



## **DISCUSSION PAPER**

Topic: Continuity of Operations/  
Continuity of Government and  
Pandemic Influenza Planning



## Continuity of Operations/Continuity of Government and Pandemic Influenza Planning

*\*\*A FEMA document titled “Continuity of Operations (COOP) Pandemic Influenza Guidance,” was a significant source of information for this Discussion Paper and provided the planning considerations for each of the eleven elements of COOP.*

### 1.0 INTRODUCTION

The potential public health and socioeconomic risks associated with a pandemic influenza are significant and require that Continuity of Operations (COOP) and Continuity of Government (COG) preparedness efforts be undertaken at all levels of government. Traditional continuity of operations planning focuses on damage to property and equipment with limited loss of personnel. However, if a highly virulent strain of influenza impacts the United States, it may result in significant reduction and loss of governmental personnel as well as lowered delivery performance by vendors for extended periods of time.

This discussion paper is intended to: 1) provide guidance to State and local governments for incorporating pandemic influenza considerations into COOP/COG plans; 2) assist departments and agencies in identifying special considerations for protecting the health and safety of employees and maintaining essential functions and services during a pandemic influenza outbreak; and 3) explore the consequences of prolonged and/or substantial losses of personnel on an organization’s operations.

### 2.0 BACKGROUND

Pandemic influenza is a global outbreak of disease that occurs when a new influenza virus appears or “emerges” in the human population, causes serious illness, and spreads easily from person to person worldwide. History teaches us that the impact of a pandemic can be far-reaching. The 1918 “Spanish Flu” influenza epidemic killed approximately 500,000 people in the United States and as many as 50 million people worldwide. Furthermore, it led to widespread social disruption and economic loss.

Economists, epidemiologists, and other experts predict that the effects of a modern-day pandemic will be seen in every industry and sector at local, regional, national, and international levels. Experts further predict that a pandemic influenza may come in “waves,” each lasting 6 to 8 weeks with several months between the waves. The Centers for Disease Control and Prevention (CDC) estimates that between 15% and 35% of the U.S. population could be affected by an influenza pandemic, and the economic impact could range between \$71.30 and \$166.5 billion. The impact to the workforce could be staggering as well. The *Implementation Plan for the National Strategy for Pandemic Influenza* recommends that organizations plan for a 40 percent absenteeism rate for periods of about two weeks at the height of a pandemic wave, with lower levels of staff absences for a few weeks on either side of the peak.



### 3.0 RESPONSIBILITIES

A number of agencies are involved with addressing the medical and public health aspects of a pandemic.

- The California Department of Health Services (CDHS) is the lead state agency for public health during a pandemic. CDHS has developed the *Pandemic Influenza Preparedness and Response Plan*, which describes the nature of the threat and the emergency management structure that CDHS will implement for pandemic influenza preparedness and response.
- Emergency Medical Services Authority (EMSA) works closely with CDHS in coordinating medical response.
- The Governor's Office of Emergency Services (OES) is the lead state agency for overall coordination of emergency response. In response to the threat of a pandemic influenza, OES is preparing a *Statewide Concept of Operations for Pandemic Influenza*.
- Local health departments are the lead entities for pandemic planning on a community level

Continuity planning is critical to reduce the PI risk to both public health and the viability of essential government functions and services. While a pandemic will not directly damage facilities, power lines, banks or computer networks, it will ultimately threaten all critical infrastructure by removing essential personnel from the workplace for weeks or months. This makes a pandemic a unique circumstance necessitating a strategy that extends well beyond the public health and medical considerations, to include the sustainment of critical infrastructure, private-sector activities, the movement of goods and services across the nation and the globe, and economic and security considerations. Plans should consider all actions necessary to ensure preparation for any virus with a pandemic potential.

Government and non-governmental organizations that provide critical infrastructure services such as energy, financial services, transportation, and telecommunications services, have a special responsibility to ensure continuing operations in the event of a pandemic -- and should plan accordingly. Agencies and departments at all levels of government have a fundamental responsibility to provide uninterrupted essential services to the public, regardless of circumstances. While a pandemic cannot be stopped, proper preparation may reduce its impact.

### 4.0 MOVING BEYOND TRADITIONAL COOP

Unlike other catastrophic events, a pandemic will not be geographically or temporally bounded and will significantly affect planning considerations. Institutional planning efforts should build upon existing COOP/COG planning by the organizations, but also should be expanded to address the extraordinary nature of this threat.

