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SANTA ROSA COUNTY

PANDEMIC FLU PLAN

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SANTA ROSA COUNTY PANDEMIC FLU PLAN

I. INTRODUCTION

A. PURPOSE

1. County Mission Statement

   Santa Rosa County will implement a comprehensive Pandemic Flu Plan in order to facilitate the continuity of governmental operations so as to provide necessary services to the citizens of the County in the event that a Pandemic strikes the Gulf Coast of Florida.

2. County Goals

   Santa Rosa is dedicated to ensuring that each and every member of our community has a safe and secure living and working environment. Achieving this goal will take the combined efforts of the County government, local businesses, and the citizens of the County. The Department of Health (DOH) is the proponent agency for Pandemic Flu response. The County plan is written to be an adjunct to, not a replacement for, the DOH plan.

3. National Goals

   The overarching strategic goals of the *Strategy* are to: (1) stop, slow, or limit the spread of disease; (2) mitigate disease, suffering, and death; and (3) sustain infrastructure and mitigate impact to the economy and the functioning of society. These goals are not sequential but mutually supportive. The objective of the *Strategy* is to accomplish all three goals, to whatever extent possible, at all times during a pandemic.

B. SCOPE

State, local, and tribal entities should have credible pandemic preparedness plans that address key response issues and outline strategies to mitigate the human, social, and economic consequences of a pandemic. They will initiate the request for the delivery and be primarily responsible for the distribution of medical countermeasures released from national stockpiles. States should be prepared to face challenges in the availability of essential commodities, demands for health care services that exceed existing capacity, and public pressure to enforce infection control measures in ways that may hinder the delivery of emergency services and supplies and exacerbate the economic repercussions of the pandemic. States, localities, and tribal entities should work to improve communication between public health departments and both private sector partners, such as health care facilities, community- and faith-based organizations, and clinical laboratories that are likely to be involved in the response to a pandemic. State, local, and tribal public health departments should coordinate their planning efforts with local Federal health care facilities. *(Ref 1; ch 6, pg 115)*

II. POLICIES

A. National Strategy for Pandemic Influenza

The President announced the *National Strategy for Pandemic Influenza (Strategy)* on November 1, 2005. The *Strategy* provides a high-level overview of the approach that the Federal Government will take to prepare for and respond to a pandemic, and articulates expectations of non-Federal entities to prepare themselves and their communities. The *Strategy* contains three pillars: (1) preparedness and communication; (2) surveillance and detection; and (3) response and containment. *(Ref 1: ch 1, pg 1)*

The National Response Plan

It is important that the Federal Government have a defined mechanism for coordination of its response. *The National Response Plan* (NRP) is the primary mechanism for coordination of the Federal Government response to terrorist attacks, major disasters, and other emergencies, and will form the basis of the Federal pandemic response.

Public Health Service (PHS) Act

Section 319(a) of the Public Health Service (PHS) Act (42 U.S.C. 247d), authorizes the HHS Secretary to declare a public health emergency and "take such action as may be appropriate to respond" to that emergency consistent with existing authorities. Appropriate action may include, as otherwise authorized, making grants, providing awards for expenses, entering into contracts, and conducting and supporting investigation into the cause, treatment, or prevention of the disease or disorder that presents the emergency. The Secretary's declaration also can be the first step in authorizing emergency use of unapproved products or approved products for unapproved uses under section 564 of the Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3), or waiving certain regulatory requirements of the Department, such as select agents requirements, or—when the President also declares an emergency—waiving certain Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) provisions. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.), the Federal Emergency Management Agency (FEMA), Department of Homeland Security, is authorized to coordinate the activities of Federal agencies in response to a Presidential declaration of a major disaster or emergency, with HHS having the lead for health and medical services. The President may also declare an emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.) *(Ref 2; App E, pg E30)*

Homeland Security Presidential Directive 5 (HSPD-5)

Management of Domestic Incidents, February 23rd, 2003. This directive establishes policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities.

