



**City of Homer**

**Pandemic Flu**  
**Emergency Response Plan**  
**Annex**

**April 30, 2009**  
**Update**

## **EDIT HISTORY**

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## **List of Terms and Acronyms**

**ASHNHA** – Alaska State Hospital and Nursing Home Association

**CDC** – Centers for Disease Control

**DEC** – Alaska Department of Environmental Conservation

**DHHS** – United States Department of Health and Human Services

**DHSS** –Department of Health and Social Services (State of Alaska)

**DPH** – Division of Public Health (State of Alaska)

**EMS** – Emergency medical services

**EOC** – Emergency Operations Center

**IC** – Incident Command(er)

**JIC** – Joint Information Center

**HPHC**-Homer Public Health Center

**KPB** – Kenai Peninsula Borough

**LEPC** – Local Emergency Planning Committee

**LHCP - LOCAL HEALTH CARE PROVIDERS** – Local hospitals, clinics and practitioners

**MDC** – Mass Dispensing Clinic

**NIMS** – National Incident Management System

**OEM** – Office of Emergency Management (Borough)

**PIO** – Public Information Officer

**SECC** – State Emergency Coordination Center

**SOA**- State of Alaska

**SNS** – Strategic National Stockpile

**TBD** – To Be Determined

**WHO** – World Health Organization

## I. INTRODUCTION

Unlike influenza epidemics, which occur seasonally and result in an average of 36,000 deaths in the U.S. each year, influenza pandemics (global epidemics) occur sporadically, and have the potential to result in hundreds of thousands of deaths nationally over the course of one year. During the 20<sup>th</sup> century there were three influenza pandemics, the most severe of which occurred in 1918-19 and caused over 500,000 deaths in the U.S. and more than 50 million deaths worldwide.

Influenza pandemics occur when there is a major change in the structure of a strain of influenza virus such that most (or all) of the world's population is susceptible to infection. These major changes emerge by at least two mechanisms: genetic recombination and adaptive mutation. Of the three influenza pandemics in the 20<sup>th</sup> century, two (1957 and 1968) occurred as a result of major changes in the genetic composition of the virus through the recombination of genetic elements from novel and human influenza strains, and one (1918) occurred as a result of adaptive mutations that allowed the virus to be efficiently transmitted first from birds to humans and then from person-to-person.

At some point in the future, the world will be faced with another pandemic caused by a strain of influenza virus that spreads rapidly and causes extraordinarily high rates of illness and death higher, in fact, than virtually any other natural health threat. Because novel influenza viruses have the potential to spread rapidly, high levels of absenteeism in the workforce can quickly jeopardize essential community services, including healthcare services throughout affected regions. Furthermore, it is currently estimated that it will only take one to six months from the time the pandemic is identified to the time that the first outbreak will occur in Alaska, provided the pandemic does not start in Alaska. Because no one can predict exactly when or where the next influenza pandemic will occur, and little time will be available to prepare after the pandemic is first identified, it is critically important for us to promptly maximize our ability to respond effectively to this imminent threat.

As Alaskans we understand that we live in a remote portion of the world. As Alaskans living in the Kenai Peninsula of Alaska we understand that we are even more remote. One of Alaska's attractions is the low population density. Due to the remoteness, and relatively small population we are writing this plan with the assumption that we can expect little to no help from the outside world. This plan uses the resources available to us here in South-Central Alaska. It is understood that we will need help from the outside. Obviously we can't produce our own vaccines or anti-viral medications. Until such time as we get the necessary resources we will have to rely on our own.

Based upon estimates from the State of Alaska Division of Public Health, Alaska might see the following impact based on a 30% attack rate.

	<b>State of Alaska (Pop. 650,000)</b>	<b>Anchorage Area (Pop. 350,000)</b>	<b>Kenai Peninsula Borough (Pop.51,000)</b>	<b>Smaller Alaskan Community (Pop.5,000)</b>
<b>Up to 30% of pop. will become ill with flu</b>	195,000	105,000	15,300	1,500
<b>Up to 15% of pop. will require out- patient visits</b>	97,500	52,500	7650	750
<b>Up to 0.3% of pop. will require hospitalization</b>	1,950	1,050	153	15
<b>Up to 0.1% of pop. will die of flu related causes</b>	650	350	51	5

Based upon estimates from the State of Alaska Division of Public Health, Alaska might see the following impact based on a 50% attack rate.

