemic related information;
   - Instructions for determining status of agency operations;
   - Distribution of critical agency information. (An Emergency Notification System is one mechanism for distributing critical information to employees.)

b. <u>Convey to all employees the measures the agency/State has taken or has planned to deal with a pandemic</u>, including plans for continuity of government; leave plans, alternative work

[23] If the Web site is to be used from home, ensure it is accessible to all employees.

arrangements and other HR policies; and steps to be taken to prevent or minimize workplace exposure to contagious disease.

c. Provide reliable pandemic information to employees from community public health, emergency management, and other sources such as www.pandemicflu.gov. Disseminate materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection, and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans). Provide information to assure employees that their workplace is safe. Also encourage employees to develop a family emergency preparation plan.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.3 - Communicate with employees of State agencies		
PREPARE		
Develop a communications plan	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Convey to all employees the State's pandemic plan		
Provide reliable pandemic influenza information to employees		
Activity Added by State		
RESPOND AND RECOVER		
Update information for employees on State's operating status and latest pandemic influenza information; continue to advise employees concerning HR policies, workplace flexibilities, pay and benefits, etc.		
Activity Added by State		

Operating sub-objective A.1.4: Consult with bargaining units (if the State has bargaining unit employees)

a. Consult (and bargain, if appropriate) with exclusive representatives of bargaining unit employees on human resources issues that may affect employees or collective bargaining agreements. Such issues may include:
   - Telework during a pandemic health crisis;

- Leave benefits available during a pandemic health crisis (including options for pay when all leave is exhausted).

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.4 - Consult with bargaining units (if the State has bargaining unit employees)		
PREPARE		
Consult with bargaining units (if the State has bargaining unit employees)	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		
RESPOND AND RECOVER		
Implement previously developed employee-labor relations plan		
Activity Added by State		

Part II. Protect the Health and Safety of State Government Workers

Note: To the extent practicable and allowed by law and by function, policies should be consistent across State agencies.

Intent: To allow all State government employees who are able to work to do so safely.

Operating sub-objective A.1.5: Make State agency workplaces safe places

a. Establish policies and encourage practices that will help prevent influenza spread at the worksite (as part of community mitigation strategies). These policies and practices include:
   - promoting respiratory hygiene/cough etiquette;
   - modifying the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations, telework, alternate work schedules) among employees and between employees and customers (see CDC recommendations, Stopping the Spread of Germs at Work (www.cdc.gov/germstopper/work.htm));
   - providing sufficient and accessible infection control supplies (e.g., hand-hygiene products, tissues and receptacles for their disposal) in all work locations and public areas.[24]

b. Complete a risk assessment for all jobs and determine which category of **occupational** exposure they fall in (very high or high exposure risk occupations; medium risk occupations; or lower risk occupations). (The level of risk depends in part on whether or not the **job** requires close proximity to people potentially infected with the pandemic influenza virus, or whether the job requires employees to have either repeated or extended contact with known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups. See *Guidance on Preparing Workplaces for an Influenza Pandemic* (www.osha.gov/Publications/influenza_pandemic.html) for more detailed information.)

c. Develop plans to protect those employees in the very high, high, or medium risk categories. First determine if risk can be controlled with engineering, administrative and work practice measures or if personal protective equipment should be provided. For those employees who need personal protective equipment (PPE), purchase sufficient stockpiles to last through a pandemic wave (and check shelf life on a regular basis), and train employees in use of PPE. If providing respirators, establish a respirator program including fit-testing if or as required under the State occupational safety and health plan. (See *Guidance on Preparing Workplaces for an Influenza Pandemic* for more detailed information. Also see www.osha.gov/dcsp/osp/public_sector.html regarding jurisdiction of Federal OSHA Regulations.)

[24] Providing these supplies now can help workers avoid getting sick and spreading germs and will be essential during a pandemic to help prevent influenza spread.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.5 - Make State agency workplaces safe places		
PREPARE		
Establish policies and practices for preventing influenza spread at the worksite; implement those that can be done in advance of a pandemic (e.g., providing infection control supplies)	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Complete a risk assessment for all jobs (see OSHA guidance at www.osha.gov/Publications/ influenza_pandemic.html)		
Develop plans to protect those employees in the very high, high, or medium risk categories including stockpiling PPE (if PPE is needed); provided needed training and if respiratory protection is indicated, establish a respiratory protection program and fit-test those employees who will be provided with respirators.		
Activity Added by State		
RESPOND AND RECOVER		
Implement infection control policies and practices (see OSHA guidance at www.osha.gov/Publications/ influenza_pandemic.html)		
Institute protection plans; if in plan, provide PPE to employees in very high, high, or medium risk categories		
If part of pandemic plan, distribute antiviral drugs		
Activity Added by State		

Operating sub-objective A.1.6: Revise human resource and other workplace policies affecting the safety of State government workers

a. As per assessment done in Part I. Sustaining Operations of State Agencies, Operating sub-objective A.1.2., "Assist employees of State agencies unable to work for a significant time", review and revise, as necessary, policies and/or guidance on leave. In order to encourage ill employees or those exposed to ill persons to stay home, consider establishing policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave). Policies could also include infection control response, screening[25], etc. Please see the Workplace FAQs (at www.pandemicflu.gov/faq/workplace_questions/) for information on legal issues surrounding screening and to *Community Strategy for Pandemic Influenza Mitigation*.

b. Establish guidelines for determining when a previously ill person is no longer infectious and can return to work and who is authorized (e.g., an occupational health nurse) to make that determination. (The CDC will probably provide updated information on the length of time a person with pandemic influenza is contagious after the pandemic begins.)

c. Consider establishing policies for restricting travel to affected areas overseas and provide guidance for employees returning from affected areas. These policies could be more stringent that the recommendations of CDC or the State Department (see CDC travel recommendations Travelers Health: Avian Influenza A (H5N1) Virus). If travel is essential, assess what must be done to protect workers.

d. Collaborate with insurers, health plans, and local healthcare facilities to share pandemic plans, and understand their capabilities to process claims of State government employees during a pandemic and how their plans may affect employees. Evaluate government employee access to and availability of healthcare services during a pandemic, and consider improving services and/or putting in place provisions to ensure access to services during a pandemic.

e. Evaluate government employee access to and availability of mental health and social services during a pandemic, including community and faith-based resources, and improve agency-provided services as needed. Employee Assistance Program (EAP) should be prepared to offer psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to an influenza pandemic. Develop workforce resilience programs and ensure readiness to deploy to maximize agency performance and personal resilience during the emergency.

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[25] From Community Strategy for Pandemic Influenza Mitigation, p. 24 (emphasis added): "Although the hallmarks of a pandemic strain will not be known until emergence, patients with influenza may shed virus prior to the onset of clinical symptoms and may be infectious on the day before illness onset. Most people infected with influenza develop **symptomatic illness** (**temperature of 100.4° F or greater, plus cough or sore throat**), and the amount of virus they shed correlates with their temperature; however, as many as one-third to one-half of those who are infected may either have very mild or asymptomatic infection. This possibility is important because even seemingly healthy individuals with influenza infection as well as those with mild symptoms who are not recognized as having influenza could be infectious to others." Also note that one-third to one-half of those who are infected may either have very mild or asymptomatic infection (see above), so screening for symptoms will not identify all ill persons.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.1.6 - Revise human resource and other workplace policies affecting the safety of State government workers		
PREPARE		
Review and revise policies on leave, as needed; consider new policies for employee compensation and sick-leave absences unique to a pandemic to encourage ill employees or those exposed to ill persons to stay home *(States should assess current policies and then report on decisions)*	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Establish guidelines on when a previously ill person is no longer infectious and can return to work		
Consider establishing policies for restricting travel *(States should assess current policies and then report on decision)*		
Collaborate with insurers, health plans, and local healthcare facilities on pandemic planning; evaluate government employee access to and availability of healthcare services		
Evaluate government employee access to and availability of mental health and social services; develop workforce resilience programs		
Activity Added by State		
RESPOND AND RECOVER		
Implement policies/guidance developed to assist employees to stay home when exposed to the influenza or if ill		
Implement return to work guidelines		
Implement any travel policies; issue instructions for employees in high-risk situations		
Activate programs to address the psychological and social needs of government employees		
Activity Added by State		

APPENDIX A.2

Operating Objective: Ensure Public Health COOP During Each Phase of a Pandemic

This appendix provides planners with information that should be included in emergency operations plans to address surveillance and laboratory issues specific to an influenza pandemic. Please refer to Appendix A.1 for assistance regarding monitoring sick/well employees.

PREPARE

Capability issues and critical tasks that should be included in the creation of the public health agency's COOP can be found in the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Cooperative Agreement, FY 07, at (http://www.bt.cdc.gov/planning/coopagreement.

Additional COOP planning resources can be found at

- http://www.fema.gov/pdf/government/coop/influenza_coop_annex.pdf
- http://www.umaryland.edu/dhscoop

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.2.1 - *Maintain Essential Public Health Functions*		
Does the plan include definitions and identification of essential services and functions needed to sustain agency mission and operations	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan include a determination of which, if any, essential services and functions, or non-essential operating support functions can be suspended temporarily and for what duration before adversely impacting the States public health mission		
Is there a plan to sustain essential services and functions during a pandemic influenza outbreak include the following scenarios:		

○ Work force reduction up to 40% ○ Limited access to facilities (social distancing, staffing or security concerns) ○ Broad-based implementation of social distancing policies		
Does the plan ensure and consider the following: ○ Appropriate level of staffing (to include contractors) to continue essential functions ○ Coordination of planning with contractors, suppliers, shippers, State agencies and other businesses that support or are supported by your essential functions		
As appropriate, initiation of pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission essential requirements, including contingencies for backup should primary supplies or contractor be unable to provide required personnel, services, or supplies		
Activity Added by State		
Sub-objective A.2.2 - *Pre-Identify Personnel, Equipment and Resource to Support Sustained Response/Survivability and Recovery*		
Does the plan identify positions, skills and personnel needed to continue essential services and functions?		
Does the plan include a roster of identified personnel and back-up personnel, by position, needed to continue essential services and functions?		
Does the plan include identification and training of approximately two to three back-up personnel to continue essential services and functions?		
Does the plan include delegations of authority to take into account the expected rate of absenteeism?		
Does the plan include orders of succession that are at least three deep per responsibility to take into account the expected rate of absenteeism?		
Does the plan identify adequate alternate worksites (e.g. home or other adequate alternate worksites that maintain social distancing measures), as appropriate, to assure capability to maintain essential services for the duration of a pandemic wave?		
Does the plan identify which essential services and functions can be continued from designated operating facilities or alternative operating facilities (e.g., home or other adequate alternate worksites) and those that need to be performed at a designated department or agency operating facility (A designated operating facility is an existing agency facility that may remain open during a pandemic with appropriate social distancing for staff that cannot perform their functions remotely and are needed to support the continuation of essential services and functions)? ● Does the plan include a plan for accountability of personnel and their status? ● Does the plan include a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work?		
Does the plan include redundant or back-up sources, as appropriate, for essential resources (such as food, water, fuel, medical facilities, electrical utilities, information technology support, communications and municipal services) at designated operating facilities and/or		

alternative worksites?		
Activity Added by State		
Sub-objective A.2.3 - *Pre-Identify Primary and Secondary Individuals for core functional roles per the Incident Command System*		
The plan pre-identifies primary and secondary individuals for the following core functional areas: • Assessment of health/medical needs • Health Surveillance • Medical Care Personnel • Health/Medical Equipment and Supplies • Patient Evacuation • In-hospital Care • Food/Drug/Medical Device Safety • Worker Health / Safety • Radiological/Chemical/Biological Hazards • Consultation • Mental Health Care • Public Health Information • Vector Control • Potable Water/Wastewater and Solid Waste • Disposal • Veterinary Services		
Activity Added by State		

APPENDIX A.3

OPERATING OBJECTIVE: Ensure Continuity of the Food Supply System

"Equal to" means that the following States must establish and enforce inspection program requirements equal to those of the Federal program: AL, AZ, DE, GA, IL, IN, IA, KS, LA, ME, MN, MS, MO, MT, NC, ND, OH, OK, SC, SD, TX, UT, VT, VA, WV, WI, AND WY.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan designates coordinator for State pandemic preparedness planning, including contact for food safety, in "Equal to" States.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan designates food safety program as essential to ensure continued "at least equal to" compliance with Federal statutes administered by USDA.		
State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State "Equal to" food safety programs for a pandemic.		
State plan contains procedures for reporting of operating status of State inspected slaughter/processing establishments, and other food supply information.		
State plan contains communication plan to provide food safety related information to stakeholders, during a pandemic.		
State plan addresses generic operating objectives, under this strategic goal, for preparing State to carry out food supply system responsibilities, during a pandemic.		
Activity Added by State		

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan deploys personnel, assigned to pool of trained backup program staff, to carry out State "Equal to" food safety program requirements, during the pandemic.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan implements procedures for reporting operating status of State inspected slaughter/processing establishments, and other food supply information, as required during the pandemic.		
State plan implements phased communication plan to provide food safety related information to stakeholders, during the pandemic.		
State plan implements generic operating procedures, under this strategic goal, in maintaining State food supply system responsibilities, during the pandemic.		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan assigns personnel to assess capability to meet pre-pandemic State "Equal to" food safety program requirements, in the last stages of the pandemic.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan calls for assessing the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.		
State plan provides for reporting on the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.		
State plan's phased communication plan provides food safety related recovery information to stakeholders, in the last stages of the pandemic.		
State plan implements generic operating procedures, under this strategic goal, in recovering to pre-pandemic State food supply system responsibilities, in the last stages of the pandemic.		
Activity Added by State		

APPENDIX A.4

Operating Objective: Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs

States must ensure continued ability to provide response support to agricultural emergencies – especially animal and plant disease outbreaks – as well as administration of Federal nutrition assistance programs to children and needy families, during a pandemic.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan addresses generic operating objectives, under this strategic goal, for preparing State to carry out critical agriculture programs, during a pandemic—including designation of coordinator for State pandemic preparedness planning.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan designates Federal nutritional assistance programs, and agriculture emergency response support, as essential to ensure continued State administration of Federal nutritional assistance and support to agricultural emergencies.		
State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance and agriculture emergency response support responsibilities.		
State plan provides for alternative approaches for carrying out State-administered nutritional assistance, during a pandemic.		
State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11).		
State plan contains procedures for reporting of operating status of State nutritional assistance mechanisms and agriculture emergency response support.		
State plan contains communication plan to provide essential agriculture and nutrition assistance information to stakeholders, during a pandemic.		
Activity Added by State		

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan deploys personnel, assigned to pool of trained backup program staff, to carry out State-administered nutritional assistance and agriculture emergency response support responsibilities, during the pandemic.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan deploys personnel, assigned to pool of trained backup program staff, to carry out State-administered nutritional assistance programs, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11), during the pandemic.		
State plan implements procedures to initiate alternative approaches for carrying out State-administered nutritional assistance, during the pandemic.		
State plan implements procedures for reporting operating status of State nutritional assistance activities and agriculture emergency response support, as required during the pandemic.		
State plan implements phased communication plan to provide nutritional assistance program, and agricultural emergency response support, related information to stakeholders, during the pandemic.		
State plan implements generic operating procedures, under this strategic goal, in maintaining State ability to carry out critical agriculture programs, during the pandemic.		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
State plan assigns personnel to assess capability to meet pre-pandemic State nutritional assistance program administration requirements, and meet pre-pandemic agriculture emergency response support responsibilities, in the last stages of the pandemic.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
State plan provides for assessing and reporting on the operational capability to meet pre-pandemic level of performance for State-administered nutritional assistance programs, and agriculture emergency response support responsibilities, in the last stages of the pandemic.		
State plan calls for assessing and reporting on the operating status of State-administered nutritional assistance programs, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11), in the last stages of the pandemic.		
State plan's phased communication plan provides nutritional assistance program, and agricultural emergency response support, related recovery information to stakeholders, in the last stages of the pandemic.		
State plan implements generic operating procedures, under this strategic goal, in recovering to pre-pandemic State ability to carry out critical agriculture programs, in the last stages of the pandemic.		
Activity Added by State		

APPENDIX A.5

OPERATING OBJECTIVE: UNIFORMED MILITARY SERVICES

The intent of this guidance is four-fold:

1) to encourage State Emergency Managers and Public Health Officials to develop an understanding of the National Guard capabilities and how to efficiently utilize them during all phases of pandemic planning and response;
2) to ensure that the roles and responsibilities of the National Guard are clearly codified in the State Pandemic response plan;
3) to promote unity of effort among all state agencies in a PI environment; and
4) to ensure that National Guard members and their beneficiaries are considered during all phases of the PI planning process.

