

Pandemic Influenza Continuity of Operations Guide & Template For San Francisco City and County Agencies

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Provided by:

**San Francisco Department of Public Health
Communicable Disease Control and Prevention Section**

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

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

How to Use the Guide and Template

The Pandemic Influenza Continuity of Operations Guide and Template has been developed by the San Francisco Department of Public Health to assist city agencies think through critical issues related to pandemic influenza and create comprehensive plans to address these needs. Once finalized this plan should be folded into the agency's overall departmental continuity of operations and/or emergency response plan.

The content within the template is a launching point. It will be necessary to adapt the text to create a final document that accurately represents your organization. Start by modifying the content within brackets, filling out the annexes, and attaching the required information. As you move through the template you may find that certain issues important to your organization's ability to function are not addressed and you may wish to add sections or subsections to the template. Or, you may need to delete sections that are not applicable to your agency.

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

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

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

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GLOSSARY

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

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

1. PURPOSE & OBJECTIVES

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

Our [Agency's] objectives during a local pandemic influenza are the following:

1. Reduce transmission of the pandemic virus strain among our employees, clients, and partners.
2. Minimize illness among employees and clients.
3. Maintain mission-critical operations and services.
4. Minimize social disruptions and the economic impact of a pandemic.

2. SUPPORTING PLANS

The [Agency] has published several plans addressing emergency response and recovery. The Pandemic Influenza Continuity of Operations Plan will be implemented in conjunction with the following plans:

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

3. OVERVIEW & CONTEXT

3.1 PANDEMIC OVERVIEW

Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year, causing an average of 36,000 deaths annually in the United States. Seasonal influenza epidemics are caused by influenza viruses which circulate globally in humans. Over time, people develop some degree of immunity to these viruses, and vaccines are developed annually to protect people from serious illness. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus, to which there is no immunity. The new virus strain may spread rapidly from person to person and, if severe, may cause high levels of disease and death around the world. The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.

The worldwide public health and scientific community is concerned about the potential for a pandemic to arise from the widespread avian influenza A (H5N1) found in birds across several continents. Although many officials believe it is inevitable that future influenza pandemics will occur, it is impossible to predict the exact timing of their arrival. It is difficult to predict the severity of the next pandemic, if it will be associated with the current H5N1 strain or an entirely different strain, and whether the pandemic virus strain will be treatable with existing medicines.

There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies. Unlike other natural disasters, where any disruption to business service provision is likely to be infrastructure-related, disruption to business operations in the event of a pandemic is anticipated to be human and material oriented. A pandemic has the potential to cause illness in a very large number of people, overwhelm the health care system, and jeopardize services by causing high levels of absenteeism in the workforce. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last many months and affect many areas throughout the world simultaneously.

In a pandemic situation, the goal is to slow the spread of disease to prevent illness. The most effective strategy to accomplish this is through vaccination. However, it is likely that effective vaccines will not be available for many months following the emergence of a new pandemic strain of influenza. Existing antiviral medications may also not be effective or available. Other infection control strategies such as social distancing, improved hygiene and respiratory etiquette, isolation, and quarantine may be used to control the spread of disease.

3.2 ROLE OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The San Francisco City and County Health Officer has broad powers to address a pandemic influenza emergency. Under California law, a local health officer who believes a contagious, infectious or communicable disease exists within the territory under his or her jurisdiction "shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases" and to protect the public's health (California Health and Safety Code Section 120175).

The health department will be the lead agency in coordinating city/county wide public health and emergency medical response and will activate its Department Operations Center (DOC) and request the activation of the city-wide Emergency Operations Center (EOC) when a unified response is necessary.

The epidemiology of the new influenza virus strain and the current situation will influence the health department’s response. Specific guidance and policies, based on up-to-date intelligence, will be provided throughout each alert stage. Table 1 outlines the stages of San Francisco health department’s pandemic influenza management strategy and *potential* activities.