	<b>State of Alaska (Pop. 650,000)</b>	<b>Anchorage Area (Pop. 350,000)</b>	<b>Kenai Peninsula Borough (Pop.51,000)</b>	<b>Smaller Alaskan Community (Pop.5,000)</b>
<b>Up to 50% of pop. will become ill with flu</b>	325,000	175,000	25,500	2,500
<b>Up to 25% of pop. will require out- patient visits</b>	162,500	87,500	12,750	1,250
<b>Up to 3% of pop. will require hospitalization</b>	19,500	10,500	1,530	150
<b>Up to 2.5% of pop. will die of flu related causes</b>	16,250	8,700	1,275	125

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies.

- It has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation.
- A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce.
- It is likely that vaccines against the new virus will not be available for six months or longer following the emergence of the virus.

- Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic.
- Pandemics, unlike other emergency events, could last for several weeks, or more likely, several months.

## **Summary of Key Pandemic Preparedness and Response Principles Addressed in this Plan**

### **A. Monitor statewide disease surveillance programs and coordinate with state and federal agencies to detect pandemic influenza strains in humans and animals.**

1. Global surveillance networks identify circulating influenza strains, including novel strains that have the potential for causing pandemic outbreaks among domestic animals and persons in several countries.
2. State, national and international surveillance efforts and laboratory testing, serves as an early warning system for potential pandemics and a critical component of pandemic response plans.

### **B. Ensure mass vaccination plans and protocols are in place to rapidly administer vaccine and monitor in collaboration with State and Federal agencies vaccine effectiveness and safety.**

1. Demand for vaccine will significantly exceed supply during the pandemic, and may not be available at all for the first six months or longer after the initial outbreak. Therefore, priority groups have been established by the City of Homer (See Appendix A), based on national recommendations from the U.S. Department of Health and Human Services (DHHS) and in collaboration with the State Division of Public Health, to provide guidance regarding the use and distribution of vaccine in the Kenai Peninsula Borough (KPB) when supplies become available. During a pandemic, however, The City of Homer and KPB will consider national guidelines and local epidemiological data to adjust and finalize priority groups as necessary.
2. As vaccine supplies increase, the City of Homer and KPB will, in collaboration with the State Division of Public Health, coordinate to vaccinate the population in accordance with the Mass Vaccination Plan adopted by the KPB and State of Alaska.
3. Develop Mass Dispensing Plan in cooperation with SOA PHD, South Peninsula Hospital and other area clinics and health providers.

### **C. Establish guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.**

1. Antiviral medications can both prevent and treat influenza infection. Prophylaxis of individuals would need to continue throughout the period of exposure, possibly weeks to months. Treatment can decrease the severity of illness and resulting complications of infection. For optimal impact, treatment needs to be started as soon as possible, preferably within 48 hours of the onset of illness.
2. The current supply of influenza antiviral medications is extremely limited and production cannot be rapidly expanded.
3. Educating health care workers before and during the pandemic on the appropriate use of antiviral drugs will be important to maximize the effectiveness of antiviral medications.
4. Local protocols for prioritizing the use of antiviral medicines have been developed by the City of Homer and KPB (See Appendix B) in consultation with the State Division of Public Health, and were based on federal guidelines from the Centers for Disease Control (CDC).

**D. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the Southern Kenai Peninsula Borough as guided by the epidemiology of the pandemic.**

1. Emphasizing infection control measures (hand washing, using alcohol hand gel, respiratory etiquette, staying home when sick, and avoiding unnecessary contact with other persons during a pandemic) in health care facilities, including hospitals, out-patient care settings and long-term care facilities, as well as workplaces, other community settings and the home can limit the spread of influenza among high-risk populations and health care workers.
2. Voluntary isolation of ill persons at home is an infection control measure that will be implemented throughout all stages of a pandemic.
3. Due to the fact that influenza is highly infectious and can be transmitted by people who appear to be well, voluntary home quarantine of exposed individuals is likely to be a viable strategy for preventing the spread of the disease in the community during the first stages of a pandemic.
4. Social distancing measures such as limiting public gatherings, closing schools, churches, and recreational facilities, and restricting the use of public transportation systems are intended to decrease opportunities for close contact among persons in the community, thereby decreasing the potential for influenza transmission among the population and possibly slowing the spread of a pandemic. Decision makers must consider the scope of their legal authorities, social and economic impacts, anticipated effectiveness and current epidemiology of the pandemic prior to implementing these measures.