This can be achieved by ensuring that:

1) the full spectrum of the National Guard domestic response capabilities is integrated into all phases of State Pandemic Influenza planning; and
2) local emergency managers and local health departments coordinate planning with active federal military installations in their jurisdictions, if present.

The Department of Defense recommends that the State Health Department invite a representative from the State National Guard to attend all planning meetings associated with emergency planning to include Pandemic Influenza. Further, the State Health Department should coordinate with the local health departments to ensure unity of effort and ensure there is an effective communication mechanism between state health officials, the State National Guard, and DoD installations within the state.

The National Guard has 10 domestic support capabilities that can provide assistance to the State. These capabilities and their corresponding Emergency Support Functions are given in the table below:

National Guard Capability[26]	NRF Emergency Support Function
Aviation and Airlift	ESF 1, 4, 9 and 13
Communications	ESF 2
Command and Control	ESF 5, 14, and 15
Engineering	ESF 3, 4, and 9
Logistics	ESF 6, 7 ,11 and 12
Medical	ESF 8, and 11
CBRNE Response	ESF10
Maintenance	ESF 6, 7, 8 and 12
Security	ESF 13
Transportation	ESF 1

Additionally, the National Guard operational planners can provide technical assistance and support in the development of a multi-agency integrated, actionable State response plans.

[26] National Guard Bureau Joint Capabilities Database (JCD)

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

PREPARE (Note: These activities are applicable to "respond" and "recover" as well.)

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Ensure key State Emergency Planners and Public Health Officials have met with the Adjutant General[27] and his/her key leaders to coordinate PI planning efforts to include identifying critical issues, shortfalls, and planning gaps during the Prepare Phase of PI planning. If requested by the Governor, or his designee, the National Guard shall provide technical assistance to the Lead State Agency in developing and writing an actionable response plan.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Ensure key State Public Health and Emergency planning officials have been briefed on the full spectrum of State National Guard domestic support capabilities and have incorporated these capabilities into all phases of the State response plan.		
Ensure State PI planning and Public Health officials have been briefed on the capabilities of the National Guard of the surrounding states. Consideration has been given to a regional response plan to share low density or unusual response assets.		
Ensure the State National Guard leadership has been briefed by the Lead Pandemic Influenza planning agency to facilitate joint understanding of roles, missions and responsibilities during a pandemic.		
Ensure the State Plan recommends continuous and close coordination between the State National Guard, State Emergency Planners and Public Health Officials during a PI event.		
Ensure the State National Guard has developed and published an actionable PI plan that been synchronized to, and supports, the overarching State response plan.		
Ensure the essential domestic response capabilities of the State National Guard have been identified by the Lead State PI Planning Agency. State planners have cross walked National Guard capabilities to the appropriate NRF ESF's. Shortfalls and critical resource gaps have been identified and specific tasking and requests for support have been issued to the office of the Adjutant General.		
Ensure the National Guard requirements for PPE during a pandemic are included in the State Plan.		
The State is responsible to provide for the antiviral medications and vaccine requirements of the National Guard, unless Federalized. Ensure the State PI planners have included the National Guard in State antiviral and vaccine distribution plan.		
Ensure state plans include DoD beneficiaries who receive their medical care from the civilian sector are accounted for in determining medical countermeasure requirements, e.g. PPE, anti-viral drugs, and vaccine (when available).		
Ensure plans recommend the State Health Department advise local		

[27] The Adjutant General is the Commander of the state military forces and the military advisor to the Governor

health departments in jurisdictions adjacent to Active Federal Military Installations to contact and coordinate their activities with the installation Public Health Emergency Officer (PHEO).		
Ensure plans recommend continuous coordination and communication between State Emergency planners and the PI coordinators assigned to the five PI Principal Federal Official regions (A thru E) from U.S. Northern Command (NORTHCOM).		
Ensure plans recommend the State Emergency Management Agency advise local emergency managers in jurisdictions adjacent to Active Federal military installations to contact and coordinate their activities with base/post installation managers or the installation commander to identify areas for mutual support.		
Activity Added by State		

APPENDIX A.6

Operating Objective: Sustain Transportation Systems

The transportation system, vital to every citizen of the U.S., is responsible for delivering billions of people and trillions of dollars of goods each year[28]. Often built around the "just-in-time" delivery of goods and services, any disruption to the national transportation system could have repercussions to the U.S. population regardless of rural or urban settings. Maintaining a healthy and viable transportation system during pandemic influenza will be highly dependent on the degree of preparedness, ability to respond, and capability of recovery within each of the major transportation modes: aviation, rail, highway, maritime, pipeline, and mass transit.

In order to keep the vast and complex transportation systems moving during a severe pandemic, the preparedness, response, and recovery of each transportation mode within every State and territory should encompass three principal goals or sub-objectives listed below.

The first goal is to keep goods and people moving. This includes both inter and intraState movement of goods and people as well as across international borders. Prioritizing essential transportation and cargo services; minimizing virus spread through alerts, advisories and restrictions; cleaning or sanitizing cargo and facilities; temporary relief from regulatory requirements without compromising safety; and other related measures.

The second goal is to protect transportation workers. Plans should consider measures that ensure the safety of front line workers such as: communication, public and employee education, mitigation methods, and worker training in order to stop, slow, or limit the spread of a pandemic. While general information related to protection of State government workers is found in section A.1 (pages 21-33), transportation-specific protection methods are listed below.

The third goal is to protect the public when using the transportation system. Plans should provide, through a systematic approach to public awareness and education, guidance to the public on how to safely utilize the transportation system during a pandemic and how to limit the spread of the virus.

PREPARE

Sub-objective A.6.1 - Keep goods and people moving

- Develop contacts and establish working groups with transportation authorities in neighboring jurisdictions, key stakeholders, emergency response, law enforcement, Department of Defense (National Guard), Department of Homeland Security, and any other officials to discuss ways to mitigate consequences of a worst-case pandemic on transportation systems (including infrastructure, and movement of essential cargo).
- Identify and prioritize "essential" transportation services, functions, and processes that must be maintained during each Federal Government Response Stage, Pandemic Severity Index, or Pandemic Interval (See pages 11-13).
- Ensure continuity of State transportation operations by initiating outreach to the private sector and discussing its business services and prioritization of transportation services during a pandemic.

[28] *National Strategy for Pandemic Influenza: Implementation Plan*, Chapter 5 – Transportation and borders

- Identify "non-essential" transportation services, functions, and processes that may be suspended or modified for more essential use during each Federal Government Response Stage, Pandemic Severity Index, or Pandemic Interval (See pages 11-13).
- Identify and prioritize cargo that could be deemed "essential" and ensure its continuity during a pandemic. Essential cargo might be: vaccine or other medicine, chlorine for water treatment, coal for power plants, oil, gas, etc.
- Plan for and develop procedures related to potential surges in different transportation modes and cargo depending on pandemic severity. For example, one common assumption is that there will likely be an increased demand for shipping, postal and cargo services (as customers order products on-line rather than shopping in person) combined with a lowered demand for passenger travel in public transit and aviation. Therefore, rail, passenger aircraft, or bus services might be modified to accept more essential cargo transport rather than passengers. Likewise, cargo normally shipped on passenger airlines may need to be transferred to cargo aircraft during the most severe pandemic outbreak.
- Become familiar with current research on decontamination or sanitization of transportation systems and prepare to implement new techniques or methodologies. (http://wwwn.cdc.gov/travel/contentAvianFluAirlinesCleaning.aspx)
- Develop pre-scripted or draft Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities.
- Determine what impacts a severe pandemic would have on the transportation sector and plan to initiate requests to waive certain regulations as necessary[29]. Examples of possible transportation waivers, each subject to the applicable specific regulatory requirements, are: commercial motor vehicle (CMV) requirements concerning safety, hours of service, driver qualifications, operation and inspections, repair and maintenance, and employee safety and health standards needed by a carrier or driver to provide direct emergency assistance; special permits for transporting hazardous materials; special permits for pipeline safety requirements; and waivers of railroad safety rules, regulations, and standards.

Sub-objective A.6.2 – Protect transportation workers[30]

- Prepare a risk assessment for transportation activities in accord with Appendix A.1, Sub-Objective A.5 and develop plans to protect employees in the very high, high, or medium risk categories.
- Likewise, ensure a risk assessment is done for on-site contract personnel and plans are in place to protect its employees in the very high, high, or medium risk categories.
- Develop and distribute employee training for those requiring PPE as appropriate and ensure that all workers can conduct activities in a reasonable and safe manner.
- Likewise, ensure that similar training for contractors requiring PPE is conducted and that activities can be conducted in a reasonable and safe manner.
- Ensure that operators of State-owned or contractor-supplied equipment and facilities are ready to respond to new guidance on cleaning and/or sanitizing requirements or any safety-related procedures for handling or storing the agents.

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[29] During an emergency, the U.S. Department of Transportation (DOT) may have the ability to waive certain safety regulations in accordance with specific statutory and regulatory authority. However, waivers of and exemptions from existing regulations and requirements are fact-based, and DOT's ability to waive existing authority will depend heavily on the facts surrounding the emergency.

[30] See section A.1, pages 20-33 for general PPE methods.

- Acquire, pre-position and store supplies that will be needed to conduct cleaning/ sanitizing operations.
- Develop and have ready for distribution instructions for workers on how to handle passengers who may exhibit pandemic influenza symptoms.

Sub-objective A.6.3 – Protect the public while using transportation systems

- Coordinate public messaging with lead public health or other authority regarding travel advisories for different modes of transportation. Messaging should indicate level of risk for travelers when utilizing particular transportation mode.
- Develop additional safety measures to be implemented on public transportation systems based on the Pandemic Severity Index (Pages 11-13).
- Develop (or obtain from other sources) training material such as posters, videos, brochures and other pandemic flu countermeasures. This might also include advice reminding the public of its responsibility to provide its own personal protection (such as the use of facemasks) when going to unavoidable crowded public areas and when using public transit.
- Develop plans to distribute training material such as brochures to the public when utilizing the transportation system.

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.6.1 - *Keep goods and people moving*		
Communicate with transportation authorities in neighboring jurisdictions, key stakeholders, emergency response, law enforcement, Department of Defense (National Guard), Department of Homeland Security and any other officials to activate plans or procedures regarding the transportation modes.		
Review "essential" transportation services, functions, and processes and ensure they continue during a pandemic. Alternative routes may need to be considered for freight transport. Consult the DOT Freight Analysis Framework to determine alternate transportation routes.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Review and implement procedures to ensure continuity of essential cargo during a pandemic.		
Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.		
Implement additional cleaning/sanitizing methods for transportation systems and cargo.		
Initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities.		

Submit request for waivers to appropriate authorities if necessary.		
Communicate with Federal Operations Centers in accordance with the National Response Framework and Emergency Support Function 1 to provide transportation–specific information during a pandemic.		
Activity Added by State		
Sub-objective A.6.2 - *Protect transportation workers*		
Provide special instructions or additional guidance to essential or unique employees[31] who must travel to regions that have experienced severe outbreak; focusing on worker safety and what to do. Advice should also be given to the employee on health monitoring, PPE use, and training.		
Ensure that all transportation workers and operators of State-owned or contractor-supplied equipment and facilities receive updated policy, procedures, and supplies necessary for cleaning or sanitizing transportation systems.		
Issue instructions to workers on how to detect sick passengers and what to do if detected.		
Activity Added by State		
Sub-objective A.6.3 - *Protect the public while using transportation systems.*		
Issue transportation travel advisories. Some advisories could attempt to discourage or limit non-essential travel to affected regions during an outbreak.		
Issue advisories to the general public on how to safely ride public transportation during a pandemic. These advisories could remind the public of their responsibility to provide their own PPE (such as facemasks) when utilizing public transportation systems, to frequently wash their hands, etc.		
Issue public service announcements, and initiate public safety campaigns via posters, brochures, websites, or other media regarding how to reduce or limit the spread of the virus.		
Distribute educational material to passengers on how to avoid spreading the flu virus when utilizing public transportation.		
Keep transportation assets, such as buses, subway cars or trains clean by implementing more frequent cleaning or sanitization procedures.		
Deliver or display pandemic influenza alert levels or situational reports to the public when using transportation systems.		
Activity Added by State		

[31] Both State government and contract employees

RECOV ER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective A.6.1 - *Keep goods and people moving*		
ReinState public transportation to normal operating levels and prepare for another possible pandemic wave.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Integrate best practices or lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.		
Activity Added by State		
Sub-objective A.6.2 - *Protect transportation workers*		
Thoroughly disinfect and prepare workplace before resumption of duties.		
Deliver messages to personnel regarding resumption of normal duties and working hours.		
Prepare for another possible pandemic wave by re-stocking supplies, reviewing and addressing deficiencies noted during first wave.		
Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.		
Activity Added by State		
Sub-objective A.6.3 - *Protect the public while using transportation systems*		
Issue Statements and advisories to the general public informing them that the immediate pandemic threat is over, but to be prepared for another possible wave.		
Thoroughly clean or sanitize public transportation conveyances and facilities and prepare for public use.		
Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report. Prepare for another pandemic wave.		
Activity Added by State		

APPENDIX A.7

COOP & COG: Operational Readiness (Testing through Exercises and

A defining characteristic of an operating plan is that, in whole or in part, it readily lends itself to evidence-based evaluation using the results of discussion-based exercises ("table tops"), operational-based exercises (drills and enacted responses to simulated incidents), or performance measurements obtained in the course of responses to actual incidents.

The table below describes the type of information that is requested regarding readiness to meet the Operational Objectives that constitute the Goal "Ensure Continuity of Operations of State Agencies and Continuity of State Government". Although an imperfect measure of readiness, this information tells reviewers that States have practiced and tested their plans – through exercises or responses to real events – and used the results of such experience to improve their pandemic influenza preparedness.