A pandemic has unique characteristics when compared with a more "typical" disaster. For example:



- **Widespread Impact:** The impact of a pandemic would be widespread, even global in extent, not localized to a single area. Therefore there may be little outside assistance. Many continuity plans assume some part of an organization is unaffected and can provide the required capacity. That is not likely to be possible in the event of a pandemic.
- **Not a Physical Infrastructure Damaging Incident:** A pandemic is not a physical disaster such as an earthquake or flood. It has some unique characteristics that require implementation of measures to limit social contact, such as restriction of movement, quarantine, and closure of public gatherings.
- **Duration:** A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase. Experts anticipate an influenza pandemic could last from 18 months to several years, with peak waves of activity. Many continuity plans assume the short duration of an event and that recovery can start immediately.
- **Notice:** The first human cases caused by a novel influenza virus may occur in other countries and will likely be detected by the global surveillance network. Experts fear that the virus could spread across the globe in 30 to 60 days.
- **Primary effect is on staffing levels:** Unlike natural disasters, where any disruption to processes is likely to be facility or hardware-related, disruption to government operations in the event of a pandemic is anticipated to be mainly human-resource oriented. As stated earlier, an organization should plan for a 40 percent absenteeism rate for periods of about two weeks at the height of a pandemic wave, and lower levels of staff absences for a few weeks on either side of the peak. Overall a pandemic wave may last about eight weeks.

In order to address the extraordinary nature of a pandemic influenza, government and industry need to enhance existing continuity of operations plans. The eleven planning elements of COOP/COG (based on the Federal Preparedness Circular (FPC) 65) are applicable across all levels of government as well as the private sector and can be used to develop pandemic-specific planning resources. The Table below identifies measures for each of the COOP/COG elements to address the unique characteristics of pandemic influenza.

FPC-65 COOP Elements	National Strategy Implementation Guidance	Pandemic Influenza Continuity of Operations (COOP) Considerations
Plans and Procedures	To reduce the impacts of a pandemic threat on an organization, a portion of the COOP plan's objectives should be to minimize the health, social, and economic impact on the United States.	<ul style="list-style-type: none"> <li>• Plans must be capable of sustaining operations until normal business activity can be reconstituted, which may be longer than 30 days. Departments and agencies will continue operations indefinitely until the situation returns to</li> </ul>



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		<p>normal.</p> <ul style="list-style-type: none"> <li>• Review and update plans to ensure essential services can be provided if employee absenteeism reaches 40 percent.</li> <li>• Different activation phases will be based on pandemic alert levels, proximity of outbreak to organization's offices/facilities, and reoccurring outbreaks.</li> <li>• Appoint a senior manager and identify essential stakeholders as part of an Influenza Team that addresses issues related to pandemic influenza planning.</li> <li>• Health focus will be needed to minimize the effects of a pandemic on staff and operations.</li> </ul>
<b>Essential Functions</b>	<p>During a pandemic, or any other emergency, these essential functions must be continued to facilitate emergency management and overall national recovery. Particular attention must be given to Primary Mission Essential Functions of an organization.</p>	<ul style="list-style-type: none"> <li>• Continue to perform essential functions beyond the existing 30 day requirement.</li> <li>• Consider additional business services critical to meeting an organization's missions.</li> <li>• Review the effect of a pandemic on essential contract and support services and organizational operations, and develop mitigation strategies.</li> </ul>
<b>Delegations of Authority</b>	<p>Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical.</p>	<ul style="list-style-type: none"> <li>• Plan for delegations of authority that are at least three deep per responsibility to take into account the expected rate of absenteeism.</li> <li>• Plan for geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak.</li> </ul>
<b>Line of</b>	<p>Because a pandemic</p>	<ul style="list-style-type: none"> <li>• Plan for lines of succession</li> </ul>



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<p><b>Succession</b></p>	<p>influenza may affect regions of the United States differently in terms of timing, severity, and duration, organizations with geographically dispersed assets and personnel should consider dispersing their line of succession.</p>	<p>that are at least three deep per position to take into account the expected rate of absenteeism.</p> <ul style="list-style-type: none"> <li>• Plan for geographical dispersion of lines of succession, taking into account the regional nature and possibility of different lines of succession depending on the spread of the pandemic.</li> </ul>
<p><b>Alternate Operating Facilities</b></p>	<p>Because a pandemic presents essentially simultaneous risk everywhere, the use of alternate operating facilities must be considered in a non-traditional way. COOP planning for pandemic influenza will involve alternatives to staff relocation/co-location such as “social distancing” in the workplace through telecommuting or other means.</p>	<ul style="list-style-type: none"> <li>• Determine which essential functions and services can be conducted from a remote location (e.g., home) and those that need to be performed at a designated department or agency facility.</li> <li>• Consider the need for reliable logistical support, services, and infrastructure systems at facilities that remain open, to include alternate operating facilities: <ul style="list-style-type: none"> <li>--Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)</li> <li>--Necessary support staff</li> <li>--Social distancing policies</li> <li>--Public Health guidance for operation of facilities and safety of employees</li> <li>--Sanitation</li> <li>--Essential Services</li> <li>--Food and water</li> </ul> </li> <li>• Consider impact of local quarantines on open/accessible facilities and operating plans.</li> </ul>
<p><b>Interoperable Communications</b></p>	<p>Systems that facilitate communication in the absence of person-to-person</p>	<ul style="list-style-type: none"> <li>• Planning should carefully consider the use of laptops, high-speed</li> </ul>



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	<p>contact can be used to minimize workplace risk for essential employees and can potentially be used to restrict workplace entry of people with influenza symptoms.</p>	<p>telecommunications links, Personal Digital Assistants (PDAs), and other systems that enable employees to perform essential functions while teleworking. This includes the identification, availability, redundancy, and testing of critical communications systems that support connectivity to internal organizations, external partners, critical customers, and other key stakeholders.</p> <ul style="list-style-type: none"> <li>• Test and exercise telework impact on internal networks.</li> </ul>
<p><b>Vital Records and Databases</b></p>	<p>Pandemic influenza COOP planning must identify and ensure the integrity of vital systems that require periodic maintenance or other direct physical intervention by employees.</p>	<ul style="list-style-type: none"> <li>• Identify records needed to sustain operations for longer than 30 days since vital records at alternate facilities may not be accessible. Determine whether files can be accessed electronically from a remote location (e.g., an employee's home).</li> <li>• Identify and plan for maintenance of vital systems that rely on periodic physical intervention/servicing.</li> </ul>
<p><b>Protection of Governmental Resources: Personnel (Human Capital)</b></p>	<p>Each organization must develop, update, exercise, and be able to implement comprehensive plans to protect its workforce. Although an influenza pandemic will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat</p>	<ul style="list-style-type: none"> <li>• Coordinate directly with the department and agency's human resources office and the Office of Personnel Management as appropriate to determine the impact of Pandemic Influenza on workforce capabilities, including:             <ul style="list-style-type: none"> <li>--Compensation policy for nonessential and essential employees</li> <li>--Sick leave policy</li> <li>--Fitness for Duty policy</li> </ul> </li> </ul>



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	<p>to personnel is the primary threat to COOP during a pandemic.</p>	<ul style="list-style-type: none"> <li>--Family medical leave policy</li> <li>--Grievance policy</li> <li>--Family Assistance Programs</li> <li>• Coordinate modifications to human capital policies and plans with labor relations.</li> <li>• Review terms and conditions of contract work to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work.</li> <li>• In accordance with current guidance, evaluate need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of personnel.</li> <li>• Develop and/or modify an employee accountability system.</li> <li>• Promote guidance developed by public health and safety authorities, including:             <ul style="list-style-type: none"> <li>--Occupational risk reduction strategies</li> <li>--Infection Control</li> <li>--Personal hygiene</li> <li>--Social distancing techniques</li> <li>--Travel restrictions</li> </ul> </li> <li>• Provide employees and families with relevant information and advisories about the pandemic via:             <ul style="list-style-type: none"> <li>--Hotlines</li> <li>--Web sites</li> <li>--Voice Messaging System Alerts</li> </ul> </li> <li>• Consider the need for cross training to ensure essential staff are available to perform functions and services.</li> </ul>
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<p><b>Tests, Training, and Exercises</b></p>	<p>Pandemic influenza COOP plans should test, train, and exercise sustainable social distancing techniques that reduce person-to-person interactions within the workplace.</p>	<ul style="list-style-type: none"> <li>• Testing, training, and exercising should include social distancing techniques, including telework capabilities and impacts of a reduced staff on facilities and essential functions and services.</li> </ul>
<p><b>Devolution of Control and Direction</b></p>	<p>Because local outbreaks will occur at different times, have variable durations, and may vary in their severity, devolution planning may need to consider rotating operations between regional/field offices as the pandemic wave moves throughout the United States.</p>	<ul style="list-style-type: none"> <li>• Take into account how an organization will conduct essential functions and services if pandemic influenza renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions or services may be necessary to ensure continuation.</li> <li>• Develop detailed guidance for devolution, including:             <ul style="list-style-type: none"> <li>--Essential functions and services</li> <li>--Rotating operations geographically as applicable</li> <li>--Supporting tasks</li> <li>--Points of contacts</li> <li>--Resources and phone numbers</li> </ul> </li> </ul>
<p><b>Reconstitution</b></p>	<p>Because a pandemic will not harm the physical infrastructure or facilities of an organization, and because long-term contamination of facilities is not a concern, the primary challenge for organizations after a pandemic will be the return to normal and bringing their systems back to full capacity.</p>	<ul style="list-style-type: none"> <li>• Develop plans for replacement of employees unable to return to work and prioritize hiring efforts</li> <li>• In conjunction with public health authorities, develop plans and procedures to ensure the facilities/buildings are sanitary and safe for employees to return to normal operations.</li> </ul>