**E. Assist Local Health Care Providers (LHCP), emergency responders, elected leaders, the business community, and community based organizations with pandemic preparedness planning aimed at maintaining the provision of health care services, sustaining essential community services, and limiting the spread of disease throughout the duration of a pandemic.**

1. An influenza pandemic will place a substantial burden on inpatient and outpatient health care services. Demands for medical supplies, equipment, and hospital beds may exceed available resources for several weeks or months.
2. Strategies to increase hospital bed availability during a pandemic include deferring elective procedures, implementing more stringent criteria for hospital admission, earlier discharge of patients with follow-up by home health care personnel, and establishing alternate care facilities in nontraditional sites.
3. As demands for health care resources and services increase sharply, illness and absenteeism among health care workers will further strain the ability to provide quality care.
4. Absenteeism during a pandemic among critical infrastructure agencies, businesses, and community based organizations must be accounted for in business continuity plans.

**F. Communicate with and educate the public, LHCP (Local Hospital, Clinics and Practitioners), local government, community leaders, other Kachemak Bay and South Kenai Peninsula communities, and the media about the consequences of influenza pandemic and what each person can do to prepare.**

1. Influencing public behavior toward basic infection control measures will be a key factor in limiting the spread of influenza during a pandemic.
2. Communicating clear, concise and accurate information about influenza, the course of the pandemic, and response activities will increase awareness, limit public panic and speculation, and sustain confidence in the public health system.

## **G. Coordinate with Law Enforcement Professionals to ensure security of community.**

1. Protecting the peace during civil disturbances that may that may be the result of food shortages, long lines at vaccination clinics, etc...
2. Provide security during the transport of vaccines during shortages.
3. Coordinate efforts with the Alaska State Defense Force

## **II. PURPOSE OF THIS PLAN**

The Pandemic Influenza Response Plan for the City of Homer provides guidance to local government officials regarding detection, response and recovery from an influenza pandemic. The Plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communication mechanisms. Specifically, the purpose of the plan is to:

1. Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
2. Describe the response, coordination and decision making structure that will incorporate City of Homer, the health care system within the Kenai Peninsula Borough, other emergency response agencies, and state and federal agencies during a pandemic.
3. Define roles and responsibilities for Homer, LHCP and emergency response agencies during all phases of a pandemic.
4. Coordinate the dissemination of information and resources with the entire Kachemak Bay area and Southern Kenai Peninsula.
5. Describe expectations of the Homer Public Health Center staff in a pandemic response and the purpose of the local plan.
6. Serve as a guide for LHCP, emergency response agencies and businesses in the development of pandemic influenza response plans.
7. Provide technical support and information on which preparedness and response actions are based.
8. During an influenza pandemic, the City of Homer and community leaders will utilize the plan to achieve the following goals:
  - a. Limit the number of illnesses and deaths
  - b. Preserve continuity of essential government functions
  - c. Minimize social disruption
  - d. Minimize economic losses
9. The plan will be coordinated with other City of Homer preparedness plans and activities, and with the plans of community, Borough, State and Federal providers.

### III. SCOPE OF THE PLAN

This Plan is an Annex to the City of Homer Emergency Operations Plan. This Plan primarily focuses on the roles, responsibilities, and activities of the City of Homer. However, specific responsibilities for key response providers are included to highlight points of coordination between agencies during a pandemic. It is expected that health care facilities and health care professionals, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans.

Federal and state departments of agriculture are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into humans. This plan primarily addresses planning and response activities related to Human pandemic issues. Bird outbreaks, surveillance and control measures are the primary responsibility of the following agencies: USFW, SOA F&G, USDA. Homer will collaborate with and support these Federal and State agencies.