Pursuant to the NRP, as the primary agency and coordinator for Emergency Support Function #8 (Public Health and Medical Services), the Secretary of Health and Human Services will lead Federal health and medical response efforts and will be the principal Federal spokesperson for public health issues, coordinating closely with DHS on public messaging pertaining to the pandemic. Pursuant to HSPD-5, as the principal Federal official for domestic incident management, the Secretary of Homeland Security will provide coordination for Federal operations and resources, establish reporting requirements, and conduct ongoing communications with Federal, State, local, and tribal governments, the private sector, and Non-Governmental Organizations (NGOs). In the context of response to a pandemic, the Secretary of Homeland Security will coordinate overall non-medical support and response actions, and ensure necessary support to the Secretary of Health and Human Services' coordination of public health and medical emergency response efforts. *(Ref 1: ch 1, pg 3)*

Homeland Security Presidential Directive 7 (HSPD-7)

Homeland Security Presidential Directive 7 (HSPD-7), DHS coordinates overall domestic incident management and Federal response procedures under the NRP and National Incident Management System (NIMS). Under the NRP, DHS is responsible for coordinating the protection of the Nation's critical infrastructure, and within the framework of Emergency Support Function #8 - Public Health and Medical Services (ESF #8) for the

deployment of available NDMS medical, mortuary, and veterinary response assets. *(Ref 1; ch 6, pg 115)*

Homeland Security Presidential Directive 8 (HSPD-8)

National Preparedness, December 17th, 2003. The purpose of HSPD-8 is to "establish policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal**,** establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities."

This Plan supports Homeland Security Presidential Directive 8 (HSPD-8) by identifying coordinated preparedness and response actions to combat pandemic influenza. All actions in this Plan emphasize collusion and coordination of effort between and among Federal, State, and local entities. The purpose of HSPD-8 is to establish “policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities.”

B. State Resolutions

The State of Florida “Influenza Pandemic Annex to the Emergency Operations Plan”, provides State guidance for dealing with a Pandemic.
Chapter 252, Florida Statutes:

- Allows Governor’s powers during state of emergency.
- Governor's authority delegated to Department of Community Affairs, Division of Emergency Management, for direction and control of emergency management.
- Allows Governor and Division to delegate authority to carry out critical functions to protect the peace, health, safety, and property.

Chapter 381, F.S. Section 381.0011, F.S. Department of Health- Communicable Disease and Quarantine

- Authorizes the department to administer and enforce laws and rules relating to control of communicable disease or unsafe conditions that threaten public health
- Authorizes the department to declare, enforce, modify, and abolish quarantine of persons, animals, and premises.
- Authorizes testing, treatment, closure, destruction and disinfection of persons, animals and premises.

Section 381.00315, F.S. Department of Health-Public Health Emergencies and Advisories

- Supplements the State Health Officer power, by adding authority to declare public health emergencies and issue public health advisories.

Section 110.504, F.S. State Agencies -Sovereign Immunity for State Officers and Employees

- Protects state employees who administer immunizations as part of their official duties.

Section 120.54, F.S. State Agencies

- Allows state agencies to adopt temporary emergency rules when there is immediate danger to public health, safety, or welfare without going through the normal rule making process.

Section 381.0012, F.S. Department of Health - Enforcement Authority

- Authorizes the department to maintain necessary legal action through judicial procedures and directs state and county attorney, law enforcement, and city and county officials upon request to assist the department to enforce the state health laws and rules.

C. County Resolutions
The County will follow the guidelines established in this document, the Santa Rosa County Pandemic Influenza Plan, in conjunction with the DOH Pandemic plan.

III. SITUATION

A. INCIDENT CONDITION

The Avian Flu is spreading across the globe in Asia, Africa and Europe. It has not yet reached North America. The mortality rate is high, although it appears to be mostly affecting those who work or live with poultry. The influenza virus can survive on surfaces for hours to days, depending on the surface, but it survives on hands for less than 5 minutes. Hand washing has been shown to reduce transmission of respiratory illness, in general, in the specific setting of military trainees, but there is no specific scientific evidence related to flu.

B. PLANNING FACTORS

1. Susceptibility to the pandemic influenza virus will be universal.
2. Efficient and sustained person-to-person transmission signals an imminent pandemic.
3. The clinical disease attack rate will be 30 percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
4. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
5. While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for treatment, this proportion may be higher in the next pandemic.
6. Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
7. Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.

8. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
9. Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well.
10. On average, infected persons will transmit infection to approximately two other people.
11. Epidemics will last 6 to 8 weeks in affected communities.
12. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

(Ref 1; ch 2, pg 25)

IV. CONCEPT OF OPERATIONS

A. LOCAL RESPONSE

1. County

   The County response will be in accordance with this plan and the Department of Health plan

2. Municipalities

   The Municipalities will enact their own plans, and work with the Santa Rosa County Department of Health and the Division of Emergency Management to coordinate resources, and implement policies needed to provide for the safety of their citizens and the continuity operations for key facilities and critical infrastructure.

Civil disturbances and breakdowns in public order might occur in several different situations: as health care facilities are overwhelmed with those seeking care and treatment for themselves or family members; as persons vie for limited doses of vaccines and antiviral medications; as supply-chain disruptions cause shortages in basic necessities; as individuals attempt to leave areas where outbreaks have occurred or where containment measures are in place, and, potentially, in border communities if neighboring countries are impacted. 9-1-1 emergency call centers and public safety answering points may be overwhelmed with calls for assistance, including requests to transport influenza patients.

Responsible elected officials, emergency management officials, public health officials, and members of the law enforcement and emergency response communities should then undergo training related to the execution of their plans and participate in exercises and other activities to ensure their ability to execute their plan if necessary. Such exercises will raise their awareness of the pertinent issues and initiate dialogue concerning issues such as interagency cooperation, incident command, and agency-specific roles and responsibilities during a pandemic influenza outbreak.

Understanding the Legal Framework

Because emergency management in public health emergencies will depend heavily on the effective use of relevant legal authorities, public health, law enforcement, and emergency management officials, and fire and EMS first responders will benefit from joint training on the legal authorities essential to effective response in public health emergencies *before* the emergency occurs. While significant progress has been made since the terrorist attacks on September 11, 2001, in establishing joint investigative protocols and linkages among the key components of public health, emergency

management, law enforcement, and emergency response communities, an influenza pandemic will present new challenges, and it is important that all concerned understand their roles and the governing legal authorities so that they can coordinate their efforts under a complex set of Federal, State, tribal, and local laws. Federal, State, local, and tribal governments should review their legal authorities to respond to an influenza pandemic, identify needed changes in the law, and pursue legislative action as appropriate.

Protecting Law Enforcement and Public Safety Personnel

Ensuring the health and safety of law enforcement officers and others who may be called upon to respond in a pandemic influenza outbreak or any other public health emergency is critical. The law enforcement and public safety community should take appropriate protective measures to minimize their risk of infection, and selected personnel should be provided training to ensure they are knowledgeable about these measures. Law enforcement personnel should obtain immunizations or other prophylaxis in accordance with the priorities established for the circumstance in the event quantities are limited.

Due to stresses placed upon the health care system and other critical functions, civil disturbances and breakdowns in public order may occur. Likewise, emergency call centers may be overwhelmed with calls for assistance, including requests to transport influenza victims. Local law enforcement agencies may be called upon to enforce movement restrictions or quarantines, thereby diverting resources from traditional law enforcement duties. To add to these challenges, law enforcement and emergency response agencies can also expect to have their uniform and support ranks reduced significantly as a result of the pandemic. Private sector entities responsible for securing critical infrastructure will face similar challenges. *(Ref 1: ch 1, pg 12)*

3. Local Government

Emergency Management

a. Implementation of GROOVE and Tracker as a communication platform to State.
b. Work with the DOH in the implementation of the DOH plan as well as those developed by municipalities, the School Board, Sheriffs Office, and local businesses, so long as they supplement the DOH plan.
c. Utilize local media to keep the public informed of preparedness and mitigation strategies.

Continuity of Operations

Agencies should have continuity plans to ensure essential services are provided if significant numbers of their employees become ill during the outbreak as well as if disruptions in other sectors they depend on occur. Ideally such plans should address issues such as the reassignment of personnel to perform critical functions, encouraging personnel to have plans to take care of their families while they are assigned to critical functions, and determining at what point it would be necessary to seek additional assistance. *(Ref 1; ch 8, pg 153-155)*

Delegation of Authority

Clearly pre-established delegations of authority are vital to ensuring that all organizational personnel know who has the authority to make key decisions in a COOP situation. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. *(Ref 1; ch98, pg 166)*

Unlike other potential COOP situations that occur without warning, organizations can plan for a pandemic. Under normal conditions, if employees are on annual or sick leave, alternates are normally designated to provide back-up in the staff member's absence. To supplement the current workforce for conditions of significant absenteeism associated with a pandemic, organizations may consider cross-training and preparing ancillary workforce members (e.g., contractors, employees in other job titles/descriptions, retirees) to maintain daily functionality in the presence of anticipated staffing shortages. *(Ref 1; ch 9, pg 169)*

Protecting Personnel during a Pandemic

All organizations, whether government or private sector, large or small, are supported by three primary assets: people, communications, and physical infrastructure. Unlike other catastrophic events, an influenza pandemic will not directly affect the communications or physical infrastructure of an organization, but an influenza pandemic *will* directly affect an organization's people. Therefore, it is critical that organizations anticipate the potential impact of an influenza pandemic on personnel, and consequently, the organization's ability to continue essential functions. As part of that planning, organizations will need to ensure that reasonable measures are in place to protect the health of personnel during a pandemic. *(Ref 1; ch 9, pg 169)*

Suggested implementation plans for continuation of critical functions of County government, and increased public safety include:

a. "Snow day" restrictions — the recommendation or mandate by authorities that individuals and families limit social contacts by remaining within their households — should reduce community transmission rates and would afford protection to households where infection has not yet occurred. How long and how effectively snow day restrictions can be maintained has not been determined and thus the value of such restrictions has not been quantified. For maximum effectiveness and to the extent possible, snow day restrictions should be maintained for at least two incubation periods, as defined by epidemiological analysis of the circulating pandemic strain. In the absence of definitive countermeasures (i.e., an effective vaccine), snow day restrictions will serve to disrupt but not stop community transmission of influenza. The uses of snow day restrictions during a pandemic will vary. They might be employed to decompress health care facilities by temporarily reducing the rate of new infections within an affected community. The optimal timing for the implementation of snow day restrictions has not been determined but should be tractable to modeling. The economic impacts of snow day restrictions could be quite large and should be weighed against the likely health benefits. *(ref 1; ch 6, pg 108)*

b. Implement a staggered work shift policy for all government offices. This will allow fewer persons to be in a confined location at the same time, it will also allow the public to access government services across a broader work day, decreasing traffic in public offices and work places.

c. Implement a firm hygiene plan to include frequent washing of common areas, i.e., phones, desks, door knobs, etc.

d. Promote and encourage social distancing

- Two ways of increasing social distance activity restrictions are to cancel events and close buildings or to restrict access to certain sites or buildings. These measures are sometimes called "focused measures to increase social distance." Depending on the situation, examples of cancellations and

building closures might include: cancellation of public events (concerts, sports events, movies, plays) and closure of recreational facilities (community swimming pools, youth clubs, gymnasiums). *(Ref: 4)*

e. Promote the use of tissues to cover mouths when coughing or sneezing, and discard tissues immediately after use. Have tissue boxes at the entrance of every public building where citizens must go to conduct business. Do not use/re-use cloth handkerchiefs. Wash hands frequently especially after coughing or sneezing.

f. Require the use of respirators for employees having frequent contact with the public (the minimum recommendation is a disposable particulate respirator. e.g. N95, N99 or N100), as well as gloves for those handling money or paper work as a regular part of their job.

g. Decrease number and frequency of meetings, allowing departments to do business by e-mail or phone instead of face to face.

h. Implement a stay at home policy for employees who are sick with any disease process that exhibits coughing or sneezing.

i. Employees working outdoors should avoid contact with animals, both living and dead, as the avian flu in its current state is capable of being passed to cats and other mammals. Report dead animals to Animal control.

j. Employees who work with animals should take precautionary measures such as the wearing of gloves and respirators, frequent hand washing, etc.

k. Collect, analyze, integrate, and report information about the status of hospitals and health care systems, critical infrastructure, and material requirements, to State via communication methods installed at the Division of Emergency Management.

l. Work with Santa Rosa County and municipal Chambers of Commerce to promote the development of Pandemic Flu plans by local businesses in order to facilitate the continuity of services for the citizens of Santa Rosa County.

m. Animal Services should develop a plan to deal with reports of dead birds, in case the Department of Health is overwhelmed with calls of this nature. The plan should include reporting criteria, ability to send to appropriate laboratories for evaluation, and disposal of dead birds/animals in cases where sending deceased animals to a laboratory is not applicable.

n. Department directors should have the authority to implement a work from home plan which will allow government work to be accomplished without exposing additional personnel to potential expose by having to work in the office.

- Facilitation of this plan would require personnel to have access to work computers from their homes via personal computers or County laptops
- If personal computers are used, then the computer department would need to safeguard the county computer system by adding firewall and anti-virus programs to home computers of those personnel authorized to work from home

o. The school Board should develop a plan that includes the following recommendations (Development begins July 7th, 2006). Close schools for as long

as possible, utilizing summer break as a make up period. The clinical attack rates for seasonal and pandemic influenza are highest among children. Closure of schools and targeted vaccination of children have demonstrated efficacy in diminishing community influenza rates. Modeling supports school closure as an effective means of reducing overall attack rates within communities and suggests that the value of this intervention is maximized if school closure occurs early in the course of a community outbreak. If necessary consider canceling the school year. Other options include:

- Work with School District to implement a split day plan to decrease the number of students in class at one time if school closing is not authorized, or the pandemic continues after the period of time passes that would save the school year by working through the summer. Prepare to hire substitute teachers to supplement faculty.
- Teach only classes that are necessary (i.e., no electives) in order to shorten the school day so as to implement the split day plan and decrease teacher work load.
- Provide information about how to decrease infection to students for dissemination at home.
- Enforce proper hygiene, and do not allow admittance to sick students.

(NOTE: Upon development of the School Districts Plan, section “o” will be deleted from this Plan)

p. Recommend to the DOH that vaccines be administered in accordance to guidelines recommended in the HHS Pandemic flu plan. *(Ref 2; App D, Table D-1) (Appendix 2)*

q. Recommend to the Sheriffs Office should develop a plan to protect members of the force, as well as a continuity of operations plan in order to provide the necessary deputies required to ensure public safety is maintained and critical facilities remain secured.

r. Rural Metro (EMS provider) and local Health Care facilities should be encouraged to develop plans that promote the protection of their employees, and continued operations of their respective facilities with full staffing.

s. Practice the responses in figure 1 below, and disseminate this information as widely as possible. (Ref 1, page 106)

Response	Individuals and Families	At School	At Work	Faith-Based, Community, and Social Gatherings
Be Prepared	Review Individuals and Families Planning Checklist www.pandemicflu.gov	Review School Planning Checklists www.pandemicflu.gov	Review Business Planning Checklist www.pandemicflu.gov	Review Faith-Based and Community Organizations Preparedness Checklist www.pandemicflu.gov
Be Aware	Identify trusted sources for information; stay informed about availability/use of anti-viral medications/vaccine	Review school pandemic plan; follow pandemic communication to students, faculty, and families	Review business pandemic plan; follow pandemic communication to employees and families	Stay abreast of community public health guidance on the advisability of large public gatherings and travel
Don't Pass it On	If you are ill--stay home; practice hand hygiene/cough etiquette; model behavior for your children; consider voluntary home quarantine if anyone ill in household	If you are ill--stay home; practice hand hygiene/cough etiquette; ensure sufficient infection control supplies	If you are ill--stay home; practice hand hygiene/cough etiquette; ensure sufficient infection control supplies	If you are ill--stay home; practice hand hygiene/cough etiquette; modify rites and religious practices that might facilitate influenza spread
Keep Your Distance	Avoid crowded social environments; limit non-essential travel	Prepare for possible school closures; plan home learning activities and exercises; consider childcare needs	Modify face-to-face contact; flexible worksite (telework); flexible work hours (stagger shifts); snow days	Cancel or modify activities, services, or rituals; follow community health social distancing recommendations
Help Your Community	Volunteer with local groups to prepare and assist with emergency response; get involved with your community as it prepares	Contribute to the local health department's operational plan for surge capacity of health care (if schools designated as contingency hospitals)	Identify assets and services your business could contribute to the community response to a pandemic	Provide social support services and help spread useful information, provide comfort, and encourage calm

Figure 1 – Individual, Family and Community Response to Pandemic Flu

Risk Management in Occupational Settings

Organizations developing specific strategies to protect personnel should consider the factors that contribute to overall risk -- including the patterns of social contact entailed by specific positions, the health risk of employees for complications related to influenza, and other forms of social risk — and the feasibility of interventions designed to reduce social contacts or interrupt disease transmission. After completing such an assessment, organizations can tailor interventions to the particular needs of individuals, based on their personal health risk and the roles they play within the organization. To the extent possible, organizations should individualize the implementation of risk reduction strategies.

There are two basic categories of intervention: (1) *transmission interventions*, such as the use of facemasks and careful attention to cough etiquette and hand hygiene, which may reduce the likelihood that contacts with other people lead to disease transmission; and (2) *contact interventions*, such as substituting teleconferences for face-to-face meetings, telecommuting, the use of other social distancing techniques, and the implementation of liberal leave policies for persons with sick family members, which may eliminate or reduce the likelihood of contact with infected individuals. Interventions will have different costs and benefits, and be more or less appropriate or feasible, in different settings and for different individuals. *(Ref 1; ch 9, pg 173)*

4. State and Local Law Enforcement
   a. County and city law enforcement will assist in population control at health care facilities and any location the DOH determines it will provide flu vaccines.

   b. In the event of a civil disturbance, including rioting or looting, State and local law enforcement will normally provide the first response pursuant to State and local law. Consistent with State law, the Governor may deploy National Guard as

needed to prevent or respond to civil disturbances. Mutual aid agreements, such as Emergency Management Assistance Compacts, may also be used to obtain assistance from both within States and from neighboring States. *(Ref 1; ch 8, pg 157)*

c. It is recommended that the Sheriffs office and municipality police departments develop flu plans to ensure continuity of operations.

5. Santa Rosa County Department of Health
Will follow their own Pandemic Flu Plan and guidelines/procedures outlined in the reference section (Para G) as they apply.

B. STATE RESPONSE

State and local law enforcement will normally provide the first response pursuant to State and local law. Consistent with State law, the Governor may deploy National Guard as needed to prevent or respond to civil disturbances. When State and local resources prove incapable of an effective response, the Federal Government can assist by providing Federal law enforcement personnel, and by directing the Armed Forces to assist in law enforcement and maintain order when legal prerequisites are met. Logistical and other support assistance can also be provided. *(Ref 1: ch 1, pg 12)*

State Quarantine

If necessary, State and local law enforcement agencies, with assistance from their State's National Guard as needed, will normally enforce quarantines or other containment measures ordered by State or local authorities. Customs and Coast Guard officers may assist in enforcing State quarantines at the direction of the Secretary of Health and Human Services. At the request of State and local authorities, if authorized under the Emergency Law Enforcement Assistance Act, and with appropriate deputations under Federal, State, and local law, Federal law enforcement officers can assist in State and local quarantine enforcement. If directed by the President pursuant to the Insurrection Act, the military may suppress domestic unrest associated with resistance to a State quarantine. *(Ref 1; ch 8, pg 158)*

The States, which enact quarantine statutes pursuant to their police powers, are primarily responsible for quarantine within their borders. *(Ref 1: ch 1, pg 12)*

Florida Department of Health

- Evaluate the process and outcome of individual and collective responses of all parties to an influenza pandemic.
- Take measures to improve or enhance its respective role in response capacity and research activities.
- All Offices, Divisions and Bureaus will prepare After Action Reports (AAR) and documentation as requested by Division of Emergency Medical Operations.

C. FEDERAL RESPONSE

The goals of the Federal Government response to a pandemic are to: (1) stop, slow, or otherwise limit the spread of a pandemic to the United States; (2) limit the domestic spread of a pandemic, and mitigate disease, suffering and death; and (3) sustain infrastructure and mitigate impact to the economy and the functioning of society. The center of gravity of the pandemic response, however, will be in communities. The distributed nature of a pandemic, as well as the sheer burden of disease across the Nation over a period of months or longer, means that the Federal Government's support to any particular State, Tribal Nation, or community will be limited in comparison to the aid it mobilizes for disasters such as earthquakes or hurricanes, which strike a more confined geographic area over a shorter period of time. Local communities will have to address the medical and non-medical effects of the pandemic with available resources. This means that it is essential for communities, tribes, States, and regions to have plans in place to support the full spectrum of their needs over the course of weeks or months, and for the Federal Government to provide clear guidance on the manner in which these needs can be met. *(REF 1: ch 1, pg 2)*

The response to an influenza pandemic could require, if necessary and appropriate, measures such as isolation or quarantine. Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of pandemic influenza patients prevents transmission of pandemic influenza by separating ill persons from those who have not yet been exposed. Quarantine is a contact management strategy that separates individuals who have been exposed to infection but are not yet ill from others who have not been exposed to the transmissible infection; quarantine may be voluntary or mandatory. The States, which enact quarantine statutes pursuant to their police powers, are primarily responsible for quarantine within their borders. The Federal Government also has statutory authority to order a quarantine to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession. Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic is on the list of specified communicable diseases for which Federal quarantine is available. *(Ref 1: ch 8, pg 12)*

D. MITIGATION

Local Responsibilities

1. Education and awareness training of local businesses and governmental agencies is paramount to having all participants understand their roles in the "big picture", should a flu pandemic affect the County.

2. Education has started with the inclusion of a, Pandemic Out break "Avian Flu" section in the annual County Disaster Guide.

State Responsibilities

Florida Department of Health (DOH) Promoting inter-pandemic routine influenza and pneumococcal vaccination to designated high-risk groups.

Federal Responsibilities

1. Identify inter-pandemic and pandemic period manufacturers/suppliers of influenza vaccine and antiviral drugs.
2. Develop contracts with manufacturers / suppliers, coordinating, and maintaining a secure supply of influenza vaccines and antiviral drugs.
3. Maintain quarantine stations.

E. PREPAREDNESS

Unlike many other catastrophic events, an influenza pandemic will not directly affect the physical infrastructure of an organization. While a pandemic will not damage power lines, banks, or computer networks, it has the potential ultimately to threaten all critical infrastructures by its impact on an organization's human resources by removing essential personnel from the workplace for weeks or months. Therefore, it is critical that organizations anticipate the potential impact of an influenza pandemic on personnel and, consequently, the organization's ability to continue essential functions. As part of that planning, organizations will need to ensure that reasonable measures are in place to protect the health of personnel during a pandemic.

The Federal Government recommends that government entities and the private sector plan with the assumption that up to 40 percent 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 for a few weeks on either side of the peak. Absenteeism will increase not only because of personal illness or incapacitation but also because employees may be caring for ill family members, under voluntary home quarantine due to an ill household member, minding children dismissed from school, following public health guidance, or simply staying at home out of safety concerns.

Public and private sector entities depend on certain critical infrastructure for their continued operations. Critical infrastructure encompasses those systems and assets that are so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, and national public health or safety. Critical infrastructure protection entails all the activities directed at safeguarding indispensable people, systems (especially communications), and physical infrastructure associated with the operations of those critical infrastructure sectors. Over 85 percent of critical infrastructure is owned and operated by the private sector. Therefore, sustaining the operations of critical infrastructure under conditions of pandemic influenza will depend largely on each individual organization's development and implementation of plans for business continuity under conditions of staffing shortages and to protect the health of their workforces.

Infection control measures are critically important for the protection of personnel. The primary strategies for preventing pandemic influenza are the same as those for seasonal influenza: (1) vaccination; (2) early detection and treatment; and (3) the use of infection control measures to prevent transmission. However, when a pandemic begins, a vaccine may not be widely available, and the supply of antiviral drugs may be limited. The ability to limit transmission and delay the spread of the pandemic will therefore rely primarily on the appropriate and thorough application of infection control measures in health care facilities, the workplace, the community, and for individuals at home.

Simple infection control measures may be effective in reducing the transmission of infection. There are two basic categories of intervention: (1) *transmission interventions,* such as the use of facemasks in health care settings and careful attention to cough etiquette and hand hygiene, which might reduce the likelihood that contacts with other people lead to disease transmission; and (2) *contact interventions,* such as substituting teleconferences for face-to-face meetings, the use of other social distancing techniques, and the implementation of liberal leave policies for persons with sick family members, all of which eliminate or reduce the likelihood of contact with infected individuals. Interventions will have different costs and benefits, and be more or less appropriate or feasible, in different settings and for different individuals. *(Ref 1: ch 1, pg 13)*

1. Local Government

Local pandemic preparedness plans should address the implementation and enforcement of isolation and quarantine, the conduct of mass immunization programs, and provisions for release or exception. *(Ref 1; ch 6, pg 130)*

a. Santa Rosa County, working in conjunction with the municipalities should be prepared to support the DOH in the event that they declare isolations, or quarantines to be in effect.
b. Emergency Management should utilize the State and Local Pandemic Influenza Planning Checklist as a guide for preparedness. *(See Appendix 1)*
c. Encourage full participation in preparedness by making available the checklists located at; http://www.pandemicflu.gov/plan/medical.html

d. The Health Care Planning checklist located at the above site is being distributed to Nursing/Retirement homes upon review of their Disaster Plans.

e. All hospitals should be prepared to treat patients with pandemic influenza (i.e., equipped and ready to care for: (1) a limited number of patients infected with a pandemic influenza virus, or other novel strain of influenza, as part of normal operations; and (2) a large number of patients in the event of escalating transmission of pandemic influenza). *(Ref 1; ch 6, pg 133)*

f. Citizens of Santa Rosa should keep their family pets in doors, especially cats.

g. Persons who work with animals should take precautionary measures like frequent hand washing and the wearing of protective materials e.g. gloves and masks.

Community Education

a. Educate the local community in advance of a pandemic.

b. Facilitate a coordinated community response with local responders (e.g., emergency, hospitals, and mortuary services) in advance of a pandemic.

c. Advise local businesses, schools, critical infrastructure about infection control/prevention, and operating with partial staff. *(Ref 3; C.1.p.2), pg 25)*

d. Convey local message points with the local PIO in coordination with the statewide PIO's messages:

- Infection control
- Medical care utilization for the public
- Review and discuss rumors heard on a frequent schedule during intense phase.
- Arrange for closed-door briefings of local political leadership to advise them of the response.

e. Promote good hygiene practices.

f. Establish a call center to answer citizens' questions about the pandemic.

g. Initiate daily conference call with key medical, fire, law enforcement and other groups as identified.

h. Clearly identify population centers of hard to reach groups and persons with disabilities. Use citizen and other community assets to identify illness in these groups.

i. Continue to get reports from all partners on their response capability as identified by the Regional Domestic Security Task Force (RDSTF).

j. Consider community quarantine measures such as suspension of group meetings and schools if area is severely impacted.

F. RECOVERY

Local Government
The County will utilize every resource at its disposal to maintain a functional government and continue to provide necessary services and resources to the citizens of Santa Rosa. This can only be accomplished with the cooperation of local businesses, municipalities, and non-BOCC County agencies.

a. Continue with public service announcements to provide citizens with up to date information on the recovery process i.e. what businesses are open, status of any governmental business hour changes, changes in population control measures etc.

b. As quickly as possible reestablish normalcy of government, and local businesses by working with the Chambers of Commerce.

County Health Departments:

a. Demobilize mass clinic operations.

b. Create an After Action Report (AAR) and update plans

c. Return to normal operations.

d. Recommend post-pandemic studies to assist the State in evaluations of the pandemic influenza response capacity including medical, scientific, and technical aspects.

G. REFERANCES

1. National Strategy for Pandemic Influenza Implementation Plan
2. HHS Pandemic Flu Plan (November 2005)
3. Influenza Pandemic Plan for State of Florida Department of Health, Version 9.1, 2005 – 2006
4. http://www.globalsecurity.org/security/ops/hsc-scen-3_flu-pandemic-distancing.htm
5. http://www.pandemicflu.gov/plan/tab2.html

This Plan utilized the above references heavily during development, and where possible the above resources were referenced accordingly.

APPENDIX 1 (Ref 5)

Pandemic Flu checklist for State and local planning omitted. Information can be found at: http://www.pandemicflu.gov/plan/statelocalchecklist.html

APPENDIX 2 (Ref 2, pages 62, 63)

Table D–1: Vaccine Priority Group Recommendations*

Tier	Subtier	Population	Rationale
1	A	■ Vaccine and antiviral manufacturers and others essential to manufacturing and critical support (~40,000) ■ Medical workers and public health workers[2] who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators (8-9 million)	■ Need to assure maximum production of vaccine and antiviral drugs ■ Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand.
	B	■ Persons ≥ 65 years with 1 or more influenza high-risk conditions, not including essential hypertension (approximately 18.2 million) ■ Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension (approximately 6.9 million) ■ Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year (740,000)	■ These groups are at high risk of hospitalization and death. Excludes elderly in nursing homes and those who are immunocompromised and would not likely be protected by vaccination
	C	■ Pregnant women (approximately 3.0 million) ■ Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine (1.95 million with transplants, AIDS, and incident cancer x 1.4 household contacts per person = 2.7 million persons) ■ Household contacts of children <6 month olds (5.0 million)	■ In past pandemics and for annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive vaccine. ■ Vaccination of household contacts of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.
	D	■ Public health emergency response workers critical to pandemic response (assumed one-third of estimated public health workforce=150,000) ■ Key government leaders	■ Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities ■ Preserving decision-making capacity also critical for managing and implementing a response

Table D–1. Continued

Tier	Subtier	Population	Rationale
2	A	■ Healthy 65 years and older (17.7 million) ■ 6 months to 64 years with 1 high-risk condition (35.8 million) ■ 6-23 months old, healthy (5.6 million)	■ Groups that are also at increased risk but not as high risk as population in Tier 1B
	B	■ Other public health emergency responders (300,000 = remaining two-thirds of public health work force) ■ Public safety workers including police, fire, 911 dispatchers, and correctional facility staff (2.99 million) ■ Utility workers essential for maintenance of power, water, and sewage system functioning (364,000) ■ Transportation workers transporting fuel, water, food, and medical supplies as well as public ground public transportation (3.8 million) ■ Telecommunications/IT for essential network operations and maintenance (1.08 million)	■ Includes critical infrastructure groups that have impact on maintaining health (e.g., public safety or transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions
3		■ Other key government health decision-makers (estimated number not yet determined) ■ Funeral directors/embalmers (62,000)	■ Other important societal groups for a pandemic response but of lower priority
4		■ Healthy persons 2-64 years not included in above categories (179.3 million)	■ All persons not included in other groups based on objective to vaccinate all those who want protection

*The committee focused its deliberations on the U.S. civilian population. ACIP and NVAC recognize that Department of Defense needs should be highly prioritized. DoD Health Affairs indicates that 1.5 million service members would require immunization to continue current combat operations and preserve critical components of the military medical system. Should the military be called upon to support civil authorities domestically, immunization of a greater proportion of the total force will become necessary. These factors should be considered in the designation of a proportion of the initial vaccine supply for the military.

Other groups also were not explicitly considered in these deliberations on prioritization. These include American citizens living overseas, non-citizens in the U.S., and other groups providing national security services such as the border patrol and customs service.