

Minnesota Department of Public Safety
Division of Homeland Security and
Emergency Management (HSEM)



Local Jurisdiction
Service Continuation Planning Guide
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Chapter One - General Provisions and Guidelines

The State of Minnesota explored incorporating pandemic planning into current Continuity of Operations plans. It was determined that pandemic planning presents unique differences from current Continuity of Operations templates. Instead of loss of physical structures, we are faced with reduction of workforce and significant human health concerns in the workplace environment. Due to these particular circumstances, the State of Minnesota developed the concept of “Service Continuation.” This document describes this approach.

I. Introduction

A pandemic occurs when a disease spreads rapidly, affecting most countries and regions of the world. Influenza pandemics have occurred periodically throughout history, including a major pandemic in 1918, and smaller pandemics in 1957 and 1968. The symptoms of pandemic influenza are similar to those of seasonal influenza, but are usually more severe.

Influenza viruses are constantly changing, producing new strains. Influenza pandemics occur when a virus emerges that is so different from previous strains that few, if any, people have any immunity to it. This difference allows the new virus to spread widely and rapidly, potentially affecting millions of people worldwide. The new virus may be the result of an animal virus, usually from a bird, mutating so that it can infect humans or re-assort with a human virus to produce a new strain.

There are differences between pandemic influenza and seasonal influenza.

A. Seasonal Influenza

- Occurs every year from October to April.
- Affects up to about 10% of the population.
- For most previously healthy people, seasonal influenza is an unpleasant but not life-threatening infection.
- The very young, the very old, and people with certain chronic illnesses are most at risk for serious illness.
- Annual vaccination is available.
- Antiviral drugs are available to treat those at special risk.

B. Pandemic Influenza

- Has occurred three times in the last 90 years.
- Can occur at any time of the year.
- Is typically a more serious infection for everyone.
- People of every age may be at risk of serious illness.
- A vaccine probably won't be available until four to seven months after a pandemic starts. When a vaccine does become available, the aim will be to immunize people as rapidly as possible as vaccine supplies become available.
- Antiviral drugs are likely to be in limited supply.

Vaccination against seasonal influenza will not protect against pandemic influenza. However, getting your annual flu shot is one of several things you can do to keep yourself healthy, and may help you fight off the pandemic virus.

In 1918, pandemic influenza spread across the country in less than a month. Now, in the era of international air travel, a pandemic will probably spread even faster. As a result:

- Many people will get sick with influenza.
- There will be a huge demand for health care services.
- Many aspects of daily life will be disrupted.
- The overall workforce available will be reduced due to illness

The World Health Organization (WHO), Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and the Minnesota Department of Health (MDH) are watching for the first signs of an emerging pandemic.

The WHO has established six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities. These phases are:

Table 1. WHO Pandemic Phases and Corresponding Management Strategies

Phase	Description	Strategy
Inter-pandemic	Normal conditions (period of time between pandemics)	General preparedness. Seasonal influenza vaccine.
Phase 1	No new influenza virus subtypes have been detected. If present in animals, the risk of human infection or disease is considered to be low.	Strengthen preparedness.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal subtype poses a substantial risk of human disease.	Minimize the risk.
Pandemic Alert Period		
Phase 3 (Current Phase)	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	The WHO recommends that unaffected geographic locations limit, wherever possible, the entry of affected poultry and wild birds. Early detection, notification and response.

Phase 4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.	Containment.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Gain time to implement response measures.
Phase 6	Pandemic: increased and sustained transmission in general population.	Minimize pandemic impact.
Post-Pandemic Continuity	Recovery.	

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The State of Minnesota has taken the WHO's Pandemic Phases and developed corresponding Minnesota Response Phases. Each Minnesota Response Phase has a Lead Technical Agency which leads the state's response efforts.

Table 2. Lead Technical Agencies by Minnesota Response Phase

Minnesota Response Phase	Type of Transmission	Lead Technical Agency
Inter-Pandemic Period (period of time between pandemics)		
1	Avian to avian	Board of Animal Health Department of Agriculture Department of Natural Resources
2	Avian to avian	Board of Animal Health Department of Agriculture Department of Natural Resources
Pandemic Alert Period		
3	Limited human infection but not spread human to human	Minnesota Department of Health
4	Limited human-to-human transmission	Minnesota Department of Health

5	Significant human-to-human transmission	Minnesota Department of Health
Pandemic Period		
6	Sustained human-to-human transmission	Minnesota Department of Health

II. Pandemic Planning Assumptions

The assumptions listed below should be used when developing the Local Jurisdiction Pandemic Service Continuation Plan.

- A. A pandemic could last 6-8 weeks and include several waves over the course of a year.
- B. Up to 30 percent of the workforce could be out sick during a pandemic. Absenteeism could reach 40 percent during the peak of a pandemic. People may decide to stay home to care for family members or for children when schools are closed. Fear of exposure may lead to lower rates of absenteeism before an actual outbreak begins.
- C. Employer flexibility will be necessary and might include staggered shifts, expansion of physical space between work stations, or allowing employees to work from home.
- D. Leave policies may need to be flexible.
- E. Employees may need personal protective equipment (PPE) to maintain priority service functions. This requires implementation of PPE policies and procedures and ensuring the required training and fit testing is done.
- F. Availability of supplies will be limited because of hoarding, combined with limited production and transportation limits.
- G. Administrative rule waivers and alternate service delivery systems may be necessary to maintain priority service functions. Local jurisdictions should develop policies for reduced service delivery.
- H. Community buildings may need to be used as alternate care facilities and standards of care may need to be adjusted when hospitals are overwhelmed. Local jurisdictions need to make sure they can staff existing health care facilities before establishing alternate health care facilities. (Ensure that these alternate sites can be staffed locally prior to opening. Make sure that the facility owners/operators know they are in the local plan.)

- I. Up to two percent of the 30 percent who fall ill may die. This rate could overwhelm mortuary and burial services. Local jurisdictions may need to assist local mortuary services.
- J. Assistance from outside organizations, county, state and federal government will be limited.

III. Prioritization of Services

The ability of local jurisdictions to provide services will be impacted during a pandemic and demand for those services will increase. It is necessary for local jurisdictions to clearly identify the level of service they intend to provide throughout the Minnesota Response Phases. Those phases are outlined above in Table 2 and discussed more in depth in the State of Minnesota’s Emergency Operations Plan (MEOP) Avian and Pandemic Influenza Supplement.

Local jurisdictions should consider the following factors when determining priority service levels:

- Health, welfare and safety of employees;
- Health, welfare and safety of citizens;
- Economic impact of not providing service;
- Impact of performing (or not performing) services;
- Ability to provide services during a pandemic; and
- Availability of alternate methods of delivering services.

Note: During a pandemic, the entire workforce is impaired and there will not be “extra help” readily available.

Using the “local priority service goals” and or mission statement that the Pandemic Flu Committee developed per Chapter Two, I.A. of this document, agencies should assign one of the following priority service levels to each of the services they provide:

A. Priority Service One (Immediate threat to public health, safety or welfare)

Activities that must remain uninterrupted. Generally, these would include agencies and facilities that operate 24 hours a day and/or 7 days a week. (If the service closes on a weekend or holiday, it is not a Priority Service One function.)

- | | |
|---|---|
| • Patient care at regional treatment centers or nursing care facilities | • Emergency and disaster response functions |
| • Correctional facility operations and security | • Snow removal from roadways |
| • Fire suppression | • Emergency road repair |
| • Law enforcement; patrol | • Maintaining building HVAC systems |
| • Emergency medical operations | • Emergency Operations Center staffing |
| • Water treatment operations | • Security |
| | • All dispatch centers |

B. Priority Service Two (Direct economic impact, constitutionally or statutorily mandated time frames, or civil disorder may develop if not performed in a few days)

Activities that can be disrupted temporarily or might be periodic in nature, but must be re-established within a few days.

- Processing payroll
- Payment to vendors
- Benefit payment to individuals
- Workers compensation
- Legal services
- Phone and internet communication services
- City Council/County Commissioner meetings
- Emergency procurements and contracting
- Insurance payments
- Disaster recovery assistance
- Time sensitive inspections for construction activities
- Emergency equipment repair
- Cleaning and disinfecting facilities during a pandemic

C. Priority Service Three (Regulatory services required by law, rule or order that can be suspended or delayed by law or rule during an emergency)

Activities that can be disrupted temporarily (a few days or weeks) but must be re-established sometime before the pandemic wave is over (<6 weeks).