Some additional questions that departments and agencies may want to consider in light of the risks a pandemic poses to their operations include:



- Many health officials believe that a best practice would be to have a multi-tiered response determined by various pandemic-related trigger points. So, for example, if human to human transmission occurred abroad, that would trigger the organization to implement certain contingencies; whereas if an occurrence of the outbreak occurred in the U.S., that would trigger implementations of additional contingencies. Has the organization established escalating contingencies for various trigger points?
- Does the organization have the technological infrastructure and capacity in place to support widespread telecommuting and/or operations from alternate sites?
- Has the organization considered the impact of requiring employees to work at a remote location over a long timeframe?
- Has the organization conducted tests, including telecommuting and teleconferencing capabilities, to evaluate its ability to execute both the technological and logistical aspects of its continuity plan?
- Does the organization have supervisory, surveillance, and record-keeping systems in place to permit employees to work from home for prolonged periods? Has the organization tested the functionality of such systems? Does the agency have procedures for supervising employees who work from home for prolonged periods?
- Do any components of the organization's continuity plan involve activities or the suspension or modification of government or business practices that will require regulatory approval?

## 5.0 CONCLUSION

It is impossible to predict the exact evolution or impact of pandemic influenza. Planning and preparing for a catastrophic event that is not geographically or temporally bounded calls for a creative and dynamic approach to ensuring the continuity of essential government functions. This discussion paper, based upon guidance received from the Federal Emergency Management Agency, was developed to assist State and local government in identifying those considerations which may have a substantial impact on the continuity of their organizations during a pandemic.

## 6.0 ADDITIONAL INFORMATION ON CONTINUITY PLANNING AS IT RELATES TO PANDEMIC INFLUENZA

- *Business Continuity Planning in the Event of an Influenza Pandemic: A Reference Guide* (includes a useful checklist of actions to consider in light of the current information on a potential pandemic)  
[http://www.watersc.org/pdf/ISAC\\_AMWA\\_Pandemic\\_GuideFinal.pdf](http://www.watersc.org/pdf/ISAC_AMWA_Pandemic_GuideFinal.pdf)
- *Pandemic Influenza COOP Guide and Template* -- For San Francisco City and County Government  
<http://www.sfcidcp.com/UserFiles/File/InfectiousDiseasesAtoZ/DRAFT.CityAgency.PandemicContinuityGuide.4.21.06.pdf>



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- *Influenza Pandemic: Continuity Planning Guide for Canadian Business* (March 2006), Canadian Manufacturers & Exporters.  
[http://www.cme-mec.ca/pdf/CME\\_Pandemic\\_Guide.pdf](http://www.cme-mec.ca/pdf/CME_Pandemic_Guide.pdf)
- *Continuity of Operations (COOP) Pandemic Influenza Guidance*, Federal Emergency Management Agency.
- Planning for Telework during disruptions: <http://www.teleworkexchange.com/05-11-06.pdf>, <http://www.gao.gov/new.items/d06740t.pdf>