### IV. PLANNING ASSUMPTIONS

1. Influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
2. There will be a need for heightened global, national and local surveillance.
3. Novel influenza strains may arrive and cause outbreaks in the Kenai Peninsula Borough prior to the onset of a pandemic, including those that could significantly impact local domestic poultry, wild and exotic birds, and other species. These strains can develop in domestic birds as well.
4. Homer and KPB will not be able to rely on timely State or Federal assistance to support local pandemic flu response efforts.
5. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications will be prioritized by the City of Homer and KPB for use in hospitalized influenza patients, health care workers providing care for patients, and other priority groups based on current national guidelines and in consultation with the State Division of Public Health. (See Appendix B)
6. A vaccine for the pandemic influenza strain will not likely be available for six months or longer following the emergence of a novel virus.
  - a. As vaccine becomes available, it will be in short supply and may require two doses. Any vaccines will be typically distributed and administered by the State Division of Public Health based on SOA DPH MDC plans.
  - b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies and public education to control the spread of the disease in community.
7. The number of ill people requiring outpatient medical care and hospitalization will likely overwhelm the local health care system.
  - a. Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.

- b. The local health care system and emergency responders may have to respond to increased demands for service while their workforces experience 25-35% absenteeism due to illness.
  - c. Demand for inpatient beds and ventilators could increase by 25% or more, and prioritization criteria for access to limited services and resources will be needed.
  - d. There will be tremendous demand for urgent medical care services.
  - e. Infection control measures specific to the management of influenza patients will need to be developed and implemented at health care facilities, outpatient care settings and long-term care facilities.
  - f. Local health care systems will need to develop alternative care sites (designated “flu clinics”) to relieve demand on hospital emergency rooms and care for persons not ill enough to merit hospitalization but who cannot be cared for at home.
  - g. The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the State Medical Examiner’s Office, hospital morgues, and funeral homes.
  - h. The demand for home care and social services will increase dramatically.
8. There could be significant disruption of public and privately owned critical infrastructure including; transportation, commerce, utilities, public safety, agriculture and communications.
  9. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events may be implemented during a pandemic.
  10. Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
  11. The general public, LHCP, emergency response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps the City of Homer and KPB are taking to address the incident, and steps response providers and the public can take to protect themselves.

## **V. GOVERNMENTAL ROLES**

### **A. FEDERAL GOVERNMENTS ROLE**

An influenza pandemic will represent a national health emergency requiring a coordinated response. As outlined in Homeland Security Presidential Directive 5 (available at: [http://www.fema.gov/pdf/reg-ii/hspd\\_5.pdf](http://www.fema.gov/pdf/reg-ii/hspd_5.pdf)), the Department of Homeland Security has the primary responsibility for coordinating domestic incident management and will coordinate all non-medical support and response actions across all federal departments and agencies. The U.S. Department of Health and Human Services (DHHS) will coordinate the overall public health and medical emergency response efforts across all federal departments and agencies. Authorities exist under the Public Health Service Act for the DHHS Secretary to declare a public health emergency and to coordinate response functions. In addition, the President can declare an emergency and activate the Federal Response Plan, in accordance with the Stafford Act, under which HHS has lead authority for Emergency Support Function #8 (ESF8).

DHHS response activities will be coordinated in the Office of the Assistant Secretary for Public Health Emergency Preparedness in collaboration with the Office of the Assistant Secretary for Public Health and Science and will be directed through the Secretary's Command Center. The Command Center will maintain communication with DHHS agency emergency operations centers and with other Departments. DHHS agencies will coordinate activities in their areas of expertise. Chartered advisory committees will provide recommendations and advice. Expert reviews and guidance also may be obtained from committees established by the National Academy of Sciences, Institute of Medicine or in other forums.

## **B. STATE GOVERNMENTS ROLE**

1. States are individually responsible for coordination of the pandemic influenza response within and between their jurisdictions. Specific Alaska Division of Public Health responsibilities include:
  - a. Identification of public and private sector providers needed for effective planning and response.
  - b. Development of key components of pandemic influenza preparedness plan; surveillance and investigation, distribution of vaccine and antivirals, health care systems including infection control, social distancing, isolation, quarantine, and communications.
  - c. Integration of pandemic influenza planning with other planning activities conducted under CDC, and Health Resources & Services Administration (HRSA) bioterrorism preparedness cooperative agreements with states.
  - d. Coordination to ensure development of local plans as called for by the state plan and to provide resources, such as templates to assist in the planning process.
  - e. Coordination with the Kenai Peninsula Borough (KPB), City of Homer and health care facilities in planning pandemic services and activities.
  - f. Coordination with the Department of Environmental Conservation (DEC) for animal health issues related to pandemic influenza.
  - g. Development of data management systems needed to implement components of the plan.
  - h. Assistance to local areas, the Alaska State Hospital and Nursing Home Association (ASHNHA) Preparedness Program, and other organizations in exercising plans.
  - i. Coordination with the adjoining jurisdictions of British Columbia, Yukon Territory, and Washington State.
2. The State Division of Homeland Security and Emergency Management have the following non-medical responsibilities:
  - a. Coordinate the states efforts in all non-medical response issues.
  - b. Work with local government funding/planning/recovery
  - c. Contact point to the State Governor
  - d. Access to SECC in Anchorage
  - e. Liaison to Federal Government