Table 1. San Francisco Department of Public Health’s Pandemic Management Overview

Alert Stage*		San Francisco Health Department <i>Overview of Possible Activities</i>
Yellow = Prepare	1. No new human-to-human transmissible virus	<ul style="list-style-type: none"> • Establish city agency Avian/Pandemic Influenza Task Force • Finalize health department pandemic influenza plan • Assist city agencies to develop pandemic influenza plans • Enhance internal disease control surveillance • Educate clinicians, businesses, organizations that serve populations with special needs, and the general public • Send Health Advisory to clinicians • Assist with training of city disaster service workers • Stockpile materials and medications
	2. Human-to-human transmissible virus identified outside local area	
Red = Respond	3. Few local cases	<ul style="list-style-type: none"> • Initiate city emergency response system • Share real-time accurate information with city agencies and public • Send Health Alert with clinical care guidance to clinicians • Carry out disease surveillance and control activities • Provide infection control guidance (e.g. isolation, quarantine, social distancing) • Coordinate distribution of medicines and/or vaccines as available
	4. Clusters of local case	
	5. Widespread Infection	
Green = Recover	6. Post-pandemic	<ul style="list-style-type: none"> • Resume routine operation, as able based on staffing • Assist employees and community in recovery • Evaluate response and update plans

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

1.3 ROLE OF [AGENCY]

During an influenza pandemic the [Agency] will be responsible for maintaining essential community services in line with its mission and supporting the public health response. The [Agency] will activate its DOC upon when unified internal response is necessary and communicate with the EOC upon activation. The [Agency] will maintain communications with the San Francisco Department of Public Health and will implement recommended procedures that promote the health and safety of employees and San Francisco’s residents and visitors. Table 2 details possible activities that the [Agency] will implement throughout the influenza pandemic alert stages.

Table 2. San Francisco [Agency’s] Pandemic Management Overview

Alert Stage	San Francisco Agency <i>Overview of Possible Activities</i>
Yellow = Prepare	<ul style="list-style-type: none"> • Participate in Avian/Pandemic Influenza Task Force Meeting • Establish necessary policies • Finalize pandemic influenza continuity of operations plan • Inform and train employees
Red = Respond	<ul style="list-style-type: none"> • Manage essential operations • Provide regular information updates to staff, partners, and clients/public • Activate infection control measures • Track employees who report ill
Green = Recover	<ul style="list-style-type: none"> • Resume normal city services, as able based on staffing • Assist employees and community in recovery • Evaluate response and update plans

4. PLANNING ASSUMPTIONS

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

Time period

- There may be less than six weeks of warning from the time the pandemic is announced before it reaches San Francisco.
- The time interval between alert stages may be rapid (ranging from days, to weeks, to months).
- The pandemic may last as long as eighteen months in several waves with mortality and morbidity increasing and decreasing sporadically.
- Waves of severe disease may last 1 to 4 months.

Prevention & Treatment

- A vaccine may not be available for at least 6 to 8 months after an influenza pandemic begins and supplies may be limited.
- Antiviral medicines may not treat or protect against the pandemic influenza virus strain.
- If effective, antiviral medications (e.g. Tamiflu) may be in very limited supply and their distribution may occur in phases.
- Infection control (e.g. respiratory etiquette, hand hygiene) strategies will be used to slow the spread of disease.
- Social distancing strategies (e.g. postponing public gatherings) may be used to control the spread.
- Isolation of ill people will be required.
- Quarantine of people exposed to ill people may be implemented until it can be determined that they have not been infected.

Staffing

- Up to 20-50% absenteeism from work from staff, vendors, and services within the community *may* occur.
- Absenteeism will be the result of workers becoming ill, staying home to care for children or family members, or refusing to go to work.
- Every person who becomes ill is likely to miss a few days to many weeks of work.
- In a severe pandemic 0.1% - 2.5% of workers who become ill may die.

Vendors of Services/ Products

- City services will be stressed, but will remain functional.
- Critical goods and services provided by contractors, consultants and vendors may be erratic.
- San Francisco may not be able to rely on mutual aid resources from state or federal agencies to support local response efforts.

5. PREPARE: STAGE 1, 2

NO NEW HUMAN-TO-HUMAN TRANSMISSIBLE VIRUS; NEW HUMAN TO HUMAN TRANSMISSIBLE VIRUS OUTSIDE OF LOCAL AREA

5.1 AUTHORITY & PROTOCOLS

- 5.1.1 Internal pandemic influenza continuity planning team.** Identify a continuity of operations plan coordinator and/or team with defined roles and responsibilities for preparing the continuity of operations plan. Review existing emergency plans. Draft the plan. Attach in *Annex 1: Pandemic Influenza Planning Team*

Tip

A pandemic can affect many areas of your Agency. Consider including leaders from various sectors like health and safety, security, communications, human resource to be part of your planning team. You may need to get input from others as well including employees, legal and labor representatives, clients, and vendors.

- 5.1.2 City Agency Task Force.** Designate leaders involved in planning to participate in the San Francisco Avian/Pandemic Influenza Task Force to assist in the development of a multi-discipline approach to continuity of operations preparedness.

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

Consider

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

- 5.1.4 Procedures.** Set up triggers and procedures for activating and terminating the response plan, altering operations, and other planning, response, and recovery activities. Attach in *Annex 2: Authority and Procedures*

- 5.1.5 Administration and logistics.** Set up a mechanism to maintain complete and accurate records to ensure a more efficient emergency response and recovery.

- 5.1.6 Test the plan.** Test the plan with key participants using a pandemic scenario and measurable objectives to ensure an effective and realistic plan. Make adjustments to the plan.

Tip

Several types of tests, including a tabletop exercise or simulation exercise, can be conducted find strengths and flaws in your plan.

5.2 OPERATIONS ASSESSMENT

- 5.2.1 Assess essential operations.** Identify essential services and operations required to maintain them. Attach in *Annex 3: Essential Operations*

Tip

Remember to incorporate the needs of special populations into your preparedness plan.

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

Consider

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

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

Consider

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

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

Consider

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

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

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

5.3 JOB FUNCTIONS

- 5.3.1 Essential job functions.** Identify essential job functions required to maintain operations during a pandemic if absenteeism equals 20-50%. Clearly document job actions (e.g. job action sheets with classification codes). Attach in *Annex 4: Essential Job Functions*

Consider

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

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

Consider

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

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

Tip

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

- 5.3.4 Reassignments.** Consider that staff may need to be reassigned to other city agencies/ departments. Assess how their job functions will be filled.
- 5.3.5 Telecommuting.** Identify which job functions could be done remotely during a pandemic. Enable employees and their alternates to work from home with appropriate security and network applications. Ask designated employees to test telecommuting tools.
- 5.3.6 Training.** Train employees how they will be expected to carry out the continuity plan. Cross-train employees so that they can fill essential job functions if needed.

Tip

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

5.4 PANDEMIC POLICIES

- 5.4.1 Employee leave.** Consult with the Department of Human Resources regarding emergency personnel policies that allow for employee compensation during absences due to factors such as personal illness, family member illness, trauma, isolation, quarantines, and/or public transportation closures. See *Annex 5: Pandemic Influenza Policies*

Consider

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

- 5.4.2. Flexible work.** Consult with the Department of Human Resources regarding emergency policies that allow for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts, extended shifts). See *Annex 5: Pandemic Influenza Policies*.
- 5.4.3. Health care.** Consult with the Department of Human Resources regarding employee access to healthcare services during a pandemic, and improve services as needed. Identify availability of internal medical and mental health consultation for emergency response. See *Annex 5: Pandemic Influenza Policies*.

- 5.4.4. Management of ill employees.** Develop a policy on the management of employees who become ill. See *Annex 6: Management of Ill Employees*.
- 5.4.5 Travel policies.** Prepare travel policies for possible travel restrictions. See *Annex 5: Pandemic Influenza Policies*.

5.4 PRODUCT AND SERVICE VENDORS

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

Tip

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

- 5.5.2 Stockpile critical supplies.** Supplement existing inventory with sufficient critical supplies to keep essential services functioning for 7 days or more.

- 5.5.3 Vendor continuity.** Discuss with product and service vendors their plan for ongoing services and/or shipments in the event of absences, shortages, or disruptions in transportation systems.

Tip

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

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

Tip

Look for geographic dispersion of vendors as some regions may be experiencing waves of illness at different times.

5.6 EMPLOYEE COMMUNICATION

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

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

Tip

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

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

Tip

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

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

Tools

English, Chinese, and Spanish avian and pandemic influenza fact sheets and other materials are provided by the health department (see *Annex 9*). These can be shared with employees. As more is known about the virus updated materials will be posted on the San Francisco Health Department's website (www.sfdph.org/cdcp).

5.7 INFECTION CONTROL & PREVENTION

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

Tip

- Hold a training on recognizing flu symptoms, hygiene measures, what to do if you think you are sick, and how to keep your family healthy.
- The San Francisco Health Department provides a variety of free hand washing and respiratory etiquette signs. See Annex 9 for order form.

5.7.2. Social distancing. Identify ways to modify the frequency and type of face-to-face contact (e.g. telecommuting, teleconferencing, no hand-shaking, limiting shared workstations) among employees and between employees and clients. Practice measures.

5.7.3. Personal protective equipment (PPE). Identify personal protective equipment needs (e.g. hand-hygiene products, masks) and procure necessary items. (San Francisco Department of Public Health to provide PPE guidance in August 2006.). Attach in *Annex 10: Infection Control*.

5.7.4 Workplace cleaning. Develop a protocol for cleaning work areas (standard cleaning and if someone becomes ill at the worksite) and stockpile necessary supplies. *Annex 10: Infection Control*.

5.8 CLIENT COMMUNICATION

5.8.1 Client information dissemination plan. Establish a plan for communicating with clients and the general public. Identify modalities that will be used to disseminate information (e.g. website, press releases, brochures). Include responsibility for developing and finalizing communications and authorizing dissemination. *Annex 8: Information Dissemination Plan*

5.8.2 Client Stage 1-2 (Prepare) communication. Inform clients of the [Agency's] Pandemic Continuity of Operations Plan and how regular service may change during a pandemic.

Tip

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

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

Tip

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

6. RESPOND: STAGE 3, 4, 5

FEW LOCAL CASES, CLUSTERS OF CASES, WIDESPREAD INFECTION

6.1 ACTIVATION AND COMMAND

- 6.1.1 Activate Stage 3-5 (Respond).** Follow protocol for activating a stage. Alert pandemic leaders and staff of change in pandemic status and activation of Stage 3-5 of the Pandemic Influenza Continuity of Operations Plan. Re-familiarize leaders and alternates of their duties.
- 6.1.2 Unified command.** Regularly the need for setting up a Departmental Operations Center (DOC) and make contact with the Emergency Operations Center (EOC).
- 6.1.3 Internal briefings.** Disseminate regular briefings.
- 6.1.4 External briefings.** Coordinate with city and local agencies to attend and/or receive important briefings (e.g. Avian/Pandemic Influenza Task Force, EOC).
- 6.1.5 Review continuity plan.** Regularly review and update the pandemic continuity of operations protocol and procedures to ensure that new issues are addressed.

6.2 OPERATIONS

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

6.3 JOB FUNCTIONS

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

6.4 PANDEMIC POLICIES

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

6.5. COMMUNICATION

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

Tip

Communicate regularly with staff to promote confidence in personal safety and the workplace. Throughout the event updated informational materials will be provided on the San Francisco Health Department website (www.sfdph.org/cdcp).

6.5.2 Inform product and service vendors. Inform suppliers and service vendors of change in Sage and any changes in supply/service needs. Utilize *Annex 7: Product and Service Vendors*.

6.5.3 Inform clients. Inform clients of any changes to services or products. Utilize *Annex 8: Information Dissemination Plan*.

6.5.4 Communication system. Activate and ensure that communication systems (e.g. teleconferencing, telecommuting, facsimile services, radio, internet) are in working order.

6.6 INFECTION CONTROL

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

Tip

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

6.6.2 Infection control products. Ensure that supplies of hygiene products (e.g. soap and/or hand sanitizer, hand towels) are available. (The San Francisco Department of Public Health will provide specific product recommendations in July 2006). See *Annex 10: Infection Control*.

6.6.3 Personal Protective Equipment (PPE). Follow San Francisco Department of Public Health guidance for city agencies regarding PPE use. Employees that routinely use PPE to perform their everyday job should continue to do so until notified otherwise. See *Annex 10: Infection Control*.

6.6.4. Social distancing. Follow San Francisco Department of Public Health recommendations regarding activation of social distancing strategies (e.g. telecommuting, teleconferences). See *Annex 10: Infection Control*.

6.6.5 Workplace cleaning. Arrange for appropriate office sanitation and immediate sanitation of work stations where staff report illness. See *Annex 10: Infection Control*.

Tip

Gain staff and client confidence by maintaining a healthy workplace.

6.6.6 Illness notification. Notify employees who they must inform if they become ill.

6.6.7 Illness reporting protocol. Follow the protocol for managing staff who become ill at work. Keep records of affected staff. See *Annex 6: Management of Ill Employees*.

6.6.8 Return to work. Activate process for employees who have been ill to return to work.

7. RECOVER: PHASE 6 POST PANDEMIC

7.1 ACTIVATION

- 7.1.1 Activate Stage 6 (Recovery).** Follow protocol for activating Stage 6 (Recovery). Alert leaders and staff to change in pandemic status and return to operations as normal.

Tip

Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response systems exist to manage standard ongoing activities without continued assistance from pandemic response systems.

7.2 OPERATIONS

- 7.2.1. Assess operations.** Assess the impact of the pandemic on the [Agency's] operations, personnel, clients, partners, and vendors.
- 7.2.1. Normal operations.** Manage the return to routine operations as able based on human and material resources.
- 7.2.3. Community recovery.** Identify community recovery needs and provide assistance.

7.3 PROCESS ASSESSMENT

- 7.3.1. Conduct evaluation.** Conduct an internal after action evaluation of the [Agency's] pandemic response. Participate in the City and County evaluation.
- 7.3.2. Update plans.** Update the Pandemic Influenza Continuity of Operations Plan and other emergency response plans as appropriate.

7.4. COMMUNICATION

- 7.4.1 Employee communication.** Notify employees about change in pandemic status, return to business as usual and any applicable policy changes. Utilize *Annex 8: Information Dissemination Plan*.

Tip

Ensure that employees have access to mental health services well after disease has dissipated.

- 7.4.2. Product and service vendor communication.** Notify product and service vendors of return to operations as usual. Utilize *Annex 8: Information Dissemination Plan*.
- 7.4.3. Client communication.** Notify clients and the general public of resumption of services. Utilize *Annex 8: Information Dissemination Plan*.

ANNEX

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

ANNEX 1: PANDEMIC INFLUENZA PLANNING TEAM

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

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

Regular Meeting Times:

Plan Completion Date:

Plan Exercise Date:

ANNEX 2: AUTHORITY & PROCEDURES

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

Tip

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

LEADERSHIP SUCCESSION

During an influenza pandemic, management of the agency is delegated to the following persons in the order of succession shown below:

1. Director, City Agency: _____
2. Deputy Director: _____
3. Deputy Officer: _____
4. Deputy Officer: _____
5. Deputy Officer: _____
6. Deputy Officer: _____
7. Deputy Officer: _____
8. Deputy Officer: _____

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

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

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

DELEGATION OF AUTHORITY

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

- All operational tasks normally performed by the Director.
- Expenditure approval consistent with established City and County of San Francisco procedure.
- Personnel task and work assignments.
- Policy level authority and decision making

PLAN ACTIVATION

The San Francisco Department of Public Health will alert city agencies of the emergence of a pandemic influenza strain internationally and locally. Updates on the spread of the virus in San Francisco (a few local cases, clusters of cases, and widespread infection) will be made regularly.

The [Agency] director or their appointee or successor activates the Pandemic Influenza Continuity of Operations Plan and the DOC when it is necessary to manage and coordinate a response. This decision will be made in consultation with key [Agency] and city partner leaders.

Internal sections and employees will be notified of the activation of a stage in the Pandemic Flu Continuity of Operations Plan. Notification will occur through the mechanisms outlined in Annex 8, Information Dissemination Plan.

[Insert additional protocols]

ANNEX 3: ESSENTIAL OPERATIONS

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

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

ROUTINE OPERATIONS

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

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

ESSENTIAL OPERATIONS

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

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

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

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

CUSTOMER/CLIENT DEMAND CHANGES

Tip

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

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

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

REGULATORY REQUIREMENTS

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

[Use the attached for to assess each operation carried out by the Agency and attach to Annex 3]

ROUTINE AND ESSENTIAL OPERATIONS

1. **Daily operation:** _____

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

3. **Description of operation:** _____

4. **Purpose of operation:**

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

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

Required Staff	
Number	Job Classification

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

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

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

- 20% _____
 35% _____
 50% _____

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

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

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

ANNEX 5: PANDEMIC POLICIES

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

1. Employee Leave

[Department of Human Resources to provide.]

2. Flexible Work

[Department of Human Resources to provide.]

3. Health Care

[Department of Human Resources to provide.]

4. Travel Policies.

[Department of Human Resources to provide.]

ANNEX 6: MANAGEMENT OF ILL EMPLOYEES

RESTRICT WORKPLACE ENTRY OF PEOPLE WITH INFLUENZA SYMPTOMS

During an influenza pandemic an effective way to limit the spread of disease is to ask infected individuals to remain home. During Stage 3-5 (Respond) the [Agency] will:

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

PROTOCOL FOR EMPLOYEES WHO BECOME ILL

- Draft (to be finalized in August 2006) -

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

Duties of health and safety staff:

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

person suspected of having influenza; and/or 3) ask contacts to go home, and stay home until advised otherwise.

9. Advise supervisor and human resources of employee absence and need for cover.
10. Check on the employee during his/her absence from work.
11. Encourage employees to return to work once they have recovered.

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

Details of affected employee

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

Details of Reporter

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

ANNEX 7: PRODUCT AND SERVICE VENDORS

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

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

PRODUCT/SERVICE VENDOR	
Company name:	_____
Address:	_____
Telephone:	_____
Fax:	_____
E-mail:	_____
Primary contact name:	_____
Alternate contact:	_____
Account/contract:	_____
Materials provided:	_____
Frequency of delivery:	_____
Notes:	_____

If this company is unable to provide materials/services they can be obtained from the following organization(s):	
Company name:	_____
Address:	_____
Telephone:	_____
Fax:	_____
E-mail:	_____
Primary contact name:	_____
Alternate contact:	_____
Notes:	_____

[Copy and attach additional forms.]

ANNEX 8: INFORMATION DISSEMINATION PLAN

Throughout Stages 1-6 the [Agency] will need to provide accurate and up-to-date information to key audiences. The information dissemination plan describes who will develop and authorize content, audiences, messages, and the information dissemination strategy.

RESPONSIBILITY AND AUTHORITY

Content Development

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

Name	Job Classification	Section/Unit	Contact Information	Primary/Alternate

Approves Content

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

Name	Job Classification	Section/Unit	Contact Information	Primary/Alternate

AUDIENCES

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

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

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

COMMUNICATION MESSAGES

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

Stage 1-2 (Prepare)

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

Stage 3-5 (Respond)

- Activation of Stage 3-5
- Updates on the status of the pandemic
- Policy changes
- Infection measures to be utilized at work
- Illness reporting
- Job reassignments
- Vendor product/supply needs
- Services available to the public

Stage 6 (Recover)

- Activation of Stage 6
- Updates on the status of the pandemic
- Job reassignments
- Policy changes

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

MODES OF DISSEMINATION

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

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

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

See attached:

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

[Modify table as appropriate.]

MODES FOR COMMUNICATING PANDEMIC INFLUENZA INFORMATION TO PRIMARY AUDIENCES

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

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

ANNEX 9: INFORMATIONAL MATERIALS

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

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

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

2. Pandemic Influenza: San Francisco City & County Preparedness

For recent versions see: see www.sfdph.org/cdcp and click on “Pandemic Flu” in the “Quick Links” column.

3. Pandemic Influenza Infection Control Strategies for Work & Home

Information sheet to be available on the San Francisco health department’s website by June 2006.

4. Personal and Family Disaster Kit

Information sheet to be available on the San Francisco health department’s website by June 2006.

5. Order form for free hand washing posters

Attached.



PANDEMIC INFLUENZA MATERIALS ORDER FORM
 SFDPH Communicable Disease Prevention Unit
 101 Grove Street, Room 408, SF, CA 94102
 tel. 415-554-2830 fax 415-554-2579
 www.sfdph.org
VALID FOR SAN FRANCISCO ONLY

FOR OFFICE USE:	
Date filled	_____
Filled by	_____
B/O	_____
Date filled	_____

Please **specify the quantity** and language of each item. Materials are free of charge. Shaded area indicates *not available* in that language. **Fax** your request to **415-554-2579** or mail to the above address. Allow two weeks for delivery.

Contact Information

Date of Request _____

Agency Name: _____ Phone # _____ Fax# _____

Contact Name: _____ Email _____

Mailing Address: _____ Zip code _____

English	Spanish	Chinese	Disease Prevention	
			Cover Your Cough <i>bilingual table tent; 4.25x11 folder</i>	784
			Germ-Free Zone <i>bilingual static cling, 8.5x11 (for classrooms)</i>	789
			Health Alert (<i>stop spread of germs information</i>) <i>bilingual static cling, 8.5x11</i>	783
			Stop Disease <i>multilingual static cling, 6x8</i>	780
			Wash Your Hands ~ Protect yourself. Prevent disease! <i>multilingual static cling, 6x9</i>	819



Wash your Hands



Germ-Free Zone



Stop Disease



Health Alert



Cover Your Cough

ANNEX 10: INFECTION CONTROL

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

HYGIENE

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

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

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

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

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

SOCIAL DISTANCING

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

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

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

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

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

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

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

INFECTION CONTROL SUPPLIES

Increased use of infection control supplies may be advisable during an influenza pandemic (The San Francisco Health Department will provide guidance in July 2006). The following infection control supplies are regularly available and may be needed by employees during a pandemic.

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

WORKPLACE CLEANING

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

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

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

RECOMMENDED WORKPLACE DISINFECTANTS

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