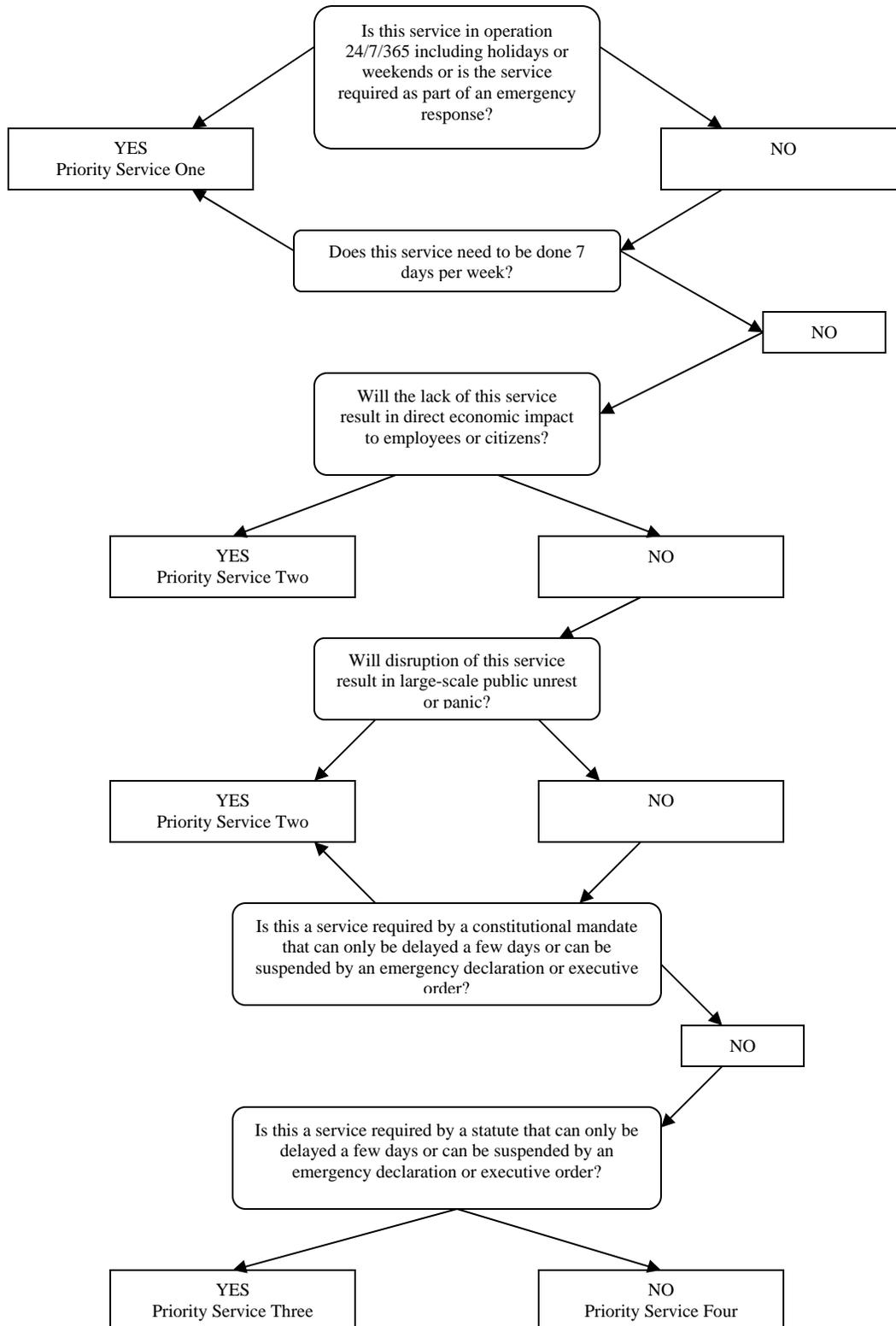
- Collective bargaining with labor unions
- License renewals
- Vehicle registration
- Recording land transactions
- Maintaining websites for information
- Employee right-to-know program
- Filling job vacancies
- General inspections services (not time sensitive)
- Project management
- Vehicle maintenance services
- Grant and contract management
- Shipping and receiving
- Investigation of complaints
- Mail services
- Issuing building permits

D. Priority Service Four (All other services that could be suspended during an emergency and are not required by law or rule)

Activities that can be deferred for the duration of a pandemic influenza wave (6-8 weeks).

- Educational programs
- Training
- General maintenance programs
- Reception desks
- Internal audit
- Records retention
- Crime and fire prevention programs
- Grounds maintenance (lawn mowing)
- Youth service programs
- Financial analysis
- Research
- General education and outreach programs

Pandemic Priority Service Continuation Determination Matrix



Local Government Service Continuation Priorities Example Worksheet

Each Department of a jurisdiction should complete a priorities sheet that can be rolled up into an overall master priorities listing

Priority Level	Service Description	Minimum Staff Req.	Staff Available w/Reallocation	Outside Assistance Required	Special Skills Required
1	Fire uppression	8	15	No	Yes
1	911 Communications Dispatching	10	4	Yes	No
1	Emergency Medical Service Transportation	20	1	Yes	Yes
1	Hospital Services	1	4	No	Yes
1	Jail Operations	30	33	Maybe	Yes
1	Water Treatment Operations	1	0	Yes	Yes
1	Roadway Snow Removal	6	7	Yes	Yes
1	Emergency Operations Center Staffing	10	12	Maybe	Yes
2	Accounts Payable/Receivable	8	6	No	Yes
2	Insurance Payment and Claim processing	2	5	Maybe	Yes
2	Employee Payroll	1	2	No	Yes
2	Vendor Payments	1	2	Yes	Yes
2	Time-Sensitive Inspections During Construction.	2	5	Maybe	Yes
2	Emergency Equipment Repairs	2	2	Yes	Yes
2	HVAC System Operations and Repairs	1	1	Yes	Yes
3	Issuing Permits	1	N/A	N/A	N/A
3	Vehicle Maintenance Services	2	N/A	N/A	N/A
3	Grant Reporting Requirements	2	N/A	N/A	N/A
3	Mail Services	1	N/A	N/A	N/A
4	Training & Outreach Programs	1	N/A	N/A	N/A
4	Internal Audits	2			N/A
4	Office Administration Support	4	N/A	N/A	N/A
4	Fire and Crime Prevention Programs	2	N/A	N/A	N/A
Services Required to be Provided by Others					
1	Fuel Deliveries for Vehicles and Heating.	Outside Dependency	0	Yes	Yes
1	Web Connectivity and Internet Connectivity	1	0	Yes	Yes
1	Chemical Deliveries for Water Treatment	Outside Dependency	0	Yes	Yes

The following chart provides jurisdictions with the State of Minnesota’s initial plan for service delivery based on the current MN Response Phases

Table 2: Anticipated Minnesota Service Delivery Chart

MN Response Phase	Description	Local	State Emergency Response	State Government Services
1	Low risk of human cases	Anywhere	none	<ul style="list-style-type: none"> ▪ Normal service delivery
2	Higher risk of human cases	Anywhere	none	<ul style="list-style-type: none"> ▪ Normal service delivery
3	No or very limited human-to-human transmission	Outside of Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ Review status of state agencies’ service continuation plans ▪ Elevate state agencies to heightened alert status ▪ State is put on ready-status ▪ Convene sub-cabinet briefing ▪ Coordinate briefings for state agencies and local partners ▪ Schedule media briefings and news conferences 	<ul style="list-style-type: none"> ▪ Normal service delivery ▪ Pandemic Planning ▪ Employee training regarding pandemic plan
3	No or very limited human-to-human transmission or Avian Influenza (highly pathogenic H5N1) detected in Minnesota	In Minnesota	<ul style="list-style-type: none"> ▪ Activate SEOC including the JIC and Information Hotline ▪ Conduct daily briefings for local partners and provide situation reports ▪ Schedule daily news releases and media briefings ▪ Activate a National Guard planning cell in the SEOC 	<ul style="list-style-type: none"> ▪ Agencies with direct Avian Flu responsibilities respond per state emergency plan ▪ Normal service delivery ▪ Travel restrictions to impacted areas
4	Evidence of increased human-to-human transmission	Outside of Minnesota	<ul style="list-style-type: none"> ▪ Declare a state of emergency in counties where exposure exists ▪ Department of Health - Lead Technical Agency ▪ Review status of state agencies’ service continuation plans ▪ Elevate state agencies to heightened alert status ▪ Convene sub-cabinet briefing ▪ Coordinate briefings for state agencies and local partners ▪ Schedule media briefings and news conferences 	<ul style="list-style-type: none"> ▪ All agencies review and update Service Continuation Plan ▪ All agencies monitor centralized communications ▪ Normal service delivery ▪ Travel restrictions to impacted areas
4	Evidence of increased human-to-human transmission	In Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ Isolate/quarantine as necessary ▪ Declare a state of emergency in counties where exposure exists ▪ Activate SEOC including the JIC and Information Hotline ▪ Evaluate schedule of briefings and situation reports for local partners and increase as needed ▪ Schedule daily news releases and media briefings 	<ul style="list-style-type: none"> ▪ Agencies activate Service Continuation Plan ▪ All agencies monitor centralized communications ▪ Implementation of social distancing ▪ Travel restrictions to impacted areas
5	Evidence of significant human-to-human transmission	Outside of Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ To be determined 	<ul style="list-style-type: none"> ▪ Normal service delivery ▪ All agencies monitor centralized communications ▪ Travel restrictions to impacted areas
5	Evidence of significant human-to-human transmission	In Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ Declare State of Emergency for necessary counties, possibly for the entire state ▪ Re-direct state resources ▪ Implement infection control strategies internally and statewide ▪ Request Strategic National Stockpile if needed 	<ul style="list-style-type: none"> ▪ Follow agency Service Continuation Plan ▪ All agencies monitor centralized communications ▪ Service delivery with priority focus between pandemic waves ▪ Travel restrictions to impacted areas

MN Response Phase	Description	Local	State Emergency Response	State Government Services
6	Efficient and sustained human-to-human transmission	Outside of Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ To be determined 	<ul style="list-style-type: none"> ▪ Activate Agency Service Continuation Plan ▪ Normal service delivery ▪ All agencies monitor centralized communications ▪ Travel restrictions to impacted areas
6	Efficient and sustained human-to-human transmission	In Minnesota	<ul style="list-style-type: none"> ▪ Department of Health - Lead Technical Agency ▪ Declare statewide State of Emergency ▪ Close school and other public gathering places ▪ Limit public transportation ▪ Evaluate method of news conferences and new briefings ▪ Re-direct state resources ▪ Request Strategic National Stockpile if needed ▪ Request assistance of the Emergency Management Assistance Compact (EMAC). 	<ul style="list-style-type: none"> ▪ Follow Agency Service Continuation Plan ▪ Service delivery with priority focus between pandemic waves ▪ Reallocation of state agency resources to meet priority services

Chapter Two – Establishment of a Jurisdictional Pandemic Flu Committee

I. Jurisdictional Pandemic Flu Committee Responsibilities

A. Establish a Pandemic Flu Committee

Local Jurisdictions/Cities of the First Class should establish a Pandemic Flu Committee. This group should be comprised of human resources, emergency management, public health and any other key department heads.

The Jurisdictional Pandemic Flu Committee is tasked with developing “priority service goals” or what is commonly referred to as a mission statement that will be used to develop Priority Service Levels for the jurisdiction.

As an example, the State of Minnesota’s priority service goals include:

- Basic custodial care for residents of correctional facilities, regional treatment centers, nursing homes, veterans’ homes, and other state-operated services;
- Public safety and immediate public health concerns;
- Benefit payments and medical services to individuals; and
- Necessary administrative and support services.