## C. LOCAL GOVERNMENTS ROLE

The Kenai Peninsula Borough and City of Homer are ultimately responsible for response to disasters within the geographic boundaries of the Borough and City. It is the residents of this borough and city who are at the greatest risk, and it is those residents who have the greatest interest in its well-being. We recognize that aid will be coming from State and Federal agencies. We also recognize that aid may not arrive in a timely manner. So, it is incumbent upon us to plan and prepare to handle these situations with little or no help from outside agencies.

1. The City of Homer will activate the Emergency Operations Center (EOC) to assist with accomplishing tasks outlined in this annex. Per Presidential Directive #5 NIMS ICS (National Incident Management System Incident Command System) will be used.
2. A unified command will be formed between the City, Borough, and the State Division of Public Health.
3. Facilitate the planning activities being accomplished at all levels of the city. This includes governmental and non-governmental agencies, LHCP, critical infrastructure, private business, and private citizens.
4. Coordinate and collaborate with SOA DPH with the public information campaign to educate the citizens of the City of Homer and the community members of the Southern KPB to the Pandemic Flu Plan and assist them in developing their own plans.
5. Gather information from State and Federal agencies that are conducting surveillance activities within Alaska to use when making decisions regarding pandemic flu.
6. Monitor progression of pandemics and potential pandemics wherever they may be occurring.
7. The Homer Public Information Officer (PIO) will coordinate, through a Joint Information Center (JIC), all information being disseminated to city and borough residents.
8. Coordinate social distancing procedures as they become necessary.
9. Provide logistical support to the LHCP to assist them in meeting their goals.
10. Facilitate exercises of this plan.
11. Coordinate, as needed or requested, with other small Kachemak Bay community officials and tribal health organizations to ensure equitable delivery of medications, vaccine, resources, personnel and other health services.

## VI. PHASES OF A PANDEMIC

The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

<b>Pandemic Period</b>	<b>World Events</b>	<b>Phase of Pandemic</b>
<b>Inter- Pandemic Period</b> New virus in animals no human cases	<b>Low Risk of Human Cases</b>	<b>1</b>
	<b>Higher Risk of Human Cases</b>	<b>2</b>
<b>Pandemic Alert Period</b> New Virus causes human cases	<b>No or very limited human to human transmission</b>	<b>3</b>
	<b>Evidence of increased human to human transmission</b>	<b>4</b>
	<b>Evidence of significant human to human transmission</b>	<b>5</b>
<b>Pandemic Period</b>	<b>Efficient and sustained human to human transmission</b>	<b>6</b>

In accordance with the U.S. Department of Health and Human Services Pandemic Influenza Strategic Plan, DHHS will determine and communicate the pandemic phase level for the U.S. based on the global pandemic phase and the extent of disease spread throughout the country.

## VII. CONCEPT OF OPERATIONS

### A. Overview

1. KPB and its entities, and City of Homer will coordinate the local health and medical response to a pandemic with State, Federal, and local agencies and officials.
2. The City of Homer will respond under the auspices of the City of Homer Emergency Operations Plan and this annex.
3. The Borough and City of Homer response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, and providing frequent communication and education to the public about the pandemic, the SOA DPH response and/or HPHC response, and steps the public can take to reduce the risks of infection.

