

## **Maintaining Local Government Business Continuity**

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### **Introduction**

What happens if 10 percent of your employees and volunteers are too sick to come to work on any given day? Now, what will happen if, cumulatively, a quarter of your workforce is out for as many as three to four months? What if the other businesses you rely on are facing the same massive absentee rates? Hard as it may be to imagine, such a scenario could happen – indeed, some health officials say it’s inevitable. The cause? Pandemic influenza.

With a third or more of your local government workforce affected, a pandemic flu could seriously disrupt your operations -- perhaps even force you to close down all or a portion of your services for a time. So, are you prepared for pandemic influenza in order to maintain business continuity?

On April 10, Health and Human Services Secretary Mike Leavitt is quoted in the *Washington Post* saying that “Any community that fails to prepare [for pandemic flu] – with the expectation that the federal government can come to the rescue – will be tragically wrong.” (Washington Post, Sunday, April 16, 2006, Page A01) Some may see this dramatic statement as a response to criticism about the federal response to Hurricane Katrina. However, despite its dramatic quality, it is a statement about the effects of pandemic influenza in the U.S., which would be tragically true. A pandemic would be the disease equivalent of a nationwide Katrina – for which there is no way the federal government can provide assistance as states and localities may have come to expect during a disaster. Therefore, local governments, including first responder agencies (fire, EMS, police and public health), must plan for pandemic influenza in order to have a chance to limit the effects of a pandemic on their own business continuity.

Beyond the infection control questions which local government agencies need to coordinate with their public health colleagues (and go beyond the scope of this paper), in preparing for pandemic influenza and business continuity, there are two non-health pandemic planning assumptions local government must consider:

- 1) simultaneous or near simultaneous outbreaks will limit the ability of any jurisdiction to provide mutual aid; and
- 2) the potential disruption of community critical infrastructure (e.g., transportation, commerce, utilities, and public safety).

Local governments must also face the reality that many business continuity plans anticipate disruptions that are restricted to a certain place and time frame (e.g., hurricanes, tornados, snow storms). Pandemic influenza requires different continuity

plans since it won't be restricted to a certain place and time frame. Pandemic flu will be widely dispersed geographically and potentially arrive in waves that last several months at a time, with the potentially high employee absentee rates whatever the season. And unlike other disasters which typically involve damage to physical infrastructure, a pandemic does not damage a business's physical infrastructure. Rather, a pandemic affects an organization's most valuable asset, its employees and volunteers, its human infrastructure.

For the remainder of this paper, I will use examples from Arlington County police, fire, and public health pandemic planning efforts, as well as our Metropolitan Medical Response System, to illustrate what these first responder agencies within our government are considering to address the impact of pandemic flu on our business continuity:

### **Police Department**

In preparation for a pandemic flu, or any other natural or man made disaster, the Arlington County Police Department (ACPD) is developing an all hazards approach, by developing a considerations matrix that will assist in the reassignment and deployment of available resources to serve the community. In the event the region is impacted by a pandemic flu, it is assumed that both sworn and non-sworn personnel will also be impacted. This will cause a reduction in the total numbers of staff available to respond to citizen requests for assistance.

The considerations matrix will identify the core duties and responsibilities of the department and anticipated reductions in staffing across all divisions. Possible considerations will be provided in the matrix, identifying staffing allocations anticipating 10%, 20%, and 30% reductions of the workforce. In addition, the matrix will prioritize the types of calls for service that officers will respond to based on these staffing levels. In the event staffing levels go below authorized limits, the reassignment of ACPD officers from other divisions to fill the void will be considered and implemented.

### **Fire Department**

Preparing for an influenza pandemic is a major priority for the Arlington County Fire Department (ACFD). The fire chief continues to monitor the situation by attending county, regional, state fire and public health department meetings and conferences addressing the subject. In addition, earlier this spring, the fire chief formed two work groups. The first is reviewing, revising, and in some cases, creating EMS Standard Operating Procedures for influenza pandemic related emergencies. The second group is creating an ACFD Influenza Pandemic Operations Plan.

The EMS Standard Operating Procedures will address patient evaluation, treatment, quarantine, and isolation for patients with influenza and other highly contagious diseases. The Influenza Pandemic Operations Plan addresses fire department

preparedness, training, staffing levels, response priorities, personnel protective equipment, infection control, decontamination, and firefighter safety.

ACFD is also participating in a Northern Virginia regional working group. This group is sharing information on influenza pandemic operational practices and evaluating influenza pandemic impacts on fire department automatic aid agreements. Finally, ACFD has and will continue to participate in pandemic influenza related exercises, including a quarantine and isolation exercise sponsored by the Arlington County Public Health Division and a statewide Pandemic Influenza/SNS exercise scheduled for the Fall 2006 sponsored by the Virginia Department of Health.

## **Public Health**

In preparation for a pandemic influenza, or any other disease hazard, the Arlington County Public Health Division (ACPHD) is updating its emergency operations procedures first completed in 2005 to become recognized as Public Health Ready. Project Public Health Ready is a collaborative activity between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) which seeks to “prepare staff of local governmental public health departments to respond to emergencies and to protect the public’s health through a competency-based training and recognition program.” (NACCHO website, [www.naccho.org/topics/emergency/pphr.cfm](http://www.naccho.org/topics/emergency/pphr.cfm), accessed 19 June 2006.)

The ACPHD Public Health Ready based emergency operations plan (EOP) was designed with an all-diseases approach to disease control and prevention. In keeping with that approach, ACPHD staff is reviewing the following elements of the HHS plan pandemic flu plan to update the appropriate sections of the ACPHD EOP: 1) surveillance, 2) laboratory diagnostics, 3) health care planning, 4) infection control, 5) clinical guidelines, 6) vaccine and antiviral drug distribution and use, and 7) disease control and prevention.

In addition to updating the EOP, the various bureaus within ACPHD have been asked to revise their existing business continuity plans to consider the impact of reductions in personnel up to 50% over at least an 8 week period and to identify and recommend which services should be reduced (degraded) or eliminated should the remaining staff be needed to support the major activity of the division – control and prevention of pandemic flu in Arlington County. To do this, bureau chiefs have been asked to identify which services are required by the federal government, by the Commonwealth of Virginia, or by the county. By identifying service requirements based on federal, state, or local statute ahead of the crisis, the public health division will be better situated to request relief from these statutory requirements during an emergency declaration.

Also, the bureaus have been asked to identify at risk populations they serve who may be affected by disruptions in public health services with particularly adverse consequences to the individual as well as to the community (e.g., cessation of directly

observed therapy for patients with active tuberculosis) and to propose plans for these critical services to be delivered, including altered standards of care which may be needed (e.g., allowing medication dispensing by public health nurses vs. physicians given limited physician numbers).

### **Metropolitan Medical Response System (MMRS)**

Local government emergency preparedness and response personnel know that strong relationships formed before an incident lead to improved communications during disaster response and recovery. Good communication across the various disciplines involved with medical response will be even more critical during a pandemic. As one of 122 MMRS communities across the nation, the Arlington MMRS program has further improved communication by strengthening relationships among the various medical response disciplines through regular meetings to share in meaningful conversations.

The true benefit of MMRS beyond the tangible federal disaster monies associated with the formal program is the intangible: the creation and sustainability of a systematic, operational approach integrating planning and response by fire, EMS, hazmat, law enforcement, public health, emergency management, and hospitals collaboratively to develop the capability to reduce the health effects of terrorist and natural disasters, such as pandemic flu.

Communities across this nation without MMRS often have the human assets and response agencies that the other MMRS communities possess. Even without the federal monies, if you are a local government looking to improve your community's preparedness and response during a pandemic, establishing and sustaining an interdisciplinary group similar to MMRS in your community will help to foster these critical relationships and the good communication that ensues. If your community has not brought the various medical response disciplines together previously, pandemic flu planning is an opportunity to bring all the players together to create and then sustain a response system to reduce the health consequences of pandemic flu and other disasters affecting human health.

### **Individual and/or Employee Preparedness**

The primary focus of this paper is how to maintain business continuity during a pandemic. However, no business continuity plan will be complete without addressing the personal continuity plans for employees and their families.

Although beyond the scope of this paper, unprepared or ill-prepared staff will not be able to attend to work (should they actually show up) if they have not adequately addressed preparedness in their own lives and the lives of their families. So, it is important in your local government business continuity planning for pandemic influenza and all other hazards that you make sure that you also address personal preparation by your employees by creating programs to educate all those who will listen.

## **Conclusion/Summary**

Pandemic influenza is not primarily a disaster of public health concern. Rather, it is a disaster which threatens continuity of all segments of a community, including local government. Additionally, it is not a disaster which primarily affects a local government's physical infrastructure, but its human infrastructure, its employees and volunteers. Beyond the infection control questions which local government agencies need to coordinate with their own public health officials, traditional local government first responder agencies (emergency management, fire, EMS, hazmat and law enforcement) as well as the new first responder agencies of the 21<sup>st</sup> century (public health) and the rest of local government need to consider how to ensure business continuity with reduced staffing and identify services to degrade should staffing be insufficient.

Finally, as one mentor has mentioned over and over again, the best time to make a friend is before you need one. Those in emergency preparedness and response know that strong relationships formed before an incident lead to improved communication during an incident, which will be even more critical during a pandemic. Pandemic flu planning provides us the opportunity to prepare across all disciplinary lines to benefit our communities by enhancing an all-hazards approach to emergency preparedness and response.

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