B. Appoint and Define Department Pandemic Flu Coordinator

Each department in the jurisdiction should establish a Pandemic Flu Coordinator. The Department Pandemic Flu Coordinator will report to the Jurisdictional Pandemic Flu Committee. The Jurisdictional Pandemic Flu Committee establishes standard roles and responsibilities for the Department Pandemic Flu Coordinators. These duties include:

- Develop a “Priority Service Function Task List” to catalog needed and available employee resources.
- Define each position’s certification and training requirements;
- Update All Hazard Emergency Operations and Service Continuation plans;
- Define the department’s Priority Service Functions One through Four
- Re-allocate staff internally during a pandemic to ensure Priority Service One and Two functions are accomplished;
- If unable to re-allocate internal staff to accomplish Priority Service One and Two functions, request assistance from the Jurisdictional Pandemic Flu Committee;
- Compile and report absenteeism to the Jurisdictional Pandemic Flu Committee as requested; and
- Require the Department Pandemic Flu Coordinator to ensure agencies conduct exercises throughout the planning process.

C. Ensure Pandemic Influenza Plans are Updated

The committee will charge each department within the local jurisdiction/city of the first class to create/update its All Hazard Emergency Operations and Service

Continuation plan to include response to a possible pandemic. These plans must define in detail the operations, actions, services and structure of the department in the event of a pandemic influenza event.

D. Develop a Priority Service Function Task List

The committee will oversee the creation of a list of required skills needed by various departments in the event of a pandemic when personnel shortages and workload increases occur. Individual employee qualifications and certifications will be cataloged according to this list to facilitate the re-allocation of workers to other departments as needs arise to maintain Priority Service One and Priority Service Two functions.

E. Develop Service Continuation Communication Plan

The committee will develop a local jurisdiction service continuation communication plan. The plan will detail all aspects of communications within the operation of the local jurisdiction affected by the pandemic, including;

1. Accurate and prompt communications to local departments within the jurisdiction.
 - a) Include identification of key contacts (with back-ups) and chain of communications (including suppliers and customers).
2. Coordination of support services to agencies.
3. Media relations and public statements associated with the jurisdiction's service continuation.
 - a) Communication to public on what services will be provided by the jurisdiction during the pandemic.
4. Development of internal communications to employees.
 - a) It is likely there will be a high level of anxiety regarding a pandemic, contributing to increased work absence and/or increased distress to staff.

Suggested ways to manage includes:

- Communicate the possibility of a pandemic – and your organization's preparedness to manage it – very early to staff. Discuss with staff possible health and safety issues, potential for stand-down, and leave arrangements if staff are ill or need to look after those who are, or who have been "shut out" of childcare and school, etc.
- When activating your plan, provide clear, timely and proactive communications to staff, including how your organization is handling the situation.
- Develop and disseminate programs and materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans).
- Ensure that communications are culturally and linguistically appropriate (if applicable).
- Develop platforms (e.g., hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent

and timely way, including redundancies in the emergency contact system.

- Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g., vaccines and antivirals).

F. Activate Service Continuation Plan

The committee will need to establish a strategy for activating the jurisdiction's overall service continuation plan. The local jurisdiction's Pandemic Flu Committee will need to monitor absenteeism, proximity of outbreaks, and the State of Minnesota's Response Phase to determine when to activate their plan.

G. Re-Allocation of Personnel

The committee should establish a single point of contact (Human Resources?) to develop procedures to re-allocate the available resources by utilizing the "Priority Service Function Task List" list in order to accomplish Priority Service One functions during the pandemic. Do not appoint the local emergency manager to this function, as he or she will be engaged in many other aspects of the pandemic event response. If re-allocation can't be done at the local jurisdictional level, the local emergency manager can submit Priority Service One functions to the State Emergency Operations Center for potential assistance.

H. Define Service Continuation Planning Schedule (example)

10/01/06	Identify pandemic flu committee members.
11/01/06	Identify each department's pandemic flu coordinator.
12/01/06	Department service priority level (described in section IV) designation completed and submitted to local pandemic flu committee.
03/01/07	Final service committee plan adopted by department and submitted to the pandemic flu committee.
06/30/07	Incorporate pandemic influenza response in counties All Hazard Emergency Operations and Service Continuation plans.

II. Records

The type and frequency of data needed during a pandemic will be determined by the pandemic flu committee.

A. Daily/Weekly Attendance Reports

During a pandemic, agencies may be required to report employee attendance daily/weekly to the pandemic flu committee. Daily/weekly attendance reports may be necessary to track the impact of the pandemic, and to facilitate transfer of employees to priority services. Each jurisdiction should establish the schedule (including frequency) of the reports.

Chapter Three – Department Pandemic Flu Coordinator Requirements

I. Department Pandemic Requirements

Department level planning is essential to ensuring service continuation. The planning process should include input from employees and labor representatives.

A. Identify a Department Pandemic Flu Coordinator and/or Team

The Department Pandemic Flu Coordinator/Team will:

- Define position's certification and training requirements
- Update All Hazard Emergency Operations and Service Continuation Plans
- Re-allocate staff internally during a pandemic to ensure Priority Service One and Two functions are accomplished
- If unable to re-allocate internal staff to accomplish Priority Service One and Two functions, request assistance from Pandemic Flu Committee
- Compile and report absenteeism to Pandemic Flu Committee as requested

B. Pandemic Influenza Plans

The Department should create/update its Service Continuation plan to include response to a possible pandemic. The plan must define in detail the operations, actions, services and structure of the Department in the event of a pandemic influenza event.

C. Develop a “Priority Service Function Task List” to Catalog Personnel Attributes and Position Requirements

The Department Pandemic Flu Coordinator will oversee a census of current employees. The census will need to capture each employee's qualifications and certifications. This census will be used to re-allocate personnel during a pandemic. A list of positions with required certifications and duties will also need to be compiled.

- Do you have systems that rely on periodic physical intervention by key individuals, to keep them going? How long would the system last without attention?
- Is it possible to coordinate or operate your department “virtually” – that is, remotely, by using telephone and email?
- Who are the people required to manage your Service Continuation plan?

D. Service Continuation Communication Plan

The Department will follow the county/city Service Continuation Communication plan.

E. Re-Allocation of Personnel

The Department Pandemic Flu Coordinator will re-allocate available internal resources by utilizing the “Priority Service Function Task List” in order to accomplish Priority One and Two services during the pandemic. If unable to fulfill

Priority Service One and Two functions, move the request to the Pandemic Flu Committee's designee.

F. Training and Exercises

1. Train, Exercise, Evaluate, Implement

After the development of your Department's Service Continuation plan, train responders on the plan. Conduct exercises to validate the effectiveness of the plan. Evaluate and correct any deficiencies and incorporate improvements before implementation.

2. Develop Alternative Scenarios

Develop and plan for alternative scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic. This might include training your current employees in several areas of the Department or ensuring you have a pool of available workers outside the Department on call if need arises.

Chapter Four – Economic Impacts

I. Supplies and Supply Chains Considerations

A. Essential Supplies

Pandemic planning should consider the need for stockpiling essential supplies needed for Priority Service One and Two functions. Discuss needs with key suppliers to ensure a plan for regular shipments of essential supplies exists in the event of shortages or disruptions in transportation systems.

B. Supply Chains

1. Shortages may occur because of disruptions in transportation systems or inability of suppliers to meet demands because of their own staff shortages. Loss of up to 30 percent of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies.
2. There might also be restrictions at ports and airports where supplies are being shipped.
3. Supply lines may also be affected by self-imposed travel restrictions, with truckers/transporters unwilling to travel through or to infected areas.
4. Difficulties at border crossings may substantially affect supply lines. Consideration should be given to purchase of products made locally to avoid potential supply problems due to border crossing restrictions implemented at the time of the pandemic. Research this option prior to the pandemic.
5. International air movements may be disrupted in a pandemic, possibly affecting the delivery of imported goods, especially if they normally arrive in freight-holds of passenger aircraft.
6. Ensure that your distributors, suppliers, carriers and drivers are aware of alternate routes to your facility and those of your customers.

II. Jurisdiction Funding Impact Considerations

A. Determine the Potential Impact

An essential part of any Department's impact analysis is determining the potential effects of a pandemic on financials, using multiple possible scenarios that affect different organizational services. Financial impact analysis should include:

1. Estimates of the impact of decrease (e.g., licensing) or increase in consumer demand (e.g., health care).
2. Estimates of supply shortages (plan on the assumption that shortages will take place).
3. Estimates of the cost of employee work days lost (15 – 25 percent absenteeism, 7days/employee).
4. Costs associated with stockpiling and sufficient surge capacity for shortages in supply.
5. Costs associated with hygiene supplies.
6. Costs associated with implementation of alternate communications channels in case normal communication channels become unreliable or overloaded.

III. Travel Considerations

Determine the potential impact of a pandemic on Department-related domestic and international travel (e.g., quarantines, border closures).

It is possible that once efficient human-to-human transmission of a pandemic influenza occurs, certain countries may close their borders sporadically. Screening (with quarantine measures) could be established at borders. Agencies should consider postponing non-essential travel. Arrangements may also be necessary for employees who are stranded because borders are closed. If your staff does travel for Department reasons, your plan will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, MDH/CDC recommendations may be that if an individual had recently (within the last 14 days) traveled to countries known to be affected by the disease, the individual must follow current MDH/CDC recommendations regarding possible quarantine.

Departments should set up a process for ensuring that the employee has not become ill during the quarantine period and is healthy before allowing him/her to return to work.

- If isolation and/or quarantine is being recommended by MDH/CDC, the employee will be advised by MDH not to report for work for the recommended period as identified by MDH/CDC;

Chapter Five - Employee Health and Safety

I. Pandemic Influenza Infection Control/Containment Activities

A. General Principles

1. Protect the Health of Employees

Protecting the health of employees by reducing the possibility that they will be exposed to humans or animals infected with avian or pandemic influenza should be paramount in planning activities and should be prioritized over continuity of Department operations, unless those operations are essential to the health, welfare, and safety of Minnesota citizens.

2. Support Disease Containment Measures

The following disease containment measures may impact local jurisdictions:

- Isolation: restriction of movement/separation of ill/infected persons with a contagious disease;
- Quarantine: restriction of movement/separation of well persons who likely have been exposed to a contagious disease;
- Self-shielding: self-imposed exclusion from infected persons or those who may be infected (e.g., staying home);
- Social distancing: reducing interactions between people to reduce the risk of disease transmission; and
- “Snow” days: days on which offices, schools, transportation systems are closed or cancelled, as if there were a major snowstorm.

Of these measures, self-shielding is the most effective measure that can be taken at the individual level to prevent infection.

3. Enable Employees to Work from Home Whenever Possible

Business continuity measures (e.g., establishing web-based email capability, facilitating access to files and computer drives from home, and updating teleconference and videoconference capabilities) would help disperse the workforce while maintaining many business functions.

B. Reduce the Risk of Infected Persons from Entering the Workplace

It is important that employees and visitors are educated about the symptoms of influenza and do not enter the workplace if they are symptomatic. Workplace visitors should be strictly limited to those essential for the operation of Priority Service Functions.

C. Department Pandemic Flu Coordinators will Ensure

- Each work unit understands its responsibilities detailed in the department Service Continuation Plan.
- Employees receive information about pandemic influenza, including information regarding how to prevent transmission of the virus with hand hygiene, environmental cleaning, and social distancing via brochures,

newsletters, global emails, employee notice boards, and information included with pay stubs.

- Workers are cross-trained for Service Priority One and Two functions to increase capacity.
- Visual alerts are posted at all entry points to the facility, advising staff and visitors not to enter if they have symptoms of influenza.
- Adequate supplies of tissues, hand hygiene products (e.g., soap and water, paper towels, alcohol-based hand rubs), cleaning supplies, and surgical masks (for people who become ill at work) are available for employees.
- Visual alerts with key infection control messages (hand hygiene, covering coughs and sneezes, and social distancing) should be posted in the workplace (including entrances, notice boards, conference rooms, break rooms, and restrooms). For materials, please see: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/>
- Shared work areas such as desktops and tables, and frequently touched surfaces such as door handles, stair rails, etc., are cleaned and disinfected at least between shifts or more often if possible. Specialized cleaning solutions are not needed. Routinely used cleaning products (EPA-registered disinfectants, bleach solution) may be used.

Employee Pandemic Influenza Fact Sheet

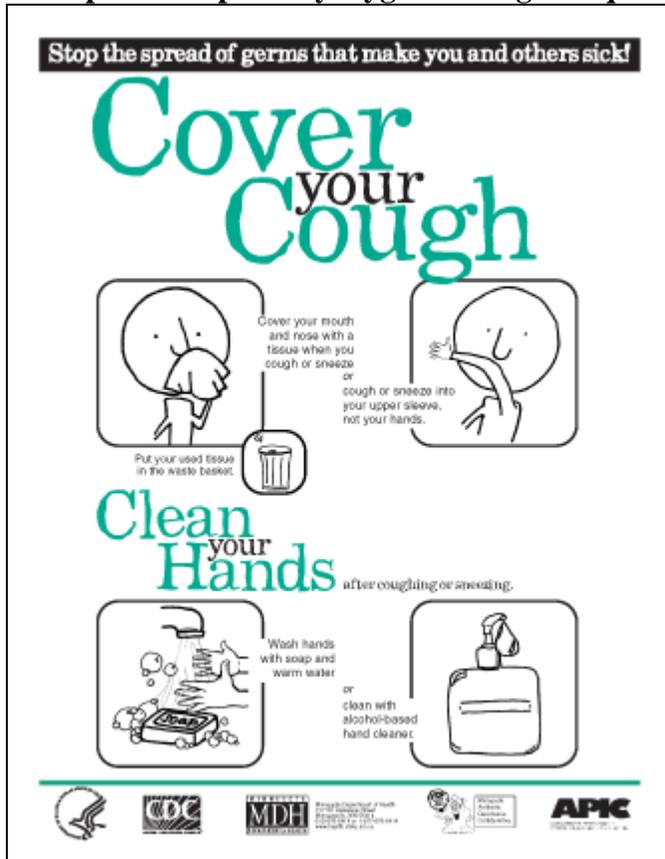
Advice for Employees

- Influenza is a respiratory disease that spreads easily from person to person.
- Do not come to work if you are ill, especially if you have any symptoms of influenza. The symptoms are fever, headache, fatigue or weakness, sore throat, cough, difficulty breathing, and muscle or joint aches and pains. These symptoms usually occur suddenly.
- Influenza is spread by coughs and sneezes, so cover your nose and mouth with a tissue or your upper arm when you are coughing, sneezing or blowing your nose. Throw used tissues away and clean your hands immediately.
- Influenza is also spread when people touch their eyes, nose, or mouth with hands contaminated with discharges of the nose or throat of infectious people. It is important to keep your hands away from your eyes, nose and mouth, and to keep your hands clean to minimize the risk of infecting yourself with influenza virus.
- Influenza virus is readily inactivated on hands by cleaning them with soap and water or an alcohol-based hand rub.
- To clean your hands with soap and water: lather them with soap and water (it is not necessary to use an antibacterial soap), rub hands together vigorously for 15-20 seconds (this is about the time it takes to sing the ABC song), rinse hands thoroughly with water, and dry hands with a clean cloth or paper towel or an automatic hand dryer.
- To clean hands with an alcohol-based hand rub: use a product that contains at least 60% alcohol, put enough rub on one palm to cover all surfaces of both

hands, and rub hands together covering all surfaces of the hands and fingers until dry.

- Avoid exposure to the saliva of other people by not sharing glasses and eating utensils, etc.

Example of Respiratory Hygiene/Cough Etiquette Visual Alert



D. Social Distancing

Social distancing refers to strategies to reduce the frequency of contact (and the transmission of pandemic influenza virus) between people by minimizing close contact between people.

1. Departmentss Should Ensure
 - All employees receive information on social distancing measures;
 - Social distancing is encouraged for those employees remaining in the workplace; and
 - Ill employees are excluded from the work place.
2. Department Social Distancing Strategies
 - Arrange for employees to work from home (e.g., telecommuting), as possible;

- Encourage the use of flexible work schedules for employees who must be in the workplace to minimize contact with other employees;
 - Minimize face-to-face contact with other people by using telephone, video conferencing and the Internet to conduct business, even for employees in the same building;
 - Separate work teams into different work locations, as possible;
 - Stagger work shifts to minimize contact between employees;
 - Avoid unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops, and training sessions;
 - Allow an interval between shifts so that the worksite can be thoroughly ventilated (either opening all doors and windows or turning up air conditioning system);
 - Bring a lunch from home and eat at desk or away from others (avoid the lunch room, cafeteria, and crowded restaurants);
 - Introduce staggered lunchtimes so the number of people in the lunch room is reduced;
 - Limit congregating in areas where people socialize. Employees should be instructed to do what needs to be done and then leave the area;
 - If a face-to-face meeting with people is unavoidable, minimize the meeting time, using a large meeting room and instructing employees to sit as far away from other people as possible (>3 feet);
 - Avoid shaking hands or hugging other people;
 - Use stairs instead of crowded elevators; and
 - Set up systems where clients can request information via phone, email, and fax and have information ready for fast pickup or delivery.
3. Department Recommended Social Distancing Measures for Individuals and Families
- Stay home and away from other people as much as possible;
 - Minimize visitors to the home;
 - When outside of the home, avoid crowded settings. If a crowd setting cannot be avoided, minimize the amount of time spent there and try to stay as far away from other people as possible (> 3 feet);
 - Avoid public transportation: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
 - If public transportation is used, ensure good ventilation within the vehicle (e.g., open windows), clean hands often, cover coughs and sneezes and sit as far away from other people as possible (> 3 feet);
 - Cancel or postpone family gatherings, outings, trips;
 - Stock up on basic items to reduce the necessity to shop;
 - Shop at off-peak hours at stores that are less busy and have shorter checkout lines;
 - Order groceries and other items over the phone/online for delivery or quick pick up; and
 - Arrange to pay bills online or over the phone.

E. Workplace Cleaning

Influenza virus can survive on nonporous surfaces up to 24-48 hours. Cleaning frequently touched surfaces can help reduce the risk of influenza transmission. The transfer of bacteria and viruses from environmental surfaces to people occurs largely by hand contact with the surface followed by inoculation of the mucous membranes of the eyes, nose, or mouth by contaminated hands. In a pandemic, it is likely that there will be a shortage of cleaning staff and that available staff may be working outside of regular business hours to reduce the chance of exposure in the workplace. Therefore, it may be necessary for other employees to assist with cleaning their facilities.

- Routine cleaning tasks (e.g., vacuuming, floor cleaning, dusting) should be suspended and the focus should be on cleaning frequently touched surfaces/items in areas where employees are working (not all areas of a building may be used in a pandemic);
- Shared work areas such as desktops and tables, and frequently touched surfaces such as door handles, stair rails, faucet handles, etc., should be cleaned and disinfected by cleaning staff or other employees at least between shifts and more often if possible;
- Telephones and other equipment should not be shared. Equipment that must be shared should be cleaned and disinfected between users;
- Cleaning supplies should be made available for use by employees. Specialized cleaning solutions are not needed. Routinely used cleaning products (EPA-registered disinfectants, bleach solution) may be used;
- If bleach solution is used, mixing $\frac{1}{4}$ cup household bleach with 1 gallon of water makes bleach solution. This solution should be mixed fresh daily;
- Persons performing cleaning duties should wear cleaning gloves and should clean hands after removing gloves;
- Vacuuming and dusting should be avoided during a pandemic to reduce the spread of dust particles that could contain influenza virus. If dusting is performed, it should be damp, not dry. If vacuuming is performed, it should be done using vacuum cleaners with high-efficiency particulate air (HEPA) filters; and
- Remove non-essential items (e.g., magazines/newspapers) from common areas (such as lunch rooms).

F. Hand Hygiene

Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual. By frequently cleaning your hands, you eliminate germs that you have picked up from other people, from contaminated surfaces, or from animals and animal waste.

- Hand hygiene is an important step in preventing the spread of infectious diseases, including influenza;
- Hand hygiene can be performed with soap and warm water by using waterless alcohol-based hand sanitizers;

- Influenza virus is readily inactivated by soap and water or an alcohol-based hand rub;
- Antibacterial hand wash products are not required because routine products, along with proper hand washing procedures, will inactivate influenza virus; and
- Employees should take responsibility for keeping their hands clean and for minimizing hand contact with environmental surfaces, both to reduce contamination of surfaces and to reduce the risk of contaminating their hands.

G. Personal Protection Equipment (PPE)

Employees whose work involves close contact with humans or animals known or suspected to be infected with avian or pandemic influenza must be provided appropriate personal protective equipment (PPE). Employees providing direct care to patients known or suspected of being infected with avian or pandemic influenza or those employees working directly with animals known or suspected of being infected with avian influenza should use Full Barrier PPE.

1. Full Barrier PPE

- respirator at least as protective as a NIOSH-certified N95 respirator;*
- gown;
- gloves; and
- eye protection (face shield/goggles)

Although most employees outside of healthcare or animal control settings will not need PPE, the need for PPE by employees whose regular duties do not involve possible contact with infected humans or animals will be evaluated on a case-by-case basis.

*Respirators should be used in the context of a complete respiratory protection program as required by OSHA. This includes pre-use medical evaluation, training, and fit-testing, as well as seal checking at time of use to ensure appropriate respirator selection and use. To be effective, respirators must seal properly to the wearer's face. Detailed information on respiratory protection programs is available at: <http://www.osha.gov/SLTC/etools/respiratory/> and <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/rpp/index.html>

2. Surgical Masks

People with respiratory infection symptoms should use a disposable surgical mask to help contain respiratory secretions and prevent others from being exposed to respiratory aerosols. Masks should be disposed of as soon as they become moist, in an appropriate waste receptacle, and hands must be thoroughly cleaned with soap and water or an alcohol-based hand rub after the used mask has been discarded.

3. Other Protective Barriers

Protective barriers in the form of plastic or glass may provide useful protection for people (e.g., front-counter staff, cashiers, public transport drivers) whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical and they are performing priority service functions.

H. Management of Ill Employees in the Workplace

The latest Minnesota Department of Health (MDH) recommendations should be followed regarding management of employees who become ill at work and the identification of workplace contacts (see below).

1. Employee Becomes Ill at Work

If an employee feels ill or observes that another person is exhibiting influenza symptoms at work, they should contact the Department Pandemic Flu Coordinator by telephone immediately or as soon as possible.

- Post visual alerts advising what to do if people become ill while at work.
- The Department Pandemic Flu Coordinator should avoid face-to-face contact with ill employee if at all possible and should manage the evaluation process over the phone.
- The Department Pandemic Flu Coordinator will determine if the employee has influenza symptoms by using the *Influenza-Like Screening Form*.

Influenza-Like Illness Screening Form

Ask the ill person if they have any of the following symptoms:

- Fever (feels feverish and hot)
- Headache
- Fatigue or weakness
- Sore throat, cough, or difficulty breathing
- Muscle or joint aches or pains

Ill person with any of the above symptoms should be considered a suspect case of pandemic influenza.

If the employee does *not* have any symptoms listed in the *Influenza-Like Illness Screening Form*:

- The employee is unlikely to have influenza. However, the ill employee should still be advised to go home as soon as possible, to contact the Department Pandemic Flu Coordinator later to report their health status, and to contact their healthcare provider if they are still concerned.

If the ill employee has any of the symptoms listed on the *Influenza-Like Illness Screening Form*, the Department Pandemic Flu Coordinator should:

- Consider the ill employee to be a possible pandemic influenza case.
- Inform the ill employee where they can find a surgical mask and instruct them to wear it immediately. This will help prevent other employees from exposure to respiratory secretions/aerosols from the ill employee.
- Advise the ill employee to leave the workplace immediately and to contact a healthcare provider **by telephone** in the manner recommended by MDH at that time.

- Advise the ill employee not to use public transport if at all possible. If the use of public transportation cannot be avoided, the ill employee should be advised to clean their hands before using public transportation, to wear a surgical mask, and to stay as far away from other passengers as possible.
- Advise the ill employee who cannot immediately leave the workplace because of transportation or other issues to isolate themselves from others in a room with a door that closes.
- Request to be informed when the ill employee has left the workplace.
- After the ill employee has left the workplace, ensure that their work area and any other known places they have been that day are thoroughly cleaned and disinfected, (see section on workplace cleaning above).
- Advise an ill employee not to return to work until they are healthy and no longer infectious using the current MDH/Center for Disease Control and Prevention (CDC) definition of the infectious period for pandemic influenza.

2. Return to Work of a Recovered Individual

Employees who have recovered from pandemic influenza will have developed immunity to the pandemic influenza strain and are unlikely to be re-infected. Such employees should be encouraged to return to work as soon as they are healthy again and no longer infectious.

3. Identification of Workplace Contacts

Early in a pandemic, MDH may ask employers to assist in the identification of workplace contacts of employees known or suspected to be infected with pandemic influenza.

When efforts are directed toward containing the pandemic or managing small clusters, in this early stage, contact tracing and associated quarantine of contacts by MDH may be vigorous. However, once the pandemic affects larger numbers of people, these measures are unlikely to be effective in containing the pandemic and will be discontinued.

I. Pandemic Influenza Vaccine

If a vaccine for the pandemic influenza virus strain is available, MDH/CDC will determine priority groups for vaccine and will inform the public on how the vaccine will be used. It may take six months or more from the beginning of the pandemic to manufacture the vaccine. Employees should be encouraged to receive the annual seasonal influenza vaccine.

J. Antiviral Medications

Antiviral medications may play an integral role in the treatment and prevention of pandemic influenza, however, the certainty of their efficacy is currently unknown. Unlike a pandemic influenza vaccine, antiviral medications are already available, however, the supply may be limited during a pandemic and these medications may not prove to be an effective treatment and prevention tool for pandemic influenza. If antivirals are available and thought to be efficacious, MDH/CDC will determine

priority groups for antivirals and will inform the public on how antivirals will be used.

K. Heating, Ventilation, and Air Conditioning (HVAC) Systems

There is evidence that influenza can spread more easily in inadequately ventilated indoor spaces. Workspaces should be well ventilated. In office buildings, ventilation is usually done by using HVAC systems. HVAC should be maintained regularly according to appropriate standards and building codes. Filters should be cleaned and change frequently.

L. Summary of Individual Influenza Protection Measures

Protection Measure	Applicability
Hand and respiratory etiquette, ventilation	Everyone, all the time.
Self-shielding	Everyone, whenever possible.
Social distancing	Everyone, all the time (leverage technologies).
Protective barriers	To avoid close contact with the public.
Disposable surgical mask	Persons with influenza symptoms.
Disposable particulate respirator, eye protection, gloves, gown	Employees in close contact with humans or animals known or suspected of being infected with avian or pandemic influenza.

M. Differences Between Influenza and the Common Cold

Symptom	Influenza	Common Cold
Fever	Usual, sudden onset, and lasts 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset, and can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual

Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a chronic condition; can be life threatening	Congestion or earache
Fatalities	Well recognized	Not reported

N. Example of Hygiene Notice

Clean your Hands

It is as easy as 1, 2, 3...

Proper hand washing may eliminate nearly half of all cases of foodborne illness and significantly reduce the spread of the common cold and flu. Use an alcohol-based handrub when your hands are not visibly soiled. Wash your hands with soap and water when your hands are visibly soiled.

Food handlers in restaurants, schools, daycares and grocery stores must wash their hands with soap and water. [Penn Rules Chap. 402.0070 - 402.0080](#)



When you wash your hands use warm water if it is available.

- 1** Lather with soap and rub hands vigorously for 20 seconds.
- 2** Rinse thoroughly.
- 3** Dry with a clean towel.



When you clean hands with an alcohol-based handrub use enough to cover all surfaces of hands.

- 1** Put handrub on the palm of one hand.
- 2** Rub hands, covering all surfaces of hands and fingers with handrub.
- 3** Rub until dry.



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Chapter Six - Security

I. Requirements for Security

Jurisdictions and Cities of the First Class must consider that during a pandemic the possibility of serious violence or property damage is possible and it is incumbent upon the jurisdiction to adequately plan for these possibilities. Agencies should consider the need for increased security to protect property and resources during a pandemic.

A. Access to Facilities

Individual circumstances will determine the extent to which public access must be restricted in order to ensure the safety of employees, the public, public records, and property. Larger offices and facilities may wish to implement a restricted access/security system.

B. Responding to Other Emergencies

Jurisdictions and Cities of the First Class should remind employees of normal procedures for reporting and evacuating buildings in case of fires or other emergencies.

Chapter Seven – Information Systems and Technology

I. Requirements for Information Systems and Technology

Jurisdictions and Cities of the First Class should consider how telecommuting might be used to reduce the need for employees to gather at a workplace (social distancing). Agencies should follow existing technology policies as they expand the ability of employees to telecommute.

Jurisdictions will need to evaluate current technology capacity and make necessary modifications to support the Department pandemic plan. The following are areas of consideration.

A. Accessing Department LANs and Computer Systems

1. Identify current dial-in capabilities.
2. Determine capacity required during pandemic event.
3. Enhance resources to meet need.
4. Provide dial-in procedures to staff for access. Include procedures in continuity of operations plan.
5. Provide information/URL to employees on how to access email via Internet. Include procedures in continuity of operations plan.
6. Require employees with laptops to bring them home nightly, so they are prepared to work from home at any given time.

B. Accessing Department Phone Systems

1. Provide voice mail instructions to employees. Include procedures in the Service Continuation Plan.
2. Provide instructions to employees for transferring work telephone line to telephone at alternate location (home phone or cell phone). Include procedures in the Service Continuation Plan.

C. Computer Systems Support

1. Determine required support of computer systems. Can systems be maintained remotely or is on-site staff required?
2. Document procedures for remote monitoring.
3. Identify required level of on-site support required.

Chapter Eight - Human Resource Considerations

The information in this chapter is specific to the State of Minnesota employees only. Each jurisdiction must look at how it will deal with and respond to employee issues on a case-by-case basis. This section is provided only as informational.

I. Introduction

This chapter offers human resource advice and directives that the State of Minnesota will follow in the event that the Governor declares a State of Emergency for the state of Minnesota. In the event of such an emergency, many human resources processes may be simplified and the administration of collective bargaining agreements and plans narrowed in order to meet urgent staffing needs.

The provisions of this chapter confer no new privilege, right of appeal, right of position, transfer, demotion, promotion, nor reinstatement for any state employee, contract worker, or volunteer. This section does not constitute an express or implied contract. It provides general guidance that cannot form the basis of a private right of action.

It should be noted that the information contained in this chapter was drafted prior to any evidence of a pandemic influenza on the North American continent and relatively early in statewide pandemic planning efforts. As new knowledge is acquired and/or events take place, the information/advice contained in this chapter may be revised.

All of the information contained in this chapter is applicable to the period or periods of a declared emergency and is based upon the following assumptions:

1. The Governor has exercised the statutory authority provided by Minn. Stat. §12.21, subd. 3 to amend certain working conditions of state employees.
2. Agencies of the Executive Branch of state government, including the Minnesota State Colleges and Universities, have limited or discontinued all but the priority service functions as identified in their agency plans as priority services one through four.
3. The Minnesota Department of Health or the Governor has either advised against or prohibited public gatherings, including classroom instruction at schools, colleges and universities.
4. Neither the federal government nor the Minnesota state government have adopted legislation or taken administrative action, other than the use of statutory authority mentioned in the first assumption, modifying employment related laws or regulations or collective bargaining agreements or plans in effect in June, 2006.
5. Restricted or declining revenues will require that priorities be established for payment and processing of payroll.

6. The State will make every effort to see that state employees who are reporting to work to perform priority service functions will be given priority status to receive antiviral vaccines and/or prophylactic medication.

II. General Expectations

Policy: The basic operating principle in an emergency will be to continue providing priority services to the citizens of Minnesota to the extent possible. Employees will be expected to report to work as assigned. Managers will be expected to take the necessary steps to accomplish the agency's priority services.

Recommended Changes: When the Governor declares a State of Emergency, standard operating procedures may be suspended and measures taken to ensure that priority services continue.

Significant Issue: Employees will be expected to follow the agency and state mandates.

Preplanning: Agencies identify priority services and resources needed to carry them out.

1. Management can assign employees to any type of work in any location as necessary to keep priority services functions operational.
2. Managers are empowered to take the necessary steps to get the work done.
3. Agencies will use social distancing principles when making decisions about how and where to conduct meetings and other business gatherings.

III. Labor Relations- Emergency Administration

Policy: Certain collective bargaining agreement and plan provisions will be suspended in order to maintain the necessary flexibility to best manage the state's priority services.

Recommended Changes: The primary contract provisions subject to consideration for suspension are those that concern scheduling, notification procedures and assignment of work, limited interruption, layoff, vacancy filling, seniority, and severance payout.

Preplanning: Agencies should identify barriers caused by provisions of state collective bargaining agreements and plans that interfere with the ability of agencies to carry out their priority services and should contact their labor relations representative.

1. Collective bargaining agreements and plans will be honored to the extent possible, but not at the risk of failing to provide priority services to the citizens of the state of Minnesota.
2. All provisions of all state collective bargaining agreements and plans are subject to review and temporary suspension.
3. Provisions of collective bargaining agreements and plans that pertain to compensation practices are not expected to be suspended.

4. Provisions of collective bargaining agreements and plans likely to be subject to review and temporary suspension include but are not limited to:
 - a. scheduling
 - b. notification procedures
 - c. assignment of work
 - d. limited interruption
 - e. layoff
 - f. vacancy filling
 - g. seniority
 - h. vacation and comp time liquidations
 - i. severance payout
5. During a State of Emergency, the state may temporarily suspend collective bargaining negotiations, grievance processing and labor-management committee meetings. Where such meetings are found to be necessary, employers will use social distancing principles.
6. Labor Relations will notify the Exclusive Representatives when the Governor declares an emergency order suspending, amending, or superseding provisions of the collective bargaining agreements.

IV. Leaves

Policy: Leaves will not be granted to employees who are assigned to priority services, except as required by law or indicated below.

Recommended Changes: Pre-approved leaves may be canceled to ensure that sufficient resources are available to carry out the priority services of the state.

Preplanning: Communication with employees that leaves approved may be canceled in the event of an emergency. Managers and supervisors should be trained on how to handle situations with ill employees.

1. Employees assigned to work in priority service functions will be required to report for work as assigned (Unless the employee is ill or qualifies for FMLA).
2. Previously approved vacation leave and compensatory time off may be rescinded in order to provide staffing coverage for priority service functions.
3. Rescission of an employee's leave which is already in progress will be based upon the priority service functions of the agency and the employee's ability to report to work.
4. Statutorily provided leaves such as FMLA will continue to be administered in accordance with federal requirements, unless suspended by an appropriate authority, e.g., federal agencies, Governor, etc.

5. Agency HR offices should continue to communicate to employees about the qualifications for FMLA
6. Agency HR offices will make a determination on whether an absence qualifies for FMLA based on the information available to them in the event that medical certification is not obtainable.
7. Vacation leave accrual maximums may be suspended for the duration of the pandemic.
8. Leave approval to attend medical appointments will be handled on a case-by-case basis.
9. Considering the operational needs of the agency, employees will be permitted to use accrued leave to care for those within their household who are ill or other family members as defined by collective bargaining agreements or plans.
10. At the discretion of the appointing authority, employees will be permitted to use a reasonable amount of accrued leave to attend the funerals of family members and members of their household.
11. If an employee presents symptoms consistent with influenza in the workplace, supervisors have the authority to require the employee to leave the workplace.
12. The decision to remove an employee from the workplace should be based on the safety of all employees and whether the health of employees is endangered by the health of an ill employee.
13. Employees who are sent home because they are believed to be ill may use accumulated sick leave. Employees sent home ill who have no sick leave available, or once they have exhausted their sick leave, may elect to use vacation, comp time or leave without pay.
14. The agency may determine the need to require a medical authorization when an ill employee decides to return to work.
15. The provisions of the state's leave donation policy will be suspended during a declared emergency. Current recipients may use accumulated leave until it is exhausted. Employees may continue to donate hours to current recipients, but no new recipients will be added during the emergency. Processing may be delayed.
16. Employees who are sent home because of lack of work may elect to use accrued vacation, compensatory time, or leave without pay. Agencies will try to find priority service functions for them to perform either within the agency or in another agency.

17. The employee may use sick leave only if it meets the conditions in the collective bargaining agreements or plans.

V. Assignments, Schedules and Position Filling

Policy: Appropriate measures will be taken to adequately staff the state's priority services.

Recommended Changes: Suspension of collective bargaining and plan provisions and policies/practices such as, but not limited to, posting requirements, Affirmative Action requirements, use of Resumix, (the State's job application system), discretionary background and reference checks, and ability to use temporary services providers.

Significant Issue: An alternative position filling/qualification process needs to be developed by the Department of Employee Relations so that legal appointments can be made. Layoff provisions of collective bargaining agreements or plans may be suspended in order to permit appointing authorities to send state employees home without pay.

Preplanning: Agencies should identify the gap between their ability to maintain adequate staffing and their need to share resources deployed from other agencies. DOER will establish an alternative position filling process.

Deployment of State Employees

1. Management reserves the right to deploy state employees to alternative worksites in varied state operations in order to carry out priority service functions.
2. Employees deployed to perform priority service functions, whether or not the assignment is within their home agency, are expected to report to work.
3. If an employee refuses to come to work as assigned, the employer shall deny the use of vacation and the employee will be subject to discipline.

Work-Out-of-Class/Shift Differential

1. An appointing authority may temporarily assign an employee to a classification that is higher or lower than the employee's permanent classification. If the assignment constitutes a work-out-of-class or shift differential, in which additional pay is appropriate, payment may be delayed until the conclusion of the declaration of emergency. Assignments should be made in writing as soon as practicable.
2. Shift differential shall continue to be paid in accordance with collective bargaining agreements or plans based on the assignment during the state of emergency.

Employees Not Performing Priority Service Functions

1. If employees already at work are sent home because of the closure of specific offices, they will be paid through the end of their regular shift.
2. If an employee is not assigned to perform priority service functions within their home agency, or another agency, the employee may be told to not report to work and it does not constitute a layoff under the collective bargaining agreement.
3. During a pandemic, if an agency meets its 1 and 2 priority service functions, that agency's 3 and 4 priority service functions may be discontinued and DOER may reassign those employees to another agency that cannot meet its 1 and 2 priority service functions. If there is no need for a reassignment, the agency may continue its 3 and 4 priority service functions based on the following considerations:
 - The Department of Health or Governor has not issued a recommendation that all employees stay home, except those performing 1 and 2 priority service functions
 - There is sufficient revenue to meet the payroll requirements for 3 and 4 priority service functions.
4. Employees who are told not to report to work because of lack of work may elect to use accrued vacation, compensatory time, or leave without pay. Agencies will try to find priority service functions for them to perform either within the agency or in another agency.
5. The employee may use sick leave only if it meets the conditions in the collective bargaining agreements or plans.

Alternative Work Schedules and Training

1. Agencies should review their normal business hours and work schedules to determine if they can be modified in a manner that best promotes social distancing, business continuity or other emergency response goals during an emergency.
2. Training will be canceled for the duration of the declared emergency, unless the training is mandatory for the continuation of priority service functions.
3. Agencies may determine the necessity and practicality of providing telecommuting alternatives for employees assigned to perform priority service functions.

Filling of Positions

1. Only hires necessary to provide priority service functions shall occur.

2. Agencies will still be required to conduct legally required background and reference checks unless regulation is suspended in accordance to the law.
3. Agencies can continue to hire individuals for permanent or temporary work. They are permitted to use temporary hiring agencies.

VI. Compensation and Payroll

Policy: The state will continue to pay employees who work as assigned or on approved paid leave.

Recommended Changes: In order to process payroll it may be necessary to process a standard payroll cycle and make necessary adjustments at a later date or it may be necessary to prioritize payroll payments.

Significant Issue: Some payments may occur at the conclusion of the declared emergency and post audit clean up of payroll is expected.

Preplanning: Agencies should plan for payroll input and supervisory processing of timesheets with staff assigned as back ups.

1. Compensation provisions of collective bargaining agreements and plans will not be suspended but may be streamlined in order to administer payroll in a timely manner.
2. Agencies should continue to process payroll under the guidelines determined by the Department of Finance. Due to staffing shortfalls or reassignment of employees, payroll may continue on an emergency basis with priority processing for those performing priority service functions.
3. Payment for work-out-of-class assignments or shift differentials may be delayed until the conclusion of the declared emergency.
4. If an agency function or program closes after the start of an employee's shift, employees who are sent home will be paid through the end of their shift.
5. Workers Compensation claims should be processed through normal procedures. Benefits claimed during the emergency may be delayed to the conclusion of the emergency.
6. In the event that an employee separates for any reason e.g., resignation, retirement, death, etc., it is important to ensure that the transaction is entered into SEMA4 in a timely fashion so that overpayments do not occur. Reconciliation and recovery for overpayments may occur following the conclusion of the declared emergency.

VII. Insurance Benefits

Policy: Insurance benefits currently in place at the start of a pandemic are expected to be maintained for the duration of the declared emergency for a period of up to 18 months. Insurance eligible employees will continue to receive health insurance coverage and will continue to receive the employer contribution during this time. Employees are expected to continue to pay the employee contribution. Agencies will be required to continue to make the employer contribution for health insurance coverage.

Significant Issue: Medical services are expected to be overwhelmed during a pandemic and limited to only those services for life threatening conditions. Access to primary care clinics may be limited. The timing of a pandemic may limit the state's ability to provide open enrollment opportunities.

Preplanning: Agencies should cross train staff in insurance benefit management.

1. The processing of benefit applications and claims is expected to be delayed during a pandemic.
2. The employee will be responsible for their share of the insurance premiums. Deductions from payroll may be delayed until they return to work.
3. Life insurance claims will continue to be processed through the carrier, Minnesota Life. Payments may be delayed.
4. Short term and long term benefits will continue to be processed through the carrier, The Hartford. Payments may be delayed.

VIII. Health and Safety

Policy: State agencies will implement occupational health and safety recommendations put forth by the Departments of Health and Labor & Industry during pandemic influenza.

Recommended Changes: Refer to Chapter 5 – Employee Health and Safety Agency of the Local Jurisdiction Pandemic Service Continuation Guide for specific recommendations on organizational and environmental changes that can reduce the spread of influenza.

Significant Issue: Shortages of certain personal protection equipment (PPE) are expected to occur during a pandemic. Agencies should consider whether they can modify work procedures to avoid the need for PPE during a pandemic.

Preplanning: Agencies should assess their expected service delivery needs during a pandemic and consider the current recommended personal protection guidelines. If personal protection is expected to be necessary during a pandemic, agencies should make arrangements in advance to evaluate, train, and equip employees with the appropriate PPE.

1. State agencies will be responsible for providing employees with properly selected and fitted PPE when needed during a pandemic. Agencies must provide training on the proper use of PPE. Agencies must follow any applicable OSHA regulations. Employees that are issued PPE are required to wear the equipment.
2. Agencies that have a clear need for PPE during a pandemic (direct care of individuals ill with influenza or other priority service functions where PPE is

required) should consider the gradual stock piling of PPE. Agencies considering the stock piling of PPE should coordinate with the Departments of Administration and Health.

3. Guidelines regarding the operation and maintenance of building systems during a pandemic will be distributed to agencies. Agencies that are responsible for their own building maintenance should expect to modify system operation to increase ventilation. Agencies occupying leased space should discuss building operation expectations with landlord.
4. Basic guidelines regarding building cleaning are outlined in Chapter 5 – Employee Health and Safety of the Local Jurisdiction Pandemic Service Continuation Guide. Additional information will be distributed to agencies as specific recommendations are developed in response to a pandemic. Agencies that are responsible for their own custodial activities should expect to modify their processes and make arrangements for acquiring appropriate products. Agencies occupying leased space should discuss custodial activity expectations with landlord.
5. Product specifications will be distributed as they become available. Agencies considering the purchase of products for response to a pandemic should coordinate with the Department of Administration.

IX. Performance Management

Policy: Employees are expected to report to work and perform duties, unless directed otherwise. Managers should continue to hold employees accountable for meeting performance expectations.

Recommended Changes: Formal performance reviews will be suspended.

Preplanning: Employees should be informed of the expectation that they report to work and that the consequence for not doing so is potential disciplinary action.

1. Employee misconduct, including unexcused absences, may arise and need to be addressed through normal disciplinary measures.
2. Agencies should take the necessary and appropriate action to hold employees accountable for their behavior and performance.
3. Grievance hearings and timelines may be suspended or delayed.
4. If an employee refuses to come to work as assigned, the employer shall deny the use of vacation and the employee will be subject to discipline.

X. Frequently Asked Questions

The following are questions that were raised by state employees and the answers that were provided. These answers apply to state employees only and local jurisdictions must make their own determinations.

<i>Questions</i>	<i>No illness in MN- planning and preparing stage for agencies and employees</i>	<i>Some illness in MN – agencies still maintaining operations as usual</i>	<i>Declaration of Emergency in MN – Governor has declared a State of Emergency</i>
1. Reporting to Work			
General Policy: Employees are expected to report to work as assigned unless directed otherwise by their agencies, the Governor or other appropriate authority.			
Responses are currently being developed in anticipation of questions from individual employees			
2. HR Planning			
General policy: Agencies will be given the authority to do those things that are necessary to maintain priority service functions. Payroll operations are a priority service under the statewide plan. Consistency in HR operations will be important in operating during a declared state of emergency.			
1.	How will the HR staff respond to the increase in demand for services, when they themselves are in the middle of a pandemic? (e.g., Assuming 30% less HR staff in the office and at the same time having a multiple increase in demand for services.)	HR Offices will be working with their agency leadership/pandemic coordinator to develop a planning document that ensures all priority service functions are staffed. DOER LR and Staffing staff will be available to assist agencies with questions regarding employment issues.	HR Offices will be working with their agency leadership/pandemic coordinator to update and refine the planning document that ensures all priority service functions are staffed. DOER LR and Staffing staff will be available to assist agencies with questions regarding employment issues.
		HR Offices will be expected to staff their priority service functions. DOER LR staff will be available for questions and assistance on employment issues.	

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2.	How can the HR Offices maintain statewide consistencies in application or implementation (regarding) the response to the pandemic? Inconsistencies will complicate the re-establishment of the full agency services once the declared emergency is over. (This recovery phase must be considered during the planning and emergency response phases.)	Where practicable, agencies will be given guidance and instruction on the application of policies and procedures that pertain to the consistent treatment of employees during a pandemic. However, there will be some discretion given to state agencies so that they can ensure that priority service functions are maintained.	Same as previous.	Same as previous. There will be many employee and employment issues that will be identified during and after a pandemic. For that reason it is absolutely essential that all employee and employment situations be documented to the fullest degree possible as soon as it is practicable to do so.
3.	What methods can we put in place to ensure processing of payroll and other essential HR functions with reduced staff?	Pre-planning efforts are currently underway to ensure that agencies have identified ways in which priority service functions can be staffed.	Agencies will identify a primary and several backup positions to process payroll and other priority service HR functions. State payroll has been determined to be a priority 2 service. Payroll staff in agencies may be asked to assist the Department of Finance.	Agencies will be expected to work through their plan of all possible alternatives to ensure that payroll is processed and other priority HR functions are addressed.
4.	Will we be able to and have the resources, (i.e., Resumix or job service) to recruit and fill jobs on a temporary basis?	Business as usual.	Business as usual.	In the event of a declared emergency, Resumix functionality will not be available. Agencies will first be expected to work through all of the redeployment options designated in their service continuation plan. If an agency has exhausted their options and they are still short-staffed, they may fill positions that are providing priority service functions on a permanent or temporary basis. Note: The availability of workforce center offices are still in the planning stages.

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5.	How do agencies plan on coordinating priorities that interface across agencies?	The state's pandemic flu executive committee will review the priority services indicated by each state agency and the inter-dependencies that are needed to ensure that those services can be covered. If there is a discrepancy between the prioritization, agencies will be notified and will be asked either to supply the needed resources or to revise their priority services.	This will be addressed in agency pre-planning efforts.	This will be addressed in agency pre-planning efforts.
6.	How will the state respond to staffing issues related from employees of a 24/7/365 operation refusing to come to work because they are caring for family members	Business as usual.	The employee will be required to report to work, unless arrangements have been made for the employee to telecommute. The provisions of current employment contracts and applicable laws (FMLA, etc.) will be the principle guides for decision-making on employee attendance matters. The state recognizes that each instance will need to be considered individually and must include documented recommendations from medical experts, each employee's ability to arrange alternate means to deliver health care to dependents and other family members, and the employer's ability to arrange for alternative means of getting the work done.	Same as previous.
3. Insurance and Workers' Comp Programs				
General Policy: Insurance will be maintained as a priority service during the declared emergency.				

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7.	Will I be eligible for short-term disability benefits?	Option insurance coverage such as short-term disability can be applied for at various times of the year. Certain restrictions may apply and proof of insurability may be necessary.	For employees that have an up-to-date policy for short-term disability, the standard eligibility requirements would apply. Employees would be eligible for illness disability benefits after 7 days of full disability due to an illness.	The same as indicated except delays in processing benefits are expected.
8.	If the employee is exposed or acquires the flu from another employee, is it covered by Workers' Compensation?	N/A	An occupational disease (pandemic influenza in this case) may be covered by Minnesota Workers' Compensation Laws. The employee must be working in an environment that places him/her at greater risk than the general public, and it must be proven that the disease arose out of and in the course and scope of employment.	The same as previous except delays in processing benefits are expected.
4. Prevention, Personal Protective Equipment and Health Issues				
General Policy: The state will follow the guidelines of the Department of Health and other medical organizations.				
9.	If a vaccination becomes available, will the state allow employees time off to obtain a vaccination?	It is expected that the state will arrange for worksite vaccination when vaccine becomes available. Employees would be granted reasonable release time to receive the vaccination at the worksite. In the event that worksite vaccination clinics are not possible, all employees will be encouraged to receive a vaccination when available and standard sick leave policy will apply.	Same as previous.	Same as previous.

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10 Will the vaccine be offered to employees without cost?	Yes, if the employee is covered by the Advantage Health Plan. Vaccines are covered as preventive services (no deductible, no co-pay) under the Advantage Health Plan.	Same as previous.	Same as previous.
11 Is the MinuteClinic equipped to test employees for the pandemic flu?	If a patient presented to MinuteClinic w/ suspected flu symptoms, they would be referred out to an urgent care or emergency room. MinuteClinics are set up to see simple, uncomplicated medical issues and are not equipped to test for Avian flu.	Same as previous.	Same as previous.
12 If protective equipment is recommended (face mask) will I be provided one or am I expected to procure my own.	Personal protective equipment (PPE) including masks and/or respirators will be provided to employees by the state when employees are required to conduct work tasks for which the MN Dept of Health or the employer recommends PPE.	Same as previous.	Same as previous.
13 If I think the face mask I have is better than the one I am provided with, may I use my own?	Yes, subject to prior review by the employer to ensure that the face mask/respirator meets the minimum recommended level of protection for the circumstances.	Same as previous.	Same as previous.
14 If I don't think protective gear is necessary, but it's being provided, must I use it?	N/A	Yes, if it is required by the employer, you must use it.	Same as previous.

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15 If an employee travels to a country/location that is experiencing a pandemic, can we restrict them from coming to work? If so, what type of leave?	Maybe. "Quarantine" of individuals will be based on recommendations made by the MN Dept of Health and/or CDC. Individuals restricted from the workplace may still be able to perform work assignments by alternate means (e.g. telecommuting).	Same as previous.	Same as previous.
16 Regarding the previous question: If so, for how long? Who decides if they need to be quarantined?	"Quarantine" of individuals will be based on recommendations made by the MN Dept of Health and/or CDC.	Same as previous.	Same as previous.
17 If we have the outbreak, what daily strategies are we going to implement to help prevent the spread of the infection?	N/A	State agencies will be provided with the most current public health recommendations regarding infection control. Agencies will be encouraged to employ social distancing into their work. Increased cleaning of frequently touched surfaces will be recommended.	Same as previous.
18 How will the employer deal with employees who are "quarantined" by public health officials?	N/A	Quarantined employees able to perform required work assignments by alternate means (e.g. telecommuting) will be expected to work. Quarantined employees unable to perform their required assignments while away from the worksite will be allowed to use appropriate forms of leave.	Same as previous.

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19 Will the state be doing anything proactive to reduce the likelihood of spreading the flu such as installing waterless sanitizers in the offices and limiting public events/access?	Installation and use of waterless sanitizers in state work places is expected to be as needed depending on needs of each work place and the type of work being completed. Employers should educate employees on various personal infection control procedures.	State agencies will be provided with the most current public health recommendations regarding infection control. Agencies will be encouraged to employ social distancing into their work. Increased cleaning of frequently touched surfaces and hand hygiene will be recommended.	Same as previous.
20 How will EAP help us with the trauma caused by employees losing family members and co-workers? Do we have a plan for recovery after the event?	State EAP services are recognized as a priority service function for state employees and dependents during times of crisis. DOER will be working with its contract vendor to assure that EAP services will be available to employees during a pandemic. Delivery of services maybe restricted to phone consulting and web based resources so as to practice the need for social distancing and self-shielding to limit the spread of illness. Recovery will include critical incident stress debriefing and other services to assist employees and agency management in coping with events and a new reality in the work environment.	Same as previous.	Same as previous.
21 Will the state develop requirements for distributing N-95 respirators?	Distribution and use of respirators will be in accordance with Respiratory Protection Standard. 29CFR 1910.134	Same as previous.	Same as previous.

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22 Should each state agency be purchasing their own N95 respirators for employees?	Agencies that have employees with an occupational need for respiratory protection as recommended by OSHA or public health organizations should acquire their own supply of respirators. Currently respirators are only recommended for employees that have direct patient care responsibilities or those with direct exposure to infected items such as dead fowl. Agencies planning to stockpile respirators should work with the Departments of Administration and Health.	Same as previous.	Same as previous.
23 If yes, will a list of recommended models be provided and guidance on fit testing?	Recommendations will be based on level of protection (e.g. N95) and not on specific model of respirator. Fit testing information is available on the Department of Labor and Industry's website.	Same as previous.	Same as previous.
24 Will Labor and Industry provide the fit testing training?	Labor and Industry has information available on their website regarding the use of respirators. Each agency is responsible for fit testing. In general Labor and Industry does not directly provide this type of training.	Same as previous.	Same as previous.
25 Will guidance be provided on who should wear the respirators, how to dispose of respirators, etc.?	MN Dept of Health and/or OSHA are expected to provide recommendations to employers regarding respirator use requirements. The recommendations may change as information regarding the strain and characteristics of the pandemic influenza becomes available.	Any changes in recommendations will be distributed to agencies by the Pandemic Influenza Executive Committee.	Same as previous.

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26	Will the state request Department of Administration Plant Management Cleaning staff to increase the frequency of office cleaning and sanitation?	The Pandemic Influenza Executive Committee will be working with Administration to develop a custodial plan to be used during a pandemic.	Custodial services are expected to focus on frequently touched surfaces or items.	Same as previous.
5. Emergency Declaration, Scheduling and HR Administration				
General Policy: Collective bargaining agreements will be followed as much as possible during a pandemic. Redeployment and changes to work schedules without advance notice are expected to occur in order to cover priority service functions.				
27	In case of a Weather Emergency, the state shuts down and employees still get paid. Would this be the same in a pandemic shutdown?	No. During weather emergencies the state does not shut down completely. Weather essential employees are required to report to work. During a pandemic, employees will be compensated on for time worked or for an approved eligible leave.	State agencies are expected to continue to provide services on a priority basis. Employees will be expected to report to work as directed	Same as previous.
28	If the Governor shuts down state buildings will everything be closed like a snow day or will agencies need to keep essential services going such as were identified during the potential shutdown in 2001?	A pandemic situation is not the same as a snow day or government shutdown. State agencies are making plans to identify what priority service functions will need to continue.	It will be necessary for agencies/state buildings to remain open e.g., state hospitals, prisons, veteran homes or other designated buildings in order to continue priority service functions. Employees may be assigned to work for a different agency or program as needed to support the state's priority service functions	Same as previous.
29	If an employee works out of class (in a higher classification) will they be compensated accordingly?	Employees will be compensated according to collective bargaining agreements/plans.	Same as previous.	Employees will continue to be compensated according to collective bargaining agreements/plans. Processing of salary adjustments could be delayed.

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30	Can employees be assigned to perform work normally performed by employees under different union contracts?	Business as usual.	Yes. Employees will be expected to cover those duties deemed to be priority service functions regardless of union contracts/plans.	Same as previous.
31	May I adjust my work schedule to accommodate a pandemic situation (e.g., my spouse works day; I want to work nights)?	Business as usual.	Requests made by employees will be taken into consideration and where possible, allowed. However, the decision to allow any adjustments in work schedules will ultimately be determined by the employer based on continuing priority service functions necessary to the state.	Same as previous.
32	Must I, as the supervisor, approve an employee's request to telecommute if there is a pandemic outbreak?	Agencies are looking at the feasibility of telecommuting as a part of their pandemic planning efforts.	No; however, each individual request will be reviewed based on the priority service function needs of the agency and the technical infrastructure availability within the agency. The final decision to allow telecommuting is determined by the employer.	Same as previous.
33	During a pandemic, in what circumstances could the employer cancel vacation leave requests that have already been approved?	Business as usual.	The employer has the authority to cancel any pre-approved vacation leave requests.	Same as previous.
34	Will an agency be required to pay overtime and shift differential?	Business as usual.	Employees will be compensated for shift differential and overtime according to collective bargaining agreements/plans.	Same as previous. Payments for overtime and shift differential may be delayed.

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35 If it is necessary for the employee to change a work schedule or create a new shift to meet the agency’s needs, is the agency required to give 14 days or 28 days notice to the employee? If the employee requests the change, must they give the employer required notice? Can an agency create split shifts?	Business as usual. Note that some collective bargaining agreements prohibit split shifts.	The employer may make changes to work schedules without prior notice in order to continue priority service function needs of the agency. Some of these changes may result in payment of overtime depending on collective bargaining units/plans. The employer will consider on an individual basis the personal needs of those employees whose schedules may change.	Same as previous. Payments may be delayed or suspended in the Executive order.
36 Will supervisors be able to change employee’s hours of work e.g., from 8 to 10 or 12 hour work days, as needed in order to react to staffing and operational requirements?	Business as usual.	Yes, the employer may make changes to work schedules without prior notice in order to continue the priority service functions of the agency. Some of these changes may result in payment of overtime depending on collective bargaining units/plans. The employer will consider on an individual basis the personal needs of those employees whose schedules may change.	Same as previous.
37 Will employees be allowed to telecommute?	See question #32.	See question #32.	See question #32.
38 Can employees be redeployed to other locations, other departments (similar to when we had a strike) that require direct patient care, and what do we do if the employee refuses to go for whatever reason.	Business as usual.	Yes, when it becomes a critical situation. The employer will closely consider the personal needs of the employee before determining if redeployment is necessary. Employees refusing to report to work as assigned will be subject to discipline in accordance to contracts/plans.	Same as previous.

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39 Since we will be looking not only at Commissioner’s Plan and Managerial Plan employees but also bargaining units, what provisions do we have under the existing contracts or what MOUs do we need to negotiate to implement this?	Business as usual.	Bargaining agreements and plans will be honored to the extent possible.	Provisions of the collective bargaining agreements will likely be subject to review and may be temporarily suspended as allowed by law.
6. Miscellaneous			
40 What are the subcontracting issues that arise if we need to bring temporary employees or contractors in to provide services employees cannot, due to absenteeism	State agencies are encouraged to include the use of subcontractors only as a last resort in their pandemic planning. Those agencies that believe that they may need to use subcontractors are encouraged to use the RFP process to identify qualified subcontractors and enter into contingent contracts which will be used only in the event a pandemic makes it necessary.	Each agency is accountable for determining priority service functions and must operate during a pandemic. This does include responsibility for assessing and assuring staffing levels are appropriate to support priority service functions. Each agency will utilize existing appointment methods appropriate for their needs. Each agency will make a good faith effort to determine the availability of state employees to perform work before employing contractors.	Same as previous.
41 An employee raises chickens and brings eggs into work for co-workers. Should we be concerned? Can we tell that employee that they are no longer allowed to bring eggs to work?	Send notice to all employees requesting them to not bring poultry or bird products from their farms into the workplace.	Same as previous. If employee does not comply they may be subject to disciplinary action.	Same as stage1. If employee does not comply they may be subject to disciplinary action.

References

MN Homeland Security and Emergency Management

http://www.hsem.state.mn.us/readyminnesota/New_Ready_Web/flu1.html

World Health Organization Epidemic and Pandemic Alert and Response (EPR)

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

U.S. Centre for Disease Control (CDC)

Pandemic Influenza

<http://www.cdc.gov/flu/pandemic/>

PandemicFlu.gov – The official U.S. government Web site for information on pandemic flu and avian influenza – Includes a Business Pandemic Influenza Planning Checklist.

<http://www.pandemicflu.gov/plan/tab4.html>

Canadian Manufacturers & Exporters (CME) Influenza Pandemic: Continuity Planning Guide for Canadian Business

http://www.cme-mec.ca/pdf/CME_Pandemic_Guide.pdf