## **B. Direction and Control**

1. The SOA DPH response will be managed per the guidance and protocols included in the State PanFlu Plan in coordination with this Plan and the City of Homer Emergency Operations Plan.
2. Homer and all response providers will operate under the NIMS Incident Command System throughout the duration of the pandemic response.
3. Homer will activate their Emergency Operations Center to coordinate and monitor the borough-wide public health and medical response during a pandemic.
4. During Pandemic Phases 1, 2 and 3, where Homer and the Kenai Peninsula Borough are not directly affected, Homer will participate in health system preparedness efforts and assist with education efforts in conjunction with the State of Alaska Division of Public Health for pandemic response.
5. During Pandemic Phases 4, 5 and 6 Homer will communicate with LHCP to coordinate management of health care system resources and information.
6. Homer, KPB, and the State Division of Public Health will assess the viability of social distancing measures and establish criteria for their implementation.

## **C. Communications**

The City of Homer, in conjunction with the State of Alaska Division of Public Health, will serve as the lead agency in the City for risk communication messaging and public education regarding pandemic influenza. All LHCP, State, Federal, and Borough agencies PIO's will coordinate information dissemination through the Joint Information Center (JIC). Communications with the public and LHCP will be a critical component of the pandemic response, including managing the utilization of health care services.

## **D. Mitigation**

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts should occur primarily during pandemic phases 1-3. Homer's pre-event mitigation activities include:

1. Workshops/public meetings to discuss current issues.
2. Press releases to local media outlets as new information become available.
3. Continued planning and exercising.
4. Assist LHCP with their preparations.

## **E. Surveillance**

Surveillance is to be conducted across the State of Alaska by State and Federal agencies. The City of Homer Director of Emergency Services will remain in close communication with these agencies and use relevant surveillance information while planning for a response to a potential pandemic.

## **F. Public Education**

Public education through all phases of a pandemic may involve any or all of the following elements:

1. Dissemination of printed and web-based information.
2. Frequent use of radio, television and print media.
3. Coordination with other health care providers and caregivers to ensure consistent messaging.
4. Implementation of public information call center.

## **G. Vaccine and Antiviral Medications**

The City of Homer will utilize the Mass Vaccination Plan (under development) of the Emergency Operations Plan, and the States Strategic National Stockpile plan to get the necessary vaccines and antiviral medications to the residents.

## **H. Isolation and Quarantine**

During all phases of a pandemic; persons exposed to, or ill with, a novel influenza virus will be directed to remain in isolation at home, to the extent possible. Hospitals should implement isolation protocols for all patients suspected of being infected with pandemic influenza based on case definitions obtained from State of Alaska (SOA DPH ) Section of Epidemiology. Alternate care facilities will be identified and activated to serve as alternate medical treatment facilities to hospitals. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease. Quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic, and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.

## **I. Social Distancing Strategies**

1. Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include:
  - a. Closing public and private schools, colleges and universities.
  - b. Closing non-essential government functions.
  - c. Implementing emergency staffing plans for the public and private sector including increasing telecommuting and flex scheduling.
  - d. closing public gathering places including stadiums, theaters, churches, community centers and other facilities.
2. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the State Public Health Officer, and the Kenai Peninsula Borough Mayor and coordinated with the Mayor of the City of Homer.

3. Decisions regarding the closing of all public schools will be made by the State Public Health Officer, the KPB Superintendent of Schools, the Kenai Peninsula Borough Mayor, in consultation with local officials and emergency managers.
4. Decisions regarding the closing of private schools, community colleges in the Kenai Peninsula Borough will be made by the State Public Health Officer and the KPB Mayor after consultation with local chancellors or other school officials as appropriate.

## **VIII. MITIGATION AND PLANNING RESPONSIBILITIES**

### **A. Borough Residents**

1. Stay well informed of current world events concerning pandemics
2. Help prevent the spread of disease:
  - a. Practice good hygiene, wash hands frequently. (Teach your children good hygiene)
  - b. Practice proper respiratory etiquette. Cover mouth and nose when coughing or sneezing, preferably with a handkerchief.
  - c. If you are sick, stay at home. Don't share your illness with co-workers and the general public.
  - d. Eat healthy, drink plenty of water, exercise and get plenty of rest. If you live a healthy life-style you will be less likely to get sick. If you do get sick your body will be stronger and better able to recover.
3. Maintain an emergency cache of supplies that would be necessary to sustain you and your family for up to two weeks. See Appendix F for a checklist designed to help you be prepared for almost any disaster.
4. Discuss your workplace pandemic preparedness plan with your employer. Find out what your role is and be prepared to perform it.