The USG Departments jointly will assign a single rating for Operational Readiness for the entire State submission. In particular, based on the information requested at the end of each sub-Appendix, the Departments will determine the number of the Operating Objectives for which the State submitted evidence that it has tested its response capability in some appropriate way. This number then will be divided by the total number of Operating Objectives, expressed as a percentage, and translated into a standardized verbal designation in accord with the key shown in the text box.

Key:

≥50% - "Substantial Evidence of Operational Readiness"
25-49% - "Significant Evidence of Operational Readiness"
1-24% - "Little Evidence of Operational Readiness"

No submission or a non-responsive submission will be classified as "insufficient information to enable assessment".

In accord with the table below, please indicate, for each Operating Objective, whether or not an aspect of that objective was tested. If it was tested, what was the measurable objective that was tested (this would have been your exercise objective or the objective you were trying to achieve during a response)? Then, please provide one or two sentences about the a change that was made to the State operating plan as a result of the lessons learned and incorporated into an Improvement Plan and then acted upon.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

COOP & COG: OPERATING READINESS			
Operating Objective	**Tested?[32] (Y/N)**	**What was tested and why?[33]**	**How did result improve the Operating Plan?**
Ensuring Continuity of Operations of State Agencies & Continuity of State Government ● Telework plans (test for capability for people, processes, and technology; ensure teleworkers have access to vital records, databases and other files, consistent with encryption protocols) ● Communications plan and communications mechanisms ● Other plans from Appendix A.1 related to actions to be taken during a pandemic			
Public Health COOP			
Food Supply System			
Uniform Military Services			
Agriculture			
Transportation			

[32] Examples of events might include: National Governor's Association regional exercises, Department of Treasury national finance and banking CIKR exercise, TOPOFF, wildfire response, intraState antiviral drug distribution exercise, Hurricane Dean response, and use of VTC to conduct regional workshops to inform planning.
[33] If an exercise, what was the purpose? If a real-world incident, what was its nature?

APPENDIX B.0 – PROTECT CITIZENS

This Appendix, "Protect Citizens," reflects the role of the State government as a responder in to the influenza pandemic. During a pandemic, the State government is conducting business as usual (and perhaps with more intensity) for functions such as disease surveillance and is altering the way it conducts other functions to delay the introduction, slow the spread, or lessen the severity of pandemic influenza (e.g., advising that sick people stay home, banning public gatherings, dismissing students from schools). Should an influenza pandemic reach the United States, our primary focus will be to safeguard the health of the U.S. population. Our ability to meet this goal will require accomplishment of a number of critical tasks including: (1) Ensure surveillance and laboratory capability during each phase of a pandemic, (2) Implement controls at U.S. ports of entry to delay the spread of the disease, (3) Implement community mitigation interventions at the appropriate time. (4) Enhance State plans to enable community mitigation through student dismissal and school closure; (5) Acquire and distribute medical countermeasures during each phase of a pandemic; (6) Ensure mass vaccination capability; (7) provide health care; (8) Manage mass fatalities; (8) Ensure communication capability during each phase of a pandemic; (9) Mitigate the impact of an influenza pandemic on workers in the State; (10) Understand official communication mechanisms for foreign missions, international organizations, and their members in the United States; (11) Integrate EMS and 9-1-1 into pandemic preparedness; (12) Integrate public safety answering points into pandemic preparedness; and (13) Protect citizens operating readiness (testing through exercises and real events).

When carrying out such operating objectives it is important that State officials work with local jurisdictions to ensure or promote the following with respect to At-Risk populations:

- Engagement with at-risk individuals (or organizations that represent them) – ensuring that critical planning gaps are identified and filled;
- A mechanism for continuous and close coordination between local officials and organizations that serve at-risk individuals during the influenza pandemic; and,
- Community organizations have a tested and improved mechanism for educating at-risk individuals on the highlights of their local response plans.

APPENDIX B.1

Operating Objective: Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic

This appendix provides planners with information that should be included in emergency operations plans to address surveillance and laboratory issues specific to an influenza pandemic.

PREPARE

Checklist items for general consideration on this topic can be found at http://www.pandemicflu.gov/plan/States/Statelocalchecklist.html#laboratories.

Implementation Steps for Enhanced Human Surveillance

Implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus in humans early in a pandemic that include the following:

- Conducting year-round surveillance for seasonal influenza (e.g., virologic and outpatient visits) including electronic reporting
- Methods for notification of healthcare providers of enhanced surveillance testing and reporting recommendations
- Method for healthcare providers to contact the State health department to report cases that meet the criteria for pandemic influenza testing and obtain the appropriate testing.
- Identification of influenza surveillance coordinator positions
- A plan for investigation of early cases and clusters of pandemic influenza
- Plan for reporting early novel influenza cases to CDC on a daily basis

Monitoring of Influenza-Related Hospitalizations and Deaths throughout the Pandemic

A plan for developing systems or identifying data sources for monitoring severe disease throughout the pandemic such as:

- Developing and implementing a Statewide electronic death reporting system or accessing available sources of electronic death data (e.g. vital records data).
- Developing methods for estimating influenza-associated deaths if no electronic data are available.
- Monitoring the number of pneumonia and influenza hospitalizations using tabulated from hospitals or available source of electronic data.
- Estimating rates of influenza associated hospitalizations for your jurisdiction.

Procedures for Notification and Information Sharing

A process for information sharing between the following:

- Health Departments
- Hospitals
- Medical Examiners
- Vital Statistic Offices
- Other stakeholders (e.g. DoD)
- Links animal and human health surveillance systems
- Staff identified with contact information for information sharing between the animal and human health surveillance systems

Operational Steps to Obtain and Track Impact of the Pandemic

A plan to obtain, track and report numbers or rates daily to the State department of health and to the CDC in a timely manner during the early period of pandemic influenza virus introduction and spread on the following:

- Attack rate in early case and cluster investigations
- Case fatality rate
- The numbers of hospitalized persons with pandemic influenza or rate of pandemic influenza-associated hospitalization
- The number of pandemic influenza-associated deaths

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.1.1 - *Implementation Steps for Enhanced Human Surveillance*		
Does the plan include implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus in humans early in a pandemic that include the following: ● Conducting year-round surveillance for seasonal influenza (e.g. virologic and outpatient visits) including electronic reporting ● Methods for notification of healthcare providers of enhanced surveillance testing and reporting recommendations ● Method for healthcare providers to contact the State health department to report cases that meet the criteria for pandemic influenza testing and obtain the appropriate testing	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan include identification of influenza surveillance coordinator positions?		
Does the plan include a plan for investigation of early cases and clusters of pandemic influenza?		
Is there a plan for reporting early novel influenza cases to CDC on a daily basis?		
Activity Added by State		
Sub-objective B.1.2 - *Monitoring of Influenza-Related Hospitalizations and Deaths throughout the Pandemic*		
Does the plan include a plan for developing systems or identifying data sources for monitoring severe disease throughout the pandemic such as: ● Developing and implementing a Statewide electronic death reporting system or accessing sources of electronic death data (e.g., vital records data) ● Developing methods for estimating or counting influenza-associated deaths if no electronic data are available ● Monitoring the number of pneumonia and influenza hospitalizations using tabulated data from hospitals or available electronic sources		

• Estimating rates of influenza associated hospitalization for your jurisdiction		
Sub-objective B.1.3 - *Procedures for Notification and Information Sharing*		
Does the plan include a process for information sharing between the following: • Health Departments • Hospitals • Medical Examiners • Vital Statistic Offices • Other stakeholders (e.g. DoD)		
Does the plan include links between animal and human health surveillance systems?		
Does the plan include staff identified with contact information for information sharing between the animal and human health surveillance systems?		
Sub-objective B.1.4 -*Operating Steps to Obtain and Track Impact of the Pandemic*		
Does the plan include a plan to obtain, track and report numbers and rates daily to the State department of health and to the CDC in a timely manner during the early period of pandemic influenza virus introduction and spread on the following: • Attack rate in early case or cluster investigations • Case fatality rate • The numbers of hospitalized persons with pandemic influenza or rate of pandemic influenza-associated hospitalization • The numbers of newly isolated and quarantined persons • The number of pandemic influenza-associated deaths		
Sub-objective B.1.5 - *Implementation Steps for Augmenting the Capacity of Public Health and Clinical Laboratories*		
Is there a plan to augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic? Capacity includes but is not limited to: • The ability to test for influenza viruses year-round • Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses • Protocols for safe specimen collection and testing • How and to whom a potential case of novel influenza should be reported • Mechanism for submitting specimens to referral laboratories • Protocols for proper handling and shipment of specimens • Protocols for notifying and reporting any novel specimen findings		
Sub-objective B.1.6 - *Systems and Procedures that will be used to Exchange Specimen-Level Data Electronically Among Laboratories*		
Does the plan include systems and procedures that will be used to exchange specimen-level data electronically among laboratories within the following: • Healthcare facilities • Other clinical laboratories • State public health laboratories • CDC		
Sub-objective B.1.7 - *Call-Down Procedures*		

Does the plan include call-down procedures and laboratory staff contact information?		
Sub-objective B.1.8 - *Locations for Additional Laboratory Facilities*		
Does the plan include locations of and Memoranda of Agreement with additional laboratory and personnel facilities to enhance current laboratory capacity for a response of pandemic proportions?		
Sub-objective B.1.9 - *Implementation Steps for Augmenting the Capacity of Public Health and Clinical Laboratories*		
Is there a plan to augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic? Capacity includes but is not limited to: ● The ability to test for influenza viruses year-round ● Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses ● Protocols for safe specimen collection and testing ● How and to whom a potential case of novel influenza should be reported ● Mechanism for submitting specimens to referral laboratories ● Protocols for proper handling and shipment of specimens ● Protocols for notifying and reporting any novel specimen findings		
Activity Added by State		

APPENDIX B.2

Operating Objective: Assist with Controls at U.S. Ports of Entry

The millions of people and goods that daily traverse the globe disperse microbial threats in their wake, usually without intent to harm. To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

Growing concern about the threat of an influenza pandemic and other emerging infectious diseases has prompted HHS to invest in building a Quarantine System that meets the needs of the 21st Century. This Quarantine System includes an integrated and comprehensive partnership of local, State, national, and global health authorities to prevent, detect, and contain infectious diseases in countries of origin and at U.S. ports of entry; and to plan responses to public health threats.

The purpose of this guidance is to provide an outline of essential minimum planning elements for preparedness in detecting, reporting, investigating and responding to at influenza pandemic at the Nation's major airports, and strengthening multi-sector response at US ports of entry.

This appendix applies to States that host a Department of Health and Human Services, CDC Quarantine Station.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.2.1 - *Plan strategies for controls at ports of entry*		
Develop a port of entry (POE) communicable disease response plan -- for locations with a Quarantine Station --which includes triggers (that follow CDC guidance) for its implementation.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Ensure the port of entry (POE) communicable disease response plan includes the incident command and control structure.		
Ensure the port of entry (POE) communicable disease response plan addresses ill passenger assessment and isolation procedures.		
Ensure the port of entry (POE) communicable disease response plan addresses issuance of legal order for detention, isolation, quarantine, and conditional release of passengers or crew members at POEs.		
Ensure the port of entry (POE) communicable disease response plan		

addresses arrangements for separate quarantine facilities for detaining multiple cohorts of potentially exposed passengers, either on- or off-port or both, including (but not limited to): a. Evaluation of exposed cases, periodic fever checks, prophylaxis, therapeutics, and needed laboratory services b. Passenger transportation and security c. Passenger processing at quarantine facility d. Crowd control and law enforcement e. Situation updates and communication with detained persons f. Interpretation g. Mental health services h. Food, water, toilet and hand washing facilities, chairs, PA system, bedding, and other comfort measures		
Ensure the port of entry (POE) communicable disease response plan addresses the plans and procedures for managing the conditional release of those passengers not deemed as high risk contacts of the index case(s) (i.e., allowing them to continue their travel plans due to the decreased risk of in-flight disease transmission). These procedures include but are not limited to collection of passenger locator information, distribution of health information, administration of antiviral drugs or other prophylactic interventions, and tracking of conditionally released persons.		
Ensure the port of entry (POE) communicable disease response plan addresses public and media communication.		
Ensure the port of entry (POE) communicable disease response plan includes protocols that address conveyance reuse/decontamination issues.		
Ensure the port of entry (POE) communicable disease response plan includes procedures for POE incident "hand off" from one agency to another, and triggers for altering or terminating POE controls.		
Provide an outline of past/upcoming POE trainings and exercises with Quarantine Station in the "Operational Readiness Appendix" for this section.		
Describe the number of hospitals under a memorandum of agreement (MOA) with Quarantine Station, and plans for collaboration with Quarantine Station in obtaining additional MOA hospitals.		
Activity Added by State		

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.2.2 - *Implement strategies for port of entry control of pandemic disease.*		
Create plans to address surge capacity needs at POEs. Define roles and responsibilities for the following functions that **must** include, but are not limited to: ● Establishing and staffing passenger public health screening ● Distributing health alert notices to passengers and crew members ● Providing laboratory support ● Following up on suspect and isolated cases ● Responding to the needs of quarantined persons	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		

APPENDIX B.3

Operating Objective: Implement Community Mitigation Interventions

This appendix provides State planners with recommendations for implementing community mitigation interventions to help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy, and keep society functioning. The spectrum of supporting activities under the FEMA framework of "Prepare, Respond and Recover" is critical to overall State capability. However, only those activities under "Respond" and "Recover" will be reviewed, since the focus of this guidance is on operational activities. States are asked to provide detailed information as to how they plan to address only those recommendations in the attached table.

The CDC issued The *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (February 2007) to provide guidance for pandemic planning and response at the onset of a pandemic. This pandemic mitigation framework is based upon an early, targeted, layered application of multiple partially effective nonpharmaceutical and pharmaceutical measures. It is recommended that the measures be initiated early before explosive growth of the epidemic and, in the case of severe pandemics, that they be maintained consistently during an epidemic wave in a community. All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette.

The pandemic mitigation interventions described in this document include:

1. Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the healthcare infrastructure.

2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.

3. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing. (See Appendix B-4)

4. Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable institution of workplace leave policies that align incentives and facilitate adherence with the interventions outlined above.

Implementing these interventions in a timely and coordinated fashion will require advance planning. Communities must be prepared for the cascading second- and third-order consequences of the interventions. Decisions about what tools should be used during a pandemic should be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the

interventions, the feasibility of success in modern society, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society.

The Centers for Disease Control and Prevention has recently developed a document entitled *Interim Guidance for the Use of Intervals, Triggers, and Actions in Pandemic Influenza Planning* which provides a framework and thresholds for implementing the community mitigation interventions. During the "Acceleration" phase**,** affected communities are moving from case-based approaches to control to a broader set of community interventions for control. This interval begins in a jurisdiction when public health officials have identified sufficient factors to initiate community mitigation activities. Historical analyses and mathematical modeling indicate that early institution of combined, concurrent community mitigation measures, including dismissing students and closing childcare facilities, may maximize reduction of disease transmission (and subsequent mortality) in the affected areas.

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.3.1 - *Implement strategies for isolation and treatment of ill individuals.*		
The State has identified clear triggers that follow CDC guidance for initiating community mitigation interventions (including detailed actions to take by pandemic severity) and has distributed these guidelines to all local health departments.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Identify the State spokesperson who will provide messages to local health departments, the public and the media to initiate community mitigation interventions as well as the second person in the line of succession for this function.		
The State has collaborated with local health departments to develop plans for rapid remote identification of possible cases (e.g., hotlines, influenza triage centers), including processes to train volunteers/others who will staff the hotline and/or triage centers.		
The State has provided initial guidance to local health departments to develop communications and education to the general public as to how to access hotlines, when and where to seek medical care, how to care for ill persons at home, how to protect family members if there is a sick person at home, and when to stay home. Provide examples of how these educational materials will be distributed to the public.		
The State has provided guidance to local health departments		

to coordinate their pandemic treatment plans with community Emergency Medical Services (EMS) and 911 services and develop established protocols and algorithms.		
The State has identified case definitions for presumptive/definitive diagnosis of pandemic influenza and distributed these to local health departments and hospitals in the State. Provide citation.		
The State has developed processes to train and communicate with private sector and public sector health professionals, during the early and later stages of a pandemic, on case definitions and methods for determining influenza diagnosis.		
The State has developed strategies for advising hospitals and other treatment facilities to recommend patients with ILI to remain at home, with triage protocols to identify critically ill patients		
The State has developed specific plans to distribute treatment medications to ill individuals in isolation. Provide a full description of how ill individuals will access antiviral medication for treatment.		
Activity Added by State		

Subobjective B.3.2 - Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine.		
The State has initiated plans for communications and education to the general public regarding recommendations for voluntary household quarantine for family members if there is a sick person at home, and how long to stay home. Provide citation that describes how these educational materials will be distributed to the public.		
The State has developed a method to provide information to households under voluntary quarantine and a method of identifying those households.		
The State has designed an interview form and has distributed it to local health departments to capture demographic characteristics of household members (both ill and contacts) and has a developed a clear plan for how these data will be collected.		
The State has worked with local health departments to create plans for follow-up (monitoring) of known or suspected households under voluntary quarantine in the community at the State/local level.		
The State has provided guidance to local public health departments for their work with community organizations to distribute medications, vaccine and other subsistence (e.g. food, water, if needed) items to households in isolation.		
The State has outlined a process to use by local health departments to identify vulnerable populations and to make plans for support and outreach to these populations during a pandemic.		
The State has advised local health departments to conduct outreach to community and faith-based organizations to develop plans that		

will be coordinated with those organizations for meeting the needs of vulnerable households who may be quarantined during a pandemic.		
The State has developed a plan to monitor the implementation of and effectiveness of community mitigation interventions.		
Activity Added by State		
Subobjective B.3.3 - Develop clear policies and procedures for advising social distancing practices in the community and at the worksite.		
The State has developed specific recommendations for community social distancing. Include the levels of social distancing that will be recommended based on the Pandemic Severity Index.		
The State has recommended to local health departments to conduct outreach to community partners to promote social distancing including public transportation, operators of large venues for sporting events and other activities, businesses, education, faith-based communities and others that have been identified as playing a role during a pandemic.		
The State has developed processes for distribution on informational materials to workplaces and the community at large explaining the rationale and steps to take regarding social distancing.		
The State has disseminated guidance to local health departments to share with community businesses and organizations for canceling large public gatherings		
The State has identified processes to help businesses to encourage ill employees to stay home and identify ill individuals in the workplace (including guidance regarding who needs to be sent home or for treatment and where they should go).		
The State has identified processes to help businesses adjust leave policies to facilitate sick employees to stay home.		
The State has an identified process for monitoring the secondary and tertiary effects of community mitigation interventions and recommended solutions to prevent excessive community disruption.		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.3.4 - *Implement steps for cessation of community mitigation interventions*		
List steps for recommending cessation of community mitigation activities. Include clear triggers for these recommendations that follow CDC guidance for cessation of community mitigation interventions.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Identify the State spokesperson who will provide messages to local health departments, the public and the media to cease community mitigation interventions during the recovery stage, as well as the second person in the line of succession for this function.		
List steps the State will take to provide recovery/reopening guidance to businesses, workplaces and large venues for sporting events and other activities that closed during a pandemic.		
List steps the State will take to monitor the effects of the cessation of community mitigation interventions.		
Activity Added by State		

APPENDIX B.4

Operating Objective: Enhance state plans to enable community mitigation through student dismissal and school closure

Dismissing students from schools is cited as a critical component of mitigating the consequences of an influenza pandemic. However, dismissing students from schools is a complex operation, with a range of considerations not only about the act itself, but also second and third order consequences that may follow student dismissal.

One looming consideration is the appropriate time that schools should be closed and, consequently, reopened (In this document, school closure is defined as dismissing students from schools and closing childcare facilities. "Student dismissal may also be used in this document."). The HHS/CDC have recently developed a document entitled *Interim Guidance for the Use of Intervals, Triggers, and Actions in Pandemic Influenza Planning* which provides a framework and thresholds for student dismissal and school closure. During the "Acceleration" Phase**,** affected communities will no longer be able to control the spread of the virus between affected individuals and will need to enact a broader set of community interventions to minimize transmission. This interval begins in a jurisdiction when public health officials have identified sufficient factors to initiate community mitigation activities such as school dismissal and childcare closures, social distancing, and the efficient management of public health resources. Historical analyses and mathematical modeling indicate that early institution of combined, concurrent community mitigation measures, including dismissing students and closing childcare facilities, may maximize reduction of disease transmission (and subsequent mortality) in the affected areas. *(*Note: This Interim Guidance document is still under consideration by CDC and Federal agencies. This Interim Guidance should not be considered final guidance.)*

Other questions specifically about education policy are addressed in the Department of Education's guidance on preparing for prolonged school closures during a severe pandemic, which can be accessed at: http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/pan-flu-guidance.pdf. This guidance addresses issues related to No Child Left Behind requirements and how state and local educational agencies should plan for school closures.

The following delineates basic minimum components for states to consider in planning for a pandemic. The actions cited in this document are specifically focused on the roles and responsibilities of the state educational agency. For some items, the state may not have any responsibility and this should be reflected in the "Not Applicable" column. Because some of the actions or activities may be coordinated at the local level and not the State level, the State should identify contacts at the local level to ensure optimal coordination.

Also, some of the information included here may be addressed in other sections of the pandemic plan, such as information on protecting or paying the workforce or communications. Please reference these sections; there is no need to re-create other parts of the state's entry if the education sector's needs are addressed elsewhere in the state's plan.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.4.1 - *Review legal authorities and delegations of authority for closing schools and/or dismissing students.*		
Identify the legal authority to close schools during a pandemic prior to declaration of state of emergency. *(For example, does this authority rest with the Governor? State Educational Agency? Local authorities?).* Provide citation.*	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Identify the legal authority to close schools during an emergency (declared state of emergency) *(For example, does this authority rest with the Governor? State Educational Agency? Local authorities?).* Provide citation.		
If there are no existing authorities, identify the state's plans for establishing this authority.		
Identify the state's legal authority to dismiss students from state-funded post-secondary schools (PSSs). Provide citation, if available. If not, describe state's legal role in and/or obligations to PSSs, if applicable. (*For example, do PSSs function under a Board of Regents? If so, does this body have legal authority to dismiss students?*)		
Identify the state's legal authority to close day care centers, if applicable.		
Activity Added by State		
Sub-objective B.4.2 - *Develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening.*		
Delineate process for coordinating the response efforts for the state educational agency (SEA). Identify the positions designated in lines of authority. (*For example*, describe who within the State Educational Agency (SEA) the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)		
Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.		
Designate representative to the state's Pandemic Flu coordinating team for state educational agency.		
Describe relationships between SEA, public health, and other entities,		

such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles. (*For example*, do these entities collaborate on issues related to pandemic influenza? Are there formal Interagency Agreements or Memoranda of Understanding?)		
Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)		
Activity Added by State		
Sub-objective B.4.3 - *Develop and/or enhance communications planning for school closure/student dismissal and reopening.*		
Describe the SEA's mechanism in place for communicating with LEAs in the event of an emergency (e.g. reverse 911, email groups, phone tree, etc) and key audiences for messaging (*For example*, will private schools also be included in communications or will this audience receive messages from LEAs?)		
Describe if and how the communications systems are redundant and if not, plans for ensuring redundancy.		
Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs. (*For example*, is this the SEA's Public Information Officer? Who will back up this position?)		
Identify the position designated to communicate with PSSs.		
Identify the position designated to communicate with day care centers.		
Activity Added by State		
Sub-objective B.4.4 - *Establish expectations and procedures for providing continuity of education for students.*		
Describe the SEA's expectations for continuity of education (*for example*, does the state or do communities plan to offer educational content that allows for students to remain connected to "normalcy" vs. expectation for advancement).		
Identify who will have the primary responsibility for development and/or delivery of educational content. (*For example*, is this the SEA or LEAs?)		
Describe the existing technological resources at the state level for continuing education. (*For example*, does the SEA have a website, access to public cable, etc.? Will these resources be available to K-12 or to PSSs also?)		
Describe how the state will address the needs of special education students or students with special needs, if applicable. (*For example*, will the SEA provide technical assistance to districts in assessing IEPs or developing content for these students to be delivered remotely?)		
Activity Added by State		
Sub-objective B.4.5 - *Establish policies and procedures for use of school facilities and resources during a pandemic.*		
Describe the SEA's policies or guidance about alternative uses of K-12 school facilities or resources. (*For example*, are there assets that are owned by the SEA or whose contracts are negotiated by the SEA, such as buses?)		
Describe the state's policies or guidance about the use of state-funded PSS property or assets. (*For example*, could the state use PSS's		

facilities, such as a stadium as vaccination sites? If so, has the state developed appropriate Memoranda of Understanding with the relevant PSS?)		
Activity Added by State		
Sub-objective B.4.6 - *Ensure that Continuity of Operations and Business Continuity Plans include considerations for pandemic for the state educational agency.*		
Provide a hyperlink or reference to the Labor section of the pandemic plan (Appendix A.1), ensuring that the SEA has included considerations for the implications on staffing levels of a pandemic in their COOP or BCPs and if SEA staff will be covered in the state's overall plan for paying state staff.		
Describe the state responsibility, if any, for paying staff/faculty at state-funded PSSs.		
Activity Added by State		

RESPOND

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DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.4.7 - *Implement policies and procedures for closing schools and/or dismissing students.*		
List steps for closing schools/dismissing students (if applicable).	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
List process for closing day care centers (if applicable).		
List process for closing state PSSs (if applicable).		
List steps for working with health officials to assess/coordinate closures in regions of state that border other states.		
Activity Added by State		
Sub-objective B.4.8 - Implement policies and procedures for continuing education during prolonged school closure/student dismissal.		
List steps for activating continuity of education plans. (*For example,* would these plans only be activated as a result of a formal declaration of emergency?)		
List how the state would assist in delivering educational content to students across the age spectrum (*For example, would educational content be coordinated for K-12 students? PSS?).*		
Describe how the state will participate in helping provide nutrition assistance to children who normally would receive free meals		

through USDA's school/child care feeding programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program), if applicable..		
Activity Added by State		
Sub-objective B.4.9 - Clearly communicate policies and procedures about school closures/dismissal of students and other important information.		
List steps that SEA will take to provide ongoing communications about key health information to specific audiences, including LEAs and stakeholders. Designate key positions and lines of authority for receipt of and responsibility for dissemination of health information. *(For example*, if CDC or state health authority provides information about thresholds for dismissing students, reconvening students, etc., who at the SEA will be the recipient of this information and how will this person disseminate information?)		
List process for how the State will provide ongoing communication about education-related issues (such as declarations of emergency which would trigger school closures) and whether or not this will be the same person as above. Designate key positions and lines of authority for receipt of and responsibility for dissemination of education information (if different than above).		
List steps the education spokesperson will take to coordinate messages with other state entities. (If appropriate, link to communications section of pandemic plan.)		
If applicable, describe process by which LEAs and/or state PSSs will report to SEA on closures.		
Activity Added by State		
Sub-objective B.4.10 - *Protect state assets (school facilities and resources) during a pandemic.*		
List SEA's steps to protect state-owned assets related to schools or PSSs (if applicable).		
List steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity (*for example*, if a university stadium is being used for a vaccination delivery site, are there sufficient refrigeration units available and easily accessible? How will these sites be cleaned and maintained?)		
Activity Added by State		

RECOVER

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.4.11 - *Implement steps to reopen schools/reconvene students.*		
List SEA's steps for reopening schools/reconvening students (if this is a state function).	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
List steps the state will take to facilitate reopening/reconvening day care centers and children.		
List steps the state will take to facilitate reopening/reconvening PSSs and students.		
Activity Added by State		
Sub-objective B.4.12 - *Communicate policies for reopening schools/reconvening students.*		
Describe the communication plan for reopening schools/reconvening students (if this is a state function). (*For example*, will the state provide messaging for the LEAs to use uniformly about state policy? Will these messages be delivered in daily press conferences? Letters to LEA staff? Email?)		
Identify the state spokesperson who will provide messages during the recovery stage, as well as the second person in the line of succession for this function (if different than during response).		
Activity Added by State		
Sub-objective B.4.13 - *Restore the learning environment.*		
Describe process State will recommend that LEAs use to assess student's levels with respect to state academic standards.		
List steps that SEA will take to support LEAs in screening and referring students for mental health services, if applicable. (*For example*, does the state support efforts for linkages between schools and mental health systems?)		
Describe if/how the state will provide additional mental health staff or funding for services to students and staff.		
List steps that the SEA will take to support LEAs in assessing students with special needs in reviewing, revising, or creating Individualized Education Plans (IEPs).		
If the state used state-owned school facilities for alternate uses, identify the process and/or funding stream that the state will use to support any necessary remediation.		
Activity Added by State		

APPENDIX B.5

Operating Objective: Acquire and Distribute Medical Countermeasures during Each Phase of a Pandemic

This appendix provides planners with information that should be included in emergency operations plans to support the acquisition and distribution of medical countermeasures during an influenza pandemic. Background guidance and specific assistance are available from the CDC's Division of Strategic National Stockpile. The Division's "*SNS Medical Countermeasure Distribution for Pandemic Influenza*" which includes 1) references to storage requirements, logistics requirements, model workscope documents, and 2) links to Program Preparedness Branch Program Services Consultants.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.5.1 – *Receive and store antiviral drugs, personal protective equipment and medical supplies from SNS*		
A central warehouse [Receipt/Store/Stage (RSS) facility location has been selected for the receipt of antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies from SNS. *(For recommended RSS specifications, please refer to the Strategic National Stockpile's State Storage Requirements for Pandemic Influenza Antiviral Drug Response).*	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
A contract, memorandum of agreement (MOA) or other appropriate documentation is in place that guarantees the availability of the selected RSS.		
The RSS management team and back-up personnel have been identified		
The RSS management team and back-up personnel have job action sheets for their specific functions		
The RSS staff/volunteers and back-up personnel have been identified.		
Call down rosters for 24/7 operations for all RSS Managers and staff/volunteers are documented, reviewed and tested for accuracy		
Job action sheets and just-in-time training materials have been developed for each of the RSS functions		
An inventory of material handling equipment that's available at the RSS is documented along with a list of materials/supplies that need to be procured and/or delivered at the time of activation		
An inventory of office equipment that's available at the RSS is documented along with a list of materials/supplies that need to be procured and/or delivered at the time of activation		

Plan for a primary and back-up inventory management system (IMS) is in place		
IMS staff have been identified to perform inventory management functions		
Activity Added by State		

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.5.2 – *Allocate and distribute drugs within the State*		
An allocation methodology and plan is in place.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Recipient locations have been agreed upon (e.g. hospitals, skilled nursing facilities, community health centers, and other treatment facilities) and documented. Documentation includes but is not limited to: ● Location name, address and telephone #s ● Points of contact and contact information ● Facility off-load location and assessment of the site off-load capabilities		
The plan to train recipient locations on the antiviral drug distribution activation procedures is in place.		
Procedures are documented for recipient locations to request additional supplies.		
A Distribution Manager and back-up(s) have been identified.		
Procedures to monitor chain of custody are in place.		
A distribution plan is in place that includes: ● Delivery locations and routes ● Load planning ● Communication plan with RSS/drivers/recipient locations ● Delivery schedule/frequency		
Primary agency/Organization has been assigned to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A contract, memorandum of agreement (MOA) or other appropriate documentation is in place that guarantees the availability of the selected resource. ● Agreement should include but not be limited to ○ Activation procedures ○ 24/7 availability ○ Guaranteed number and type of delivery vehicles		

○ Guaranteed number of drivers ○ Available communications equipment		
Primary agency/Organization has been assigned to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A contract, memorandum of agreement (MOA) or other appropriate documentation is in place that guarantees the availability of the selected resource. ● Agreement should include but not be limited to ○ Activation procedures ○ 24/7 availability ○ Guaranteed number and type of delivery vehicles ○ Guaranteed number of drivers ○ Available communications equipment		
Just in time training materials have been applied to the distribution functions: ● Chain of custody procedures ● Routing ● Communication procedures ● Security procedures		
Activity Added by State		
Sub-objective B.5.3 – *Ensure a safe and secure environment*		
State-level Security Coordinator has been identified to coordinate overall security issues.		
State security support agencies have been identified and oriented to security issues/needs.		
Security plans are in place for RSS. The plan should include but not be limited to: ● Written site security and vulnerability assessment ● Plans for interior and exterior security ● Number of officers and designated posts ● Need for physical barriers, lighting, etc… ● Plans for access control ● Plans for security communications ● Plans for security breaches		
Security plans are in place for the escort of the delivery trucks to recipient locations.		
Security plans are in place for the recipient locations.		
Staff badging/credentialing system for all response personnel is in place.		
Activity Added by State		
Sub-objective B.5.4 – *Administer drugs in a legal and ethical manner*		
Plans are in place to administer antiviral drugs for treatment to priority groups when treatment of illness is indicated.		
Plans and protocols are in place for antiviral drugs that may need to be administered under Investigational New Drug (IND) or Emergency Use Authorization. Plans should include procedures for the receipt on the IND protocol consent forms to be received and mass copied for distribution.		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.5.5 – *Monitor for adverse reactions to drugs*		
Steps for utilizing the tracking system to track outcomes and adverse events following treatment with antiviral drugs is in place.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Information systems are available that support monitoring of adverse reactions that comply with the Public Health Information Network functional requirements for Countermeasure and Response Administration.		
Activity Added by State		

APPENDIX B.6

Operating Objective: Ensure Mass Vaccination Capability During Each Phase of a Pandemic

This appendix provides planners with information that should be included in emergency operations plans to support the acquisition and distribution of medical countermeasures during an influenza pandemic. Documents should incorporate references to "*Pandemic Influenza Vaccination: A Guide for State, Local and Territorial and Tribal Planners* (December 2006)", produced by CDC's Immunization Service Division, as well as the document "*Status of pandemic influenza vaccine manufacturing capacity, pre-pandemic stockpile, and planning for vaccine distribution*" (October 2007).

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the plan provide guidance for priority groups on whether they will be vaccinated by public health, or by institutions or agencies to whom responsibility has been delegated, or a combination?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan include developing memoranda of agreements or other formal agreements with institutions and agencies to whom vaccination will be delegated, where applicable?		
Does the plan develop protocols for verification of priority group membership?		
Sub-objective B.6.1 - *Vaccine Monitoring*		
Does the plan designate a vaccine safety coordinator position?		
Is there a plan to ensure timely reporting of adverse events?		
Activity Added by State		

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO	IF NOT

	SUPPORTING DOCUMENT	APPLICABLE, PLEASE EXPLAIN
Is there a plan to estimate the project area's weekly allocation of vaccine based on vaccine availability assumptions and project area population size?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan include designated recipient's ship-to sites for pre-pandemic and pandemic vaccine? Is there a plan for the following: ● Personnel and backups identified for receipt of vaccines ● Detailed written Operating Procedures (SOPS) in place ● Temperature Monitoring (audible/manual or both) management system in place ● Inventory Accountability		
Does the plan determine what proportion of vaccine will be allocated to each ship-to site?		
At ship-to sites, is there a process to determine what proportion of pre-pandemic and pandemic vaccine will be allocated to further points of distribution, if applicable? Is the Distribution manager identified?		
Does the plan ensure the availability of sufficient storage at all relevant locations to maintain the cold chain?		
Does the plan determine how vaccine will be transported to vaccinating sites?		
Does the plan include chain of custody procedures?		
Does the plan include a vaccine security plan that includes State-level Security coordinator identified, State security support agencies identified, vulnerability assessment, badging/credentialing system in place?		
Does the plan determine number and location of clinics based on planning assumptions? Does it include: ● MOA's (or other appropriate documentation) ● Points of contact identified		
Does the plan include estimated number of doses to be administered per shift, based on assumed vaccine availability and relative allocation within project areas?		
Does the plan identify sources of staffing and develop memoranda of agreement with the following: ● Backups identified ● Job descriptions		
Does the plan include an incident response plan for security situations?		
Does the plan include instructions about a second dose?		
Does the plan include how data will be collected at the administration sites?		
Activity Added by State		

APPENDIX B.7

Operating Objective: Provide Health Care

This appendix provides State planners with recommendations for developing health care operational plans to manage an influenza pandemic. These recommendations are not intended to be prescriptive in nature, but are intended to provide expected outcomes of the planning process. The spectrum of supporting activities under the FEMA framework of "Prepare, Respond and Recover" is critical to overall State capability. However, only those activities under "Respond" and "Recover" will be reviewed, since the focus of this guidance is on operational activities. States are asked to provide detailed information as to how they plan to address only those recommendations in the attached table.

Much of the information in this guidance is extrapolated from the Department of Health and Human Services (HHS) Pandemic Influenza Plan Supplement 3 Healthcare Planning. This supplement can be found at: www.hhs.gov/pandemicflu/plan/sup3.html#s3-11. Additional planning resources are available at: www.panflu.gov, http://www.ahrq.gov/prep/#tools, http://www.cna.org/documents/mscc_aug2004.pdf and www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf.

PREPARE

States should plan and develop pandemic influenza plans with local, regional, State, and federal partners. Planning should include, but is not limited to the following:

- Form community-wide coalitions to include hospitals, urgent care facilities, other ambulatory care facilities, public health, long term care facilities, nursing homes, home health care agencies, community health centers, primary care offices, mental health and substance abuse treatment facilities, EMS, and other first responders to accommodate surge in patients expected from pandemic influenza.
- Assist healthcare facilities in conducting exercises and drills to test health care response issues and build partnerships among health care and public health officials, community leaders, and emergency response workers.
- Address the medical concerns and needs of at-risk individuals and populations,
- Assist non-hospital community-based providers for at-risk individuals (e.g. day psychosocial treatment centers, advocacy organizations with recreational programs, and facilities managing congregate living in the local community) in participating in exercises and drills to test at-risk response issues and build partnerships among providers and public health officials, community leaders, and emergency response workers.
- Develop an interoperable communications infrastructure to facilitate and ensure the timely dissemination and transfer of information between health care and other sectors (such as emergency management, public safety, EMS, service providers for at-risk individuals, etc.).
- Address legal and ethical issues that can affect staffing and patient care (such as credentialing issues and providing care with scarce medical resources).
- Assist the health care community with planning for provision of care in hospitals to include: hospital surveillance, education and training, triage, clinical evaluation, admission procedures,

facility access, occupational health, use and administration of vaccines and antiviral drugs, surge capacity, security, and mortuary issues.

- Assist the health care community with planning for provision of care in non-hospital settings to include non-hospital health care facilities (e.g. long term care facilities, dialysis centers, nursing homes, mental health and substance abuse treatment facilities, Federally Qualified Health Centers (FQHCs), etc.), home healthcare networks and/or alternative care sites.

- Anticipate needs for medical supplies and equipment to treat complications of pandemic influenza and determine how supplies will be maintained.

Additional considerations for the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)

- Are VA and IHS beneficiaries included in the State numbers for PPE, antiviral drugs, vaccine, etc.?
- Have States encouraged local planners to establish a communication network with local VA and IHS facilities?
- Have State planners included State and federal VA partners in their planning process?
- Do State planners understand the VA and IHS roles in the National Response Framework?
- Do State planners understand the process for requesting VA and IHS assistance?

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Interoperable communications network in place between State, public health, health care community, and other sectors.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Mechanism in place to address the concerns and needs of at-risk individuals and populations.		
Mechanism in place to provide guidance (as needed) on infection control measures for health care and non-healthcare settings		
Procedures for reporting available beds using National Hospital Available Beds for Emergencies and Disasters (HAvBED) System definitions		
Procedures for deploying and tracking volunteer health care providers using the State's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) requirements		
Procedures developed and approved by an Ethics Committee for providing for the ethical distribution of scarce medical resources among the health care community		
Procedures to expand healthcare services into non-hospital/alternate care sites including identification of locations, scope of care, procurement of staffing, equipment, supplies and pharmaceuticals		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Recovery mechanism in place to assist the health care community in restoring essential staffing, equipment, supplies and pharmaceuticals	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Recovery mechanism in place for assisting with plans for restoring essential mental health, substance abuse and congregate living services to pre-pandemic conditions.		
Recovery mechanism in place to perform after action reviews to identify strengths and weaknesses in the execution of the plan		
Activity Added by State		

APPENDIX B.8

Operating Objective: Manage Mass Fatalities

PREPARE

States should base planning on the estimated number of fatalities expected during an influenza pandemic. Planning should address the need for expanded refrigerated storage capacity and body bags, and delineate roles and responsibilities of all agencies involved in mass fatality management.

Challenges

- Roles of local, State and federal partners
- Functionality of local coroners
- Contamination, bodily fluids and other hazards
- Crime scene considerations and evidence preservation
- Political pressure to "do something"
- Contract development and monitoring
- Data collection and other contract performance issues

Develop a Fatality Management plan

- May need a temporary interment site initially
- Must be large enough to accommodate the need
- Consider options other than cold storage units
- Consider public property first – especially if this may be the final resting place
- Consider a permanent memorial in the event of a specific result of natural / terror-related incident.
- Use local transport to transport remains from home or collection point directly to morgue. Incorporate security measures at the collection points.
- Work with the Religious Ritual Burial Committees- establish fatality plans that either utilize their services or can meet their religious traditions to the best of ability considering the circumstances of the situation.
- Consider implementing a unified fatality management task force structure
- Ensure coordination with local authorities
- Database synchronization and networking are critical components in support of information management
- Integration between morgue operations and Family Assistance Center (FAC) operations

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Arrange for Web-based death certificate processing and secure tracking to the State Department of Health.[34]	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Plan for [behavioral health/grief] community education that includes an expectation of death at home, not in a medical facility.		
Plan for [behavioral health/grief] public messages to address stress management		
Activity Added by State		

[34] Suggested databases are listed in the Annex.

APPENDIX B.9

Operating Objective: Ensure Communication Capability During Each Phase of a Pandemic

This appendix provides planners with information that should be included in emergency operations plans to support both the tactical equipment/hardware communication capability and the risk communication capabilities during an influenza pandemic. Additional items for consideration for planning can be found at http://www.pandemicflu.gov/plan/States/Statelocalchecklist.html#communications.

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.9.1 - *Operating Plans for Two-Way Communications*		
Does a plan exist for two-way communications through the State Emergency Operations Center between (1) State partners (e.g., health, emergency management, education, transportation, economic development) and (2) regional multi-agency coordination centers (regional healthcare coalitions, local public health, local emergency management, EMS, local Citizen Corps, etc.)?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan ensure a process to ensure redundant communications systems are in place in the event that primary communications systems are unavailable?		
Does the plan ensure a process to ensure that communication networks (equipment/hardware) between Command and Control locations and support agencies will be tested and exercised at least quarterly?		
Does the plan ensure a process for an intraState communication enhancement network to ensure that public health communicators at all levels of State and local government are interacting on a regular basis with uniform communications?		
Does the plan ensure access to information systems that have been or are being evaluated for PHIN* compliance **All States are expected to have or to be working towards information technology systems whose implementation meets the PHIN requirements, as per Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II.*		
Does the plan include a process for communicating preparedness messages to the public?		

Does the plan ensure that communication processes (working from the JIC) will be exercised at least bi-annually?		
Activity Added by State		
Sub-objective B.9.2 - *Culturally-Appropriate and Language Specific Information*		
Does the plan ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic? ● Culturally-appropriate? ● Pictograms? ● Available to special needs populations (such as disability communities (including those that are hearing or visually impaired), citizens with low level English comprehension and individuals with English as a second language? Identification of trusted leaders, liaisons, or other networks in communities for effective outreach and information dissemination?		
Activity Added by State		

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Sub-objective B.9.3 - *Development and Dissemination of Essential Information*		
Does the plan include a crisis communication and emergency risk plan (for public information and media, partner, and stakeholder relations) that addresses all phases of an influenza pandemic?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the plan address how State and local health departments will work with other response organizations to educate the media, public, partners and stakeholders, specifically including: ● Designated line and staff responsibilities for the public information team ● Information verification and clearance/approval procedures for public information releases ● Regional/stand and/or local media contact list with normal duty and after-hour contact numbers and addresses ● Contact numbers/addresses for emergency response information partners (e.g., Governor's public affairs officers, local FBI public information agent in charge,		

American Red Cross and other non-government organizations) ● Procedures to join the Joint Information Center (JIC) of the State Emergency Operations Center (if activated)including a call-down list with contact information for primary and secondary staff members		
Does the plan ensure that rapidly-needed public health recommendations and information can be provided to the public, partners and stakeholders during a pandemic, specifically including: ● Critical communication links to other intra-dept and inter-dept response officials ● Identification of vehicles of information dissemination to public, stakeholders, partners (e.g., e-mail, fax, Health Alert Network messages, brochures, PSAs, press releases) ● A contact list of additional persons outside the State health department who can be available as subject matter experts on pandemic health issues if needed ● Support materials for public health issues that are unique to an influenza pandemic such as issues of isolation, quarantine, social distancing, and public health law have been prepared ● Use of hotlines and other community resources to respond to local questions from the public and professional groups		
Does the plan identify individuals responsible for development and dissemination of multi-media essential information to the general public and professional response partners (e.g., regional multi-agency coordination centers, State emergency managers, State transportation officials) to enhance their respective preparedness before and during an influenza pandemic?		
Activity Added by State		
Sub-objective B.9.4 - *Culturally-Appropriate and Language Specific Information*		
Does the plan ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic? ● Culturally-appropriate? ● Pictograms? ● Available to special needs populations (such as disability communities, citizens with low level English comprehension and individuals with English as a second language? ● Identification of trusted leaders/liaisons in communities for information dissemination?		
Activity Added by State		
Sub-objective B.9.5 - *Media Spokesperson*		
Does the plan include a list of trained spokespersons to work with the media?		
Does the plan include an up-to-date contact list of key stakeholders and media contacts?		
Does the plan include a process for regular briefings and updates with key stakeholders to develop working relationships in the event of a pandemic: ● Ethnic/language-specific media		

● Main media ● Special needs/at risk populations		
Activity Added by State		

APPENDIX B.10

Operating Objective: Mitigate the impact of an influenza pandemic on workers in the State

Intent: To ensure workers are supported during and after a pandemic.

Note that States should also help employers and individuals prepare to implement community mitigation strategies and assist them in understanding the importance of pandemic planning. See Appendix B.3, Implement Community Mitigation Interventions and the Annex for recommendations on actions that can be taken to assist employers and individuals.

States should: 1) assess which State benefits and other assistance programs can help workers during a pandemic and whether new resources, laws or programs may be needed, and 2) provide information to help workers and their families prepare for a pandemic. Many individuals in the State will be unable to work due to illness, the need to care for ill family members, the need to stay home temporarily when exposed to an ill person, or the need to care for a child dismissed from school. Some workers will lose their jobs because of the pandemic; others may be on unpaid leave (after exhausting their paid leave or because they do not have paid leave). States need to assess the benefits and services available to workers during a pandemic in order to assist them.

a. Review State and federal benefit programs that may assist workers, particularly unemployed workers. Programs of particular importance during or after a pandemic may include: children, youth and family protective services; juvenile justice; foster care; income support services; and public-supported food and nutrition services.
   - For workers who become **unemployed and are looking for work**, the relevant State or federal programs may include: unemployment insurance (UI) (and perhaps Disaster Unemployment Assistance (DUA)), Food Stamps, medical assistance, and cash assistance. Some States may also have Dislocated Worker Rapid Response Units.
   - For workers who become **unemployed and are unable to work during a pandemic**, assistance may include Food Stamps, medical assistance, and cash assistance programs. (Note that workers are generally not eligible for UI/DUA if they are not available for work. This may occur more frequently than usual during a pandemic because of the need to care for children dismissed from school.)
b. Assess triggers for these programs to determine if the unique circumstances of a pandemic affect workers' eligibility for these programs. For State-provided programs or services, determine if additional legal/statutory and other flexibilities may be needed.
   - **If there is a State family and medical leave law,** assess whether the State law will be applicable for workers who need to take time off from work during a pandemic, i.e., whether eligibility requirements would be met for those with a job but unable to work due to care of sick family members, care for children dismissed from school, or because they themselves are ill.
   - For workers who become ill with pandemic influenza at work, assess whether **workers' compensation** benefits plans would generally apply and thus could provide temporary income support.
   - Assess whether there are State-supported, local, or non-profit mental health and substance abuse services that may be able to provide psychological and social support to workers and

their families during and after a pandemic. Include these services in State pandemic planning resource lists.

c. Assess whether these State services or benefits can be provided during a pandemic with social distancing practices in place and with a reduced State workforce. Review agency plans to handle a potential increase in filing of claims or requests for service. (See Appendix A.1, Part I.)
d. Discuss pandemic plans and coordinate with current workforce partners in order to match unemployed workers with employers who may have additional labor force needs during a pandemic. Assess whether these employment services can be provided with social distancing practices in place and with a reduced State workforce. (See Appendix A.1)
e. Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed; include the need for psychological and social support. (Psychological and social support services may be available from community or other non-profit sources if they are not available from the State.)

Note: The text above is provided to assist the State in understanding what is required and the reasoning behind the requirements in the "PREPARE" section of the table. The "RESPOND AND RECOVER" section of the table lists actions to be taken during or after a pandemic that should be included in the State's pandemic plan. (Whether some "RESPOND AND RECOVER" actions will be taken depends on specific conditions, such as the severity of the influenza pandemic.)

PREPARE

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service		
Discuss pandemic plans and coordinate with current workforce partners		
Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)		
Activity Added by State		

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Communicate to State workers the availability of any new programs or services (See Appendix B.9)	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Implement any special programs/ triggers/statutes for assisting workers during a pandemic		
Implement any special programs/ services for assisting workers after a pandemic (include psychological and social support)		
Activity Added by State		

APPENDIX B.11

Operating Objective: Understand Official Communication Mechanisms For Foreign Missions, International Organizations, and Their Members in the United States

While States do not have any official role to play in communicating with foreign missions, international organizations and their members, it is important for them to understand that the US Department of State (DOS) will communicate with these entities. The DOS message will be one of expectation that employees of diplomatic missions follow the instructions of the State and local officials – just like the U.S. citizen population.

PREPARE

Regarding international coordination, DOS will take the lead, with input from HHS and other relevant agencies, on communications with foreign governments, foreign missions in the United States[35] and U. S. citizens abroad. DOS will also serve as the USG's interagency coordinator for general international communications; it will review the domestic pandemic communications of other USG agencies for possible international ramifications.

Employees of diplomatic missions are expected to cooperate (just like everyone else) with the State and local officials as they carry out their duties in the event of a pandemic situation. DOS will ensure that all foreign missions are reminded of that, in the event of an actual pandemic. In the event that problems or questions that arise when local officials are carrying out their duties, and dealing with foreign missions, the DOS has provided, in the Annex, how a State should obtain assistance from DOS.

Upon WHO Designation of Phase 4: Upon the Director General of the World Health Organization announcement that there is evidence of significant human to human transmission such that the world has entered "Phase 4" of the global influenza preparedness plan, DOS and HHS will implement the following plan:

Formal Communication of Phase 4 to the Foreign Government Mission Community:

DOS will issue a Circular Diplomatic Note to the Chiefs of all Foreign Missions and International Organizations informing them of the measures that the United States is taking to address the pandemic, the legal and practical concerns of that community, and provide information on how to transmit questions or concerns to the DOS pertaining to the Pandemic Influenza. The Circular Diplomatic Note will also set forth the expectations of foreign mission personnel. For example, if, as part of a targeted layered containment the public is requested to stay at home, not attend schools, minimize shopping and other social interaction, the same request is likely to be made of the foreign mission community.

The Circular Diplomatic Note will be posted on the Pandemic Influenza section of the DOS Office of Foreign Mission's (OFM) website www.State.gov/ofm; it will also be disseminated to foreign missions and international organizations via electronic mail, US mail and facsimile. OFM's six regional offices

[35] *National Strategy for Pandemic Influenza: Implementation Plan* (May 2006), Action #4.1.4.3.

(Chicago, Houston, Los Angeles, Miami, New York and San Francisco) will ensure that the note is distributed to the consulates located in their respective regions.

HHS will use its existing networks with State, local and tribal leaders to convey any guidance prepared by the Department of State. The HHS Office of Intergovernmental Affairs will send such guidance to governors' health policy advisors and other key State, local and tribal officials, as well as national organizations representing governors, State legislators and State and local health officials, and tribal leaders. These organizations include the National Governors Association, Association of State and Territorial health officials, National Association of Counties, National Association of County and City Health Officials, U.S. Conference of Mayors, National Congress of American Indians, and National Indian health Board. In addition, the HHS Regional Directors will conduct outreach to appropriate State, local and tribal officials, as needed.

DOS guidance that HHS will share with such authorities might well include a copy of the Circular Note, as well as any relevant considerations in the context of implementing measures that address the pandemic that would arise in the context of the privileges and immunities enjoyed by some members of that community. For example, if relevant, DOS may want to remind such authorities that while certain foreign mission personnel have personal inviolability and cannot be arrested or detained, they do have a duty to "respect" local law. In addition, it may be relevant, for example, that diplomatic mission premises cannot be entered without the consent of the chief of mission.
Reference: http://www.State.gov/ofm/c19455.htm

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
The State ensures that localities include foreign missions in the distribution lists of public messages regarding pandemic influenza and precautions needed to be taken by individuals.	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		

APPENDIX B.12

Operating Objective: Assure the Emergency Medical Services System (EMS) and the 9-1-1 System are Integral Component of a State's Pandemic Influenza Planning and Response.

An influenza pandemic could seriously impact the Nation – its health care delivery system, its transportation system, its economy and its social structure. As the nation's health care "safety net," Emergency Medical Services will be faced with higher demands for services while experiencing problems similar to the rest of the Nation – increased employee absenteeism, disruption of supply chains and increased rates of illness and death. Ensuring EMS is well-integrated into the Nation's pandemic influenza planning and response is essential to the Nation's health and safety in the event of a pandemic.

This operating objective and sub-objectives are adopted from the U.S. Department of Transportation's EMS Pandemic Influenza Guidelines for Statewide Adoption developed in response to Task 6.1.13.6 of the National Strategy for Pandemic Influenza: Implementation Plan. The document is available online at www.ems.gov States and local EMS agencies are encouraged to review these documents for additional information on EMS and 9-1-1 Influenza Pandemic planning and response. The sub-objectives are as follows:

Sub-objective 1. EMS planning
Sub-objective 2. EMS as a component of influenza surveillance & mitigation
Sub-objective 3. Maintaining continuity of EMS operations
Sub-objective 4. Legal authority for EMS operations during pandemic influenza
Sub-objective 5. Clinical standards and treatment protocols
Sub-objective 6. EMS Workforce protection

Sub-objective 1: *EMS Planning*

PREPARE

EMS must be "at the table" to provide leadership during planning of State and community pandemic influenza surveillance, mitigation and response. EMS must be a part of community-wide planning and exercise. EMS pandemic influenza plans should address all patient population including children, the elderly, and those with special needs.

- State, local, tribal, and territorial EMS agencies should adopt EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza.

- State, local, tribal, and territorial pandemic influenza plans and operational procedures should identify leadership and authority that are consistent with the National Response Framework and the National Incident Management System, including the Incident Command System, and be carefully coordinated with local emergency management plans.

- EMS pandemic influenza plans should establish a program of pre-pandemic training and exercising to prepare EMS personnel for their role in the local pandemic influenza plan.

- State, local, tribal and territorial EMS agencies, in coordination with Federal, State and local public health, 9-1-1, emergency management and health care officials should ensure that EMS pandemic influenza plan define a process for gathering and developing updated pandemic influenza information, including clinical standards, treatment protocols and just-in-time training and disseminate it to local EMS medical directors and EMS agencies.

- State, local, tribal, and territorial EMS and 9-1-1 agencies should define a public and media communications plan that is coordinated with the Incident Command System and public health officials to assure consistent education and instructions to the public.

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State adopted EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the State established a Statewide program of pre-pandemic training and exercising to prepare EMS personnel for their role in preparing for, mitigating and responding to pandemic influenza?		
Has the State established a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies?		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State established methods to integrate best practices or lessons learned during the previous pandemic wave into EMS system operations and to issue an after action report?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		

Sub-objective 2: *The Role of EMS in Influenza Surveillance and Mitigation*

PREPARE

State, local, tribal, and territorial EMS agencies should integrate pandemic influenza surveillance, mitigation and response in their EMS system. An EMS system's response to pandemic influenza should be flexible, scaleable, dynamic and timely with the ability to change rapidly based on new information about the virus and other public health emergencies. Standards, protocols and other guidelines will be modified based on the specific threat to the public's health.

EMS providers can play a role in pandemic influenza mitigation due to their capability to rapidly respond, assess, treat and report patients with signs and symptoms of pandemic influenza. Their early involvement in community mitigation strategies such as Targeted Layered Containment may help to control the spread of the virus and reduce the subsequent use of health care resources.

- State, local, tribal, and territorial EMS pandemic influenza plans should identify the role that EMS agencies should play in ongoing disease surveillance.

- State EMS pandemic influenza plans should establish or identify a Statewide system that tracks: a) patient location, b) healthcare facility availability, and c) patient disposition to allow public health and epidemiologic analysis.

- State, local, tribal, and territorial EMS agencies, in coordination with public health authorities and consistent with resources, legal authority and education, should define procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State established procedures for involving EMS agencies in ongoing disease surveillance?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the State identified procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment?		
Activity Added by State		

Sub-Objective 3: ***Maintaining Continuity of EMS Operations During an Influenza Pandemic***

PREPARE

Continuity of operations planning for EMS should address maintaining the day-to-day EMS response during a pandemic; workforce augmentation; disruption of equipment, supplies and services; interoperable communications; and compatible communications equipment and communications frequencies.

- As part of a systematic all-hazards approach to EMS pandemic influenza planning, State, local, tribal, and territorial EMS agencies should have plans in place that allow EMS to maintain its response to day-to-day emergencies while addressing the demands of pandemic influenza mitigation.

- State, local, tribal, and territorial EMS pandemic influenza plans should include a continuity of operations (COOP) plan that ensures essential functions and vital services can be performed during an influenza pandemic or other major public health emergency.

- State, local, tribal, and territorial EMS agencies should have backup plans to augment the EMS workforce.

- EMS agencies should plan for disruptions in the availability of equipment, supplies and services.

- State, local, tribal, and territorial EMS pandemic influenza plans should include effective, reliable interoperable communications systems among EMS, 9-1-1, emergency management, public safety, public health and health care agencies.

- EMS pandemic influenza plans should include compatible communications equipment and communications radio frequency plans for common hospital diversion and bed capacity situational awareness at the local, State and regional level.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State have backup plans to augment the local EMS workforce if needed?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State have backup plans to address disruptions in the availability of EMS equipment, supplies and services throughout the State?		
Does the State have an effective, reliable interoperable communications system among EMS, 9-1-1, emergency management, public safety, public health and health care agencies?		
Is there a Statewide communications plan, including communications equipment and radio frequency plan to support common hospital diversion and bed capacity situational awareness at the local, State and regional level?		
Activity Added by State		

Sub-Objective 4: *Legal Authority*

PREPARE

Planning for EMS operations during an influenza pandemic should address issues of legal authority such as deviation from established procedures and EMS freedom of movement.

- State EMS pandemic influenza plans should establish procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance.

- State EMS pandemic influenza plans should, in coordination with public health, emergency management, and law enforcement agencies, identify mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.).

RESPOND AND RECOVER

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the state established procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the state identified mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.)?		
Activity Added by State		

Sub-objective 5: *Clinical Standards and Treatment Protocols*

PREPARE

Planning for EMS pandemic influenza clinical standards and treatment protocols should address EMS medical direction; modification of treatment and triage protocols; rapid distribution of new protocols; just-in-time training; fatality management; and EMS treat and release.

One solution or protocol may not be applicable for all EMS systems at a State or a local level. It is impossible to establish one set of protocols/procedures that works for every single jurisdiction. Optimal patient outcomes will depend on an EMS system's pre-planned ability to quickly integrate emerging medical research/information. The effectiveness of patient care will require responsive medical direction, training and coordinated system oversight.

EMS and 9-1-1 stakeholders must be integrated into the Incident Command System and be fully engaged as collaborative partners in the response to pandemic influenza. Pandemic influenza mitigation and response may require the integration of disciplines not traditionally involved in incident mitigation and response, such as medical direction, EMS education, disease surveillance and 9-1-1.

- Each State, local, tribal, and territorial EMS system should have an EMS medical director to provide medical oversight of EMS pandemic influenza planning, mitigation and response.

- State, local, tribal and territorial EMS pandemic influenza plans should define mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage and

treatment protocols before or during an influenza pandemic that are based upon the most recent scientific information.

- State, local, tribal, and territorial EMS pandemic influenza plans should define consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic.

- State, local, tribal, and territorial EMS pandemic influenza plans should define a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs.

- State, local, tribal, and territorial EMS pandemic influenza plans should coordinate with public health and 9-1-1 officials and the local medical examiner/coroner to define protocols and processes for fatality management during pandemic influenza.

- EMS pandemic influenza plans should consider the role EMS providers could serve in "treating and releasing" patients without transporting them to a healthcare facility.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Is there coordinated Statewide medical oversight of EMS pandemic influenza planning, mitigation and response?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the State developed mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage/ treatment protocols before or during an influenza pandemic that are based upon the most recent scientific information?		
Has the State defined consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic?		
Has the State defined a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs?		
Has the State defined the role of EMS providers in "treating and releasing" patients without transporting them to a healthcare facility?		
Activity Added by State		

Sub-objective 6: ***EMS Workforce Protection***

PREPARE

Planning for EMS workforce protection during a pandemic should address protection of the EMS and 9-1-1 workforce and their families; infection control and decontamination; vaccines and anti-virals for EMS personnel; isolation and quarantine considerations; and support for EMS personnel and their families.

- State, local, tribal, and territorial EMS pandemic influenza plans should identify strategies to protect the EMS and 9-1-1 workforce and their families during an influenza pandemic.

- EMS agencies should consistently practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE) regardless of the likelihood of an influenza pandemic.

- State, local, tribal, and territorial EMS pandemic influenza plans should define system-wide processes for providing vaccines and anti-viral medication to EMS personnel.

- State, local, tribal, and territorial EMS agencies, in coordination with public health authorities, should identify a mechanism to address issues associated with isolation and quarantine of EMS personnel.

- State, local, tribal, and territorial EMS pandemic influenza plans should define a process for offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State identified strategies to assist local EMS agencies with the protection of the EMS and 9-1-1 workforce and their families during an influenza pandemic?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State have requirements or recommendations for EMS agencies for basic infection control procedures?		
Does the State have system-wide processes for providing vaccines and anti-viral medication to EMS personnel?		
Have State EMS agencies and public health agencies identified mechanisms to address issues associated with isolation and quarantine of EMS personnel?		
Has the State defined processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic?		
Activity Added by State		

APPENDIX B.13

Operating Objective: Assure the Local, Regional and State Public Safety Answering Points are an Integral Component of a State's Pandemic Influenza Planning and Response

9-1-1 Public Safety Answering Points (PSAPs) serve as the public's single point of access to EMS, law enforcement and fire services – as well as an avenue for requesting many other services. Ensuring 9-1-1 is well-integrated into the Nation's pandemic influenza planning and response is essential to the Nation's health and safety in the event of a pandemic.

This operating objective and sub-objectives are adopted from the U.S. Department of Transportation's Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs), developed in response to Task 6.1.4.2 of the National Strategy for Pandemic Influenza: Implementation Plan and available online at www.ems.gov. The sub-objectives are as follows:

Sub-objective 1. Guiding Principles for Public Safety Answering Points
Sub-objective 2. Provision of information to the public
Sub-objective 3. Facilitation of call screening
Sub-objective 4. Assistance with priority dispatch of limited EMS resources
Sub-objective 5. Education and training of PSAP personnel
Sub-objective 6. Continuity of Operations

Recognizing there is variable State oversight of 9-1-1 services, much of the PREPARE guidance is oriented toward the PSAP, rather than the State, level. To the extent there is State-level coordination of 9-1-1, this preparatory information may be useful. The Respond and Recovery chart contains those activities in which, as a minimum, there should be State-level involvement.

Sub-objective 1: *Guiding Principles for Public Safety Answering Points (PSAPs)*

PREPARE

There are basic preparation tenets for creating plans and protocols that involve Primary and Secondary Public Safety Answering Points (PSAPs):

- Overall planning for pandemic influenza must be coordinated with 9-1-1
- "Just-in-Time" training and education must be provided to call-takers and other PSAP personnel.
- PSAPs should use standardized 9-1-1 protocols that capture symptoms specific to the pandemic along with other possible indicators
- 9-1-1 personnel should be trained in incident command per the requirements of NIMS.
- PSAPs should have Continuity of Operations Plans in place
- Infection control procedures must implemented in PSAPs.
- PSAPs should be included in community-wide pandemic influenza drills and exercises.
- Effective use of limited PSAP resources should be coordinated with EMS
- PSAP plans should take into account specific accommodations and considerations for special needs communities.

RESPOND

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the Statewide pandemic influenza plan delineate the role of PSAPs?		
Are PSAPs involved in Statewide pandemic influenza planning		
Does the Statewide pandemic flu plan establish mechanisms for "Just-in-Time" training and education to call-takers and other PSAP personnel?		
Is there a consistent Statewide mechanism for communications of pandemic flu updates to PSAPs?		
Does the State pandemic influenza plan establish standardized 9-1-1 protocols that capture symptoms specific to the pandemic?		
Activity Added by State		

RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State have established processes for the integration of best practices or lessons learned during the previous pandemic wave across the 9-1-1 system and issue an after action report?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		

Sub-objective 2: ***Provision of Information to the Public***

PREPARE

The public has been trained to call 9-1-1 when help is needed, whether the problem is small or large, urgent or not. The PSAP is a trusted source of information for the public and will be inundated with calls for help during a pandemic. Plans need to ensure that PSAPs have current, factual information

regarding the events affecting their communities, that they have resources to update that information as changes arise, and that they can effectively communicate that information to the public.

- Plans need to ensure that PSAPs have current, factual information regarding the events affecting their communities, that they have resources to update that information as changes arise, and that they can effectively communicate that information to the public.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State have a mechanism and protocols in place to coordinate quickly the latest public health and other information and messages with PSAPs to assure a coordinated system-wide message?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Activity Added by State		

Sub-objective 3: ***Facilitation of Call Screening***

PREPARE

For purposes of monitoring, surveillance, treatment and the potential of contamination and quarantine, during the influenza pandemic period it will be important for the PSAP to be able to identify callers who are likely afflicted by the pandemic influenza virus and to assign the appropriate resource to help them. This resource may not be a responding EMS unit, but an alternative source of care, such as a nurse assist line or other health care call line.

- PSAP protocols should allow for automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients.
- PSAPs should establish and maintain policies and procedures for sharing data with State and local public health authorities.
- PSAPSs should be prepared to query callers with a pandemic influenza symptom set consistent with recommendations by the local public health office and based on criteria established by the CDC.
- State and local EMS authorities should be prepared to provide rapid updates to the PSAP pandemic influenza symptom set.

- PSAPs should follow protocols to conduct triage and patient classification during an influenza pandemic.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State pandemic influenza surveillance system incorporate the role of the PSAPs in implementing automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State have a mechanism established to disseminate rapid updates to pandemic influenza symptom set to PSAPs for caller screening and for data collection/analysis?		
Are there Statewide policies and procedures and legal protections for sharing pertinent data with State and local public health authorities?		
Are there Statewide protocols and procedures in place to guide PSAP triage and patient classification during an influenza pandemic?		
Activity Added by State		

Sub-objective 4: ***Assistance with Priority Dispatch of Limited EMS***

PREPARE

During an influenza pandemic, EMS and public health resources will likely be limited and normal services curtailed. In addition to identifying and assisting likely pandemic flu patients, PSAPs will need to safely triage other non-influenza related requests for help, appropriately matching need to resource, including alternative treatments, such as nurse assist lines. Telecommunicators need to know what to tell callers if no response is available or will be delayed. This should be part of the pre-pandemic planning effort. PSAPs need to have pre-established links with other types of call centers (such as 2-1-1 or nurse assist lines) or alternate care centers to ensure these resources can effectively be utilized in transferring or referring callers. PSAPs should ensure that any such plans are in concert with the appropriate medical and legal authority.

- PSAP protocols should provide for tiered response of different EMS unit types based on input of local EMS authorities.
- PSAP planning should address the need for dispatch protocols with their EMS medical director when limited response, severely restricted response or no response occurs.

- PSAP protocols should identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center.
- PSAP planning should include coordination of efforts with alternate call centers and other resources to handle inquiries regarding death and general information.
- PSAPs should develop mitigation strategies for 9-1-1 call overcapacity.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Is there Statewide legal authority and protocols to allow tiered response of different EMS unit during a pandemic influenza?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State pandemic influenza plan establish mechanisms to identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center? Is there coordination between public health, EMS and PSAPs to coordinate this transfer?		
Activity Added by State		

Sub-objective 5: *Education and Training of PSAPs*

PREPARE

Establish a training program that will prepare the PSAP for their role during an influenza pandemic.

- Assess the PSAP's needs for education and training. Determine what responsibilities can be handled by non-PSAP staff.
- Identify processes and curriculum for regular continuing education and training as well as "just in time" training to address the specifics of the pandemic.
- Identify existing tools and resources to support the PSAP during a pandemic
- Ensure 9-1-1 personnel are aware of the overall emergency action plan
- Address infection control training for 9-1-1 personnel
- In the planning process, PSAPs need to address how they will staff different positions based on the skill levels needed. More routine tasks within the PSAP may be handled with alternative staffing, with the goal to have trained public safety telecommunicators available to interface with the public for the most critical 9-1-1 calls.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State identify PSAP pandemic influenza continuing education and training?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State identify methods for pandemic influenza "just in time" training for PSAP personnel and their medical directors that is coordinated with EMS, public safety and public health?		
Activity Added by State		

Sub-objective 6: ***Continuity of Operations***

PREPARE

Consider the needs of the PSAPS beyond the normal planning that exists in the Continuity of Operations Plan.

- Identify staffing alternatives (retirees, former employees, staff from other departments to free up trained staff and supervisors to answer critical 9-1-1 calls).
- Identify infection control procedures specifically for the pandemic influenza virus.
- Identify isolation and quarantine policies and procedures.
- To limit the exposure of 9-1-1 staff, identify isolation and lock-down procedures. Identify on-site treatment areas for those who have become infected.
- Identify policies related to paid and unpaid leave and care of the families of PSAP staff.
- State and local 9-1-1 pandemic influenza plans should define system-wide processes for vaccinating 9-1-1 personnel, as an element of the critical infrastructure.
- State 9-1-1 pandemic influenza plans should, in coordination with public health, law enforcement and emergency management agencies, identify mechanisms for freedom of movement of PSAP personnel.

RESPOND AND RECOVER

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the state define isolation and quarantine policies and procedures for PSAPs?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the state define system-wide processes for vaccinating 9-1-1 personnel, as an element of the critical infrastructure.		
Does the state identify mechanisms for freedom of movement of PSAP personnel?		
Activity Added by State		

APPENDIX B.14

Protect Citizens: Operational Readiness (Testing through Exercises and Real Events)

A defining characteristic of an operating plan is that, in whole or in part, it readily lends itself to evidence-based evaluation using the results of discussion-based exercises ("table tops"), operational-based exercises (drills and enacted responses to simulated incidents), or performance measurements obtained in the course of responses to actual incidents.

The table below describes the type of information that is requested regarding readiness to meet the Operational Objectives that constitute the Goal "Protect Citizens". Although an imperfect measure of readiness, this information tells reviewers that States have practiced and tested their plans – through exercises or responses to real events – and used the results of such experience to improve their pandemic influenza preparedness.

The USG Departments jointly will assign a single rating for Operational Readiness for the entire State submission. In particular, based on the information requested at the end of each sub-Appendix, the Departments will determine the number of the Operating Objectives for which the State submitted evidence that it has tested its response capability in some appropriate way. This number then will be divided by the total number of Operating Objectives, expressed as a percentage, and translated into a standardized verbal designation in accord with the key shown in the text box.

Key:

≥50% - "Substantial Evidence of Operational Readiness"
25-49% - "Significant Evidence of Operational Readiness"
1-24% - "Little Evidence of Operational Readiness"

No submission or a non-responsive submission will be classified as "insufficient information to enable assessment."

In accord with the table below, please indicate, for each Operating Objective, whether or not an aspect of that objective was tested. If it was tested, what was the measurable objective that was tested (this would have been your exercise objective or the objective you were trying to achieve during a response)? Then, please provide one or two sentences about the a change that was made to the State operating plan as a result of the lessons learned and incorporated into an Improvement Plan and then acted upon.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

PROTECT CITIZENS: OPERATING READINESS			
Operating Objective	**Tested?[36] (Y/N)**	**What was tested and why?[37]**	**How did result improve the Operating Plan?**
Ensure Surveillance and Laboratory Capability During Each phase of a Pandemic			
Assist with Controls at U.S. Ports of Entry			
Implement community Mitigation Interventions			
Enhance Sate Plans to Enable Community Mitigation Through Student Dismissal and School Closure			
Acquire and Distribute Medical Countermeasures			
Ensure Mass Vaccination Capability During Each Phase of a Pandemic			
Provide Healthcare			
Manage Mass Casualties			
Ensure Communication Capability During Each Phase of a Pandemic			
Mitigate the Impact of an Influenza Pandemic on Workers in the State			
Understand Official Communication Mechanisms For Foreign Missions, International Organizations, and Their Members in the United States			
Integrate EMS and 9-1-1 into Pandemic Preparedness			
Integrate Public Safety Answering Points into Pandemic Preparedness			

[36] Examples of events might include: National Governor's Association regional exercises, Department of Treasury national finance and banking CIKR exercise, TOPOFF, wildfire response, intraState antiviral drug distribution exercise, Hurricane Dean response, and use of VTC to conduct regional workshops to inform planning.
[37] If an exercise, what was the purpose? If a real-world incident, what was its nature?

APPENDIX C.0 – GENERIC GUIDANCE FOR SUPPORTING/SUSTAINING THE 17 CRITICAL INFRASTRUCTURE AND KEY RESOURCE (CIKR) SECTORS

States are responsible for developing and implementing Statewide CIKR protection programs that reflect and align with the full range of homeland security activities presented in the National Infrastructure Protection Plan (NIPP). For influenza pandemic specifically, the Department of Homeland Security (DHS) Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources (CIKR Pandemic Guide) and Sector-specific Pandemic Influenza Planning Guidelines (still in development) identify planning and preparedness actions that entities within each CIKR sector should consider in advance of a pandemic influenza outbreak. Furthermore, for State CIKR pandemic influenza planning to be comprehensive and successful, State CIKR plans should accomplish the following:

- address all relevant aspects of CIKR protection, planning, and preparedness;
- leverage support from homeland security assistance programs that apply across the homeland security mission area;
- emphasize communications and collaboration between government and CIKR public- and private-sector businesses;
- integrate government and CIKR planning and preparedness actions including training and exercises; and
- reflect priority activities in their strategies to ensure CIKR businesses have adequate and appropriate support, resources are allocated effectively, and essential goods and services remain available during a pandemic event.

State pandemic plans should support public- and private-sector CIKR businesses to ensure continuity of operations for essential services. For the social and economic well-being of all Americans, these plans should ensure that critical infrastructure operate as "near normal" as possible. To this end, State plans should explicitly address seven broad categories regarding their CIKR protection, planning and preparedness approach:

1. *Define* CIKR protection, planning and preparedness roles and responsibilities;
2. *Build* public-private partnerships and support networks;
3. *Implement* NIPP risk management framework for a pandemic;
4. *Bolster* CIKR information sharing and protection initiatives;
5. *Leverage* emergency preparedness activities for CIKR protection, planning and preparedness;
6. *Integrate* Federal CIKR protection, planning and preparedness activities.
7. *Allocate* scarce resources

APPENDIX C.1

Operating Objective: Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles and Responsibilities

Rationale: The numerous critical roles and responsibilities specific to effectively supporting CIKR sector essential protection, planning and preparedness activities involves diverse government departments/agencies at all levels from Federal to local. Ensuring all these government groups are aware of their roles and synchronized in their efforts will greatly increase the opportunity for success.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Identify the gaps, which exist between the State's current approach with those roles and responsibilities outlined in the NIPP, SSP, and in CIKR Pandemic Guide.
- Develop a mechanism to identify any government roles and responsibilities that should be revised, modified, or consolidated to accommodate the unique impacts and environment of a pandemic influenza outbreak and the operating attributes of the State.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Are the State, local, tribal, and territorial government surveillance, detection and protection actions described in the Implementation Plan for the National Strategy for Pandemic Influenza and the HHS Pandemic Influenza Implementation Plan being effectively implemented to help protect CIKR businesses?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State have a dedicated Pandemic Influenza Implementation Plan, and does this Plan clearly define the assigned roles and responsibilities of all State, local, tribal, and territorial government entities in supporting and sustaining CIKR essential businesses?		

Is the State addressing potential gaps in the Plan between the State's current assignment and those roles and responsibilities outlined in the NIPP, SSP, and in CIKR Pandemic Guide?		
Has the State identified the authorities and measures necessary for implementation of these temporary regulatory adjustments/waivers for CIKR?		
Has the State identified and assessed the relevant Federal, State, local, tribal, and territorial government regulations and oversight requirements affecting public- and private-sector CIKR business continuity operations during a pandemic?		
Has the State identified temporary adjustments/waivers to mitigate any negative impacts of these regulations and requirements on CIKR continuity of operations during a pandemic that the State and/or other authorized government regulators may consider using?		
Has the State assessed the State's and/or other authorized Federal, tribal, territorial or local government regulators' authorities and other measures necessary for implementation of any temporary regulatory adjustments/waivers to support and sustain CIKR?		
Has the State communicated and fully coordinated these potential temporary regulatory adjustments/waivers with all appropriate CIKR stakeholders?		
Activity Added by State		

APPENDIX C.2

Operating Objective: Build Public-Private Partnerships and Support Networks

Rationale: Although each government and CIKR entity must strive to become as resilient as practical to sustain their own operations, the additional strengths derived from effective public-private partnerships and support networks may prove the difference in whether individual businesses and critical supply chains can successfully sustain their essential operations over an extended duration during a severe influenza pandemic

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Build effective protection, planning and preparedness support networks with and for CIKR. Determine if these actions include all appropriate representatives from the relevant CIKR sectors.
- Identify unique geographical issues, including trans-border concerns, as well as critical interdependencies within and across sectors and jurisdictions within those geographical boundaries. Share these issues with all appropriate CIKR.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
What mechanism does the State plan to use to coordinate CIKR pandemic influenza response and recovery efforts?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the State identified unique geographical issues, including trans-border concerns, as well as critical interdependencies within and across sectors and jurisdictions within those geographical boundaries affecting CIKR?		
Has the State shared these issues with all appropriate public- and private-sector CIKR partners and support networks?		
What specific actions has the State taken to develop and implement systems to communicate and collaborate with all appropriate CIKR to build public-private partnerships at the State, regional and local levels during and after a pandemic influenza outbreak?		
Activity Added by State		

APPENDIX C.3

Operating Objective: Implement NIPP Risk Management Framework for a Pandemic

Rationale: The NIPP risk assessment calculus emphasizes identifying and specifically addressing the key variables of threat, vulnerability and consequence in order to affect potential risk. Given the likely limited medical and non-medical support resources, exploiting this risk model to better organize and focus government and CIKR pandemic influenza preparedness actions on the highest priority options for protecting against the threat, and reducing vulnerabilities and consequences will significantly improve chances for success.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Develop a method to determine risk to prioritized essential resources and services by combining potential direct and indirect consequences of an influenza pandemic (including seasonal changes in consequences, and dependencies and interdependencies associated with each identified asset, system, or network) with known vulnerabilities.
- Aggregate and analyze risk assessment results to develop a comprehensive picture of asset, system, and network risk to the delivery of prioritized essential resources and services; establish mitigation priorities based on risk; and determine protection and business continuity planning and preparedness initiatives that provide the greatest mitigation of risk.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State's Pandemic Plan include a method to determine risk to prioritized essential CIKR resources and services by combining potential direct and indirect consequences of an influenza pandemic (including seasonal changes in consequences, and dependencies and interdependencies associated with each identified asset, system, or network) with known vulnerabilities?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	

In collaboration with appropriate public- and private-sector partners; has the State identified all the CIKR delivered "essential" resources and services necessary to sustain the nation's social and economic well-being?		
Has the State identified, all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?		
Has the State assessed all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?		
Has the State prioritized all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?		
Is there a mechanism in place to identify those individual or networks of public- and private-sector CIKR assets in a State that are most likely to be affected and most vulnerable during a pandemic, and thus may require special attention and support?		
Is there a mechanism that designates the State and private sector response and recovery roles and responsibilities necessary to maintain the delivery of essential resources and services during and after a pandemic influenza outbreak?		
Has the State identified mission critical personnel (specifically, personnel that work with CIKR or high consequence systems) to participate in government- or private-sponsored CIKR response and recovery programs (i.e., credentialing programs)?		
Activity Added by State		

APPENDIX C.4

Operating Objective: Bolster CIKR Information Sharing and Protection Initiatives

Rationale: The timely availability of appropriate and valid information to the right decision makers concerning CIKR sustainment operations and possible/actual status changes will prove critical to effectively supporting those sustainment needs in times of crisis.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Assess whether public and private sector CIKR businesses in your State share information with government on their current and projected State of protection, planning, and preparedness for a pandemic flu. Determine the percentage of CIKR entities in your State that are sharing protection actions and pandemic-specific continuity plans.
- Collect other critical information/data on essential CIKR assets and systems that address cross-sector dependencies, cascading effects, and interdependencies that affect CIKR functionality, performance and recovery.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Does the State have a public-private sector system in place to share information on CIKR preparedness, response and recovery actions during a pandemic influenza outbreak?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Does the State have a public-private sector system in place to share information on CIKR preparedness, response, recovery and preparedness for next wave actions during and after a pandemic influenza outbreak?		
Does the State have a reliable and effective information management and protection system in place to satisfy privacy and security concerns of CIKR owners and operators who are willing to share information during a pandemic?		
Has the State collected and appropriately shared other critical information/data on CIKR assets and systems that address cross-sector dependencies and interdependencies that affect CIKR functionality, performance and recovery?		
Has the State implemented a mechanism to update and report as necessary the changes in status of all CIKR and especially high-risk and high-consequence CIKR assets and interdependent cross-sector networks to all appropriate government and public- and private-sector CIKR partners and stakeholders?		
Activity Added by State		

APPENDIX C.5

Operating Objective: Leverage Emergency Preparedness Activities for CIKR Protection, Planning, Preparedness, Response, and Recovery

Rationale: Obviously government and CIKR businesses and organizations have already made significant protection, planning and preparedness investments for various type disasters. Adapting and exploiting these significant investments to serve for a pandemic influenza disaster makes good sense.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Determine the existing State, local, and/or tribal government and private sector emergency preparedness activities in place for other disasters, such as hurricanes and earthquakes, which may be adapted for pandemic influenza protection, planning and preparedness. Assess whether or not your State identified, assessed, and incorporated them.
- Formalize the distribution process for determining which mission critical CIKR personnel will be prioritized highest for stockpiled medical and non-medial countermeasures.
- Assess your State stockpiles to ensure they have adequate types/quantities of appropriate medical and non-medical countermeasures. Take the necessary measures to procure additional material, if appropriate.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State identified existing State, local, and/or tribal government and private sector emergency resources stockpiled for other disasters that may be useful for pandemic influenza response and recovery and incorporated them into their State Plan?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Have existing Federal, State, local, territorial and/or tribal government and private sector formal and informal emergency response and recovery support networks for other type disasters been identified, enlisted and enhanced for pandemic influenza response?		
Activity Added by State		

APPENDIX C.6

Operating Objective: Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning, Preparedness, Response, and Recovery Activities

Rationale: Taking the actions described in Appendix C1 to the next level, not only must all appropriate government and CIKR groups be aware and synchronized in their roles and responsibilities, they must also efficiently integrate where practical their planning and preparedness actions to optimize validity, acceptance, transparency, expertise and responsiveness and thereby enhance individual and overall resilience.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Develop, establish, and implement a mechanism to coordinate pandemic influenza protection, planning and preparedness efforts among Federal and State authorities.
- Determine if appropriate Federal and State representatives have participated in reciprocal protection, planning and preparedness activities (e.g., training and exercises).
- Assess whether all Federal and State pandemic plans been coordinated to ensure these plans are mutually supportive and executable.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State employed a mechanism to report an accurate assessment of the status of CIKR with its Federal partners during and after a pandemic event?	For this activity and each one below, please include Title Page(s) First 5 words of first sentence	
Has the State employed a mechanism to report an accurate assessment of the status of CIKR with its local and regional partners during and after a pandemic event?		
Has the State employed a mechanism to coordinate direct and indirect government and community support and relief?		
Activity Added by State		

APPENDIX C.7

Operating Objective: Prioritize and Allocate Scarce Resources

Rationale: Having the right information at the right time to the right decision makers about the right priorities for actions will greatly improve system responsiveness and support for CIKR sustainment. However, even with the best decisions there still must be something practical that can be affected from the decisions to ensure essential sustainment. Government as well as public- and private-sector CIKR must have efficient delivery systems and the necessary tools, materials, people and supplies in reserve before the pandemic influenza outbreak to be successful at supporting sustainment efforts during the outbreak.

PREPARE

These preparedness considerations and activities serve as a reference States can use to augment and tailor their existing emergency response plans given the unique challenges a pandemic influenza presents our nation's CIKR. These potential activities will likely not be found in a State's operational plan and therefore will not be graded. While not necessarily applicable to all States, these considerations represent a starting point for States to stimulate thinking about further actions and options.

- Assess the extent to which CIKR owners and operators in the State have pre-negotiated, established, and maintained contracts with vendors who supply critical resources and essential services for all essential CIKR within the State.

RESPOND AND RECOVER

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
Has the State prioritized the mission critical personnel and essential public- and private-sector CIKR organizations and businesses in the State for resource stockpile support that are vital to sustaining CIKR operations and the nation's social and economic well-being?		
Has the State assessed its disaster response stockpiles to ensure it has adequate types/quantities of appropriate medical and non-medical countermeasures and other pandemic-specific supplies and materials to support essential CIKR organizations and businesses and their mission critical personnel during possibly multiple response and recovery waves?		
Has the State taken measures to procure and stockpile additional medical and non-medical supplies and material as required?		

Has the State pre-negotiated, established, and maintained key contracts with vendors who supply critical resources and essential services for the State, and supporting similar arrangements for tribal, territorial and local government entities?		
Has the State pre-negotiated, established, and maintained key contracts with vendors who supply critical resources and essential services for the State, and supporting similar arrangements for local, tribal, and territorial government entities?		
Has the State supported CIKR businesses and organizations within the State to pre-negotiate, establish, and maintain key contracts with vendors who supply their critical resources and essential services?		
Are all State plans, procedures, and systems functional and pre-positioned to distribute all other direct and indirect government and community support and relief for CIKR securely and rapidly?		
Do plans specify the State statutory and/executive order authorities for, officials responsible for, and process to be used, to allocate/ration scarce essential resources?		
Have officials identified public- and private-sector organizations/businesses in their State that play central roles in essential CIKR sectors?		
Has the State identified and prioritized measures that will be required to speed economic and community recovery within the State and/or region?		
Activity Added by State		

APPENDIX C.8

CI/KR: Operational Readiness (Testing through Exercises and Real Events)

A defining characteristic of an operating plan is that, in whole or in part, it readily lends itself to evidence-based evaluation using the results of discussion-based exercises ("table tops"), operational-based exercises (drills and enacted responses to simulated incidents), or performance measurements obtained in the course of responses to actual incidents.

The table below describes the type of information that is requested regarding readiness to meet the Operational Objectives that constitute the Goal "Sustain/Support 17 Critical Infrastructure and Key Resource Sectors". Although an imperfect measure of readiness, this information tells reviewers that States have practiced and tested their plans – through exercises or responses to real events – and used the results of such experience to improve their pandemic influenza preparedness.

The USG Departments jointly will assign a single rating for Operational Readiness for the entire State submission. In particular, based on the information requested at the end of each sub-Appendix, the Departments will determine the number of the Operating Objectives for which the State submitted evidence that it has tested its response capability in some appropriate way. This number then will be divided by the total number of Operating Objectives, expressed as a percentage, and translated into a standardized verbal designation in accord with the key shown in the text box.

Key:

≥50% - "Substantial Evidence of Operational Readiness"
25-49% - "Significant Evidence of Operational Readiness"
1-24% - "Little Evidence of Operational Readiness"

No submission or a non-responsive submission will be classified as "insufficient information to enable assessment."

In accord with the table below, please indicate, for each Operating Objective, whether or not an aspect of that objective was tested. If it was tested, what was the measurable objective that was tested (this would have been your exercise objective or the objective you were trying to achieve during a response)? Then, please provide one or two sentences about the a change that was made to the State operating plan as a result of the lessons learned and incorporated into an Improvement Plan and then acted upon.

NOTE: HHS WILL PROVIDE AN EXCEL SPREADSHEET ESPECIALLY DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

CI/KR: OPERATING READINESS			
Operating Objective	**Tested?[38] (Y/N)**	**What was tested and why?[39]**	**How did result improve the Operating Plan?**
Define CIKR Protection, Planning and Preparedness Roles and Responsibilities			
Build Public-Private Partnerships and Support Networks			
Implement the NIPP Risk Management Framework for a Pandemic			
Bolster CIKR Information Sharing and Protection Initiatives			
Leverage Emergency Preparedness Activities for CIKR Protection, Planning and Preparedness			
Integrate Federal and State CIKR Protection, Planning and Preparedness Activities			
Allocate Scarce Resources			

[38] Examples of events might include: National Governor's Association regional exercises, Department of Treasury national finance and banking CIKR exercise, TOPOFF, wildfire response, intraState antiviral drug distribution exercise, Hurricane Dean response, and use of VTC to conduct regional workshops to inform planning.
[39] If an exercise, what was the purpose? If a real-world incident, what was its nature?