### **B. Business Community**

1. Stay well informed of current world events concerning pandemics.
2. Develop a plan under which your business can operate / survive a 35% reduction in workforce. This plan should include:
  - a. provisions to assist employees with their individual plans
  - b. a liberal sick leave policy for pandemic events
  - c. differential scheduling to reduce the amount of employees that come into contact with each other
  - d. considerations for telecommuting where possible
  - e. considerations for helping your customers with pandemic issues
  - f. considerations for helping your vendors / suppliers with pandemic issues
  - g. considerations for significant reductions in business potential during pandemic flu and those economic impacts on your business viability
3. Work with local Civic Groups and Chambers of Commerce while developing your plan.
4. Further information and a checklist of activities can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov)

### **C. All Federal, State, Local Agencies and LHCP**

1. Identify mission critical functions that must be maintained during all hazards including a pandemic.
2. Identify staff that can be cross-trained to perform emergency response functions.
3. Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.

### **D. City of Homer**

1. Facilitate pandemic planning and response activities with emergency response agencies, 911 dispatch centers, South Peninsula Hospital, Homer Public Health Center, and other health care facilities/clinics.
2. Conduct training, drills and evaluated exercises to enhance Homer's readiness to respond to a pandemic.
3. Coordinate planning and response activities with the various stakeholders within the Greater Homer Community including: Homer Public Health Center, South Peninsula Hospital and other LHCP.
4. Collaborate with HPHC regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures are feasible.
5. Coordinate, in conjunction with the State of Alaska Division of Public Health, city-wide pandemic planning, education and outreach efforts with:
  - a. school systems
  - b. business community
  - c. community based organizations
6. Coordinate with economic development agencies and chambers of commerce regarding the economic consequences of a pandemic.
7. Educate the public, response providers, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures on the community.
8. Through liaison with agriculture and wildlife agencies, monitor surveillance data.
9. Coordinate, with State Division of Public Health and Kenai Peninsula Borough planning for and implementation of disease containment strategies and authorities.
10. Support the LHCP planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.
11. Provide effective communications to the public, the media, elected officials, LHCP, religious based organizations, business and community leaders throughout public health emergencies.

## 12. Homer Public Information Officer (PIO)

- a. Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
- b. Educate the public on how they can protect themselves from becoming infected and infecting others.

## **E. Local Health Care Providers (LHCP)**

1. The LHCP will work in conjunction with the Borough and City to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
  - a. Hospitals and health care organizations will develop pandemic influenza response plans.
  - b. Identify and prioritize response issues affecting the borough-wide LHCP during a pandemic.
  - c. Develop mechanisms to efficiently share information and resources between LHCP, and to communicate with the Emergency Operations Center, as appropriate.
2. Hospitals and other health care facilities will develop pandemic response plans consistent with the health care planning guidance contained in the U.S. Department of Health and Human Services Pandemic Influenza Plan. Health care facility pandemic response plans will address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.
3. LHCP should participate in local influenza surveillance activities.
4. Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease transmission.

## **F. American Red Cross**

1. Assist with pre-response and mitigation planning efforts.

## **G. School District**

1. Monitor School absenteeism and report levels approaching over 7.5% to the KPB Office of Emergency Management and to the SOA Section of Epidemiology.
2. Educate parents and guardians on the importance of having sick children stay at home.
3. Maintain a Pandemic Flu Plan for the School District. Provide training to faculty and staff on this plan.

## **H. Law Enforcement**

1. Assist with pre-response planning efforts.

## **I. Local Emergency Planning Committee (LEPC)**

1. Assist in development of Pandemic Flu Response Plan.
2. Develop and conduct exercises to test this plan.
3. Perform other duties as requested by the IC.

#### **J. State Division of Public Health**

1. Participate in planning activities focused to develop capacity for community-based influenza evaluation and treatment clinics. Plan coordination between communities and hospitals to develop Alternate Care site plans.
2. Develop infection control plans with technical assistance from the Center for Disease Control (CDC), to protect staff and clients.
3. Educate health care providers about influenza pandemics and involve them in community pandemic response planning through the local health care facilities.
4. Communicate and coordinate directly with Homer's Public Safety Departments or, if activated, through the EOC, regarding pandemic preparedness and response activities
5. Coordinate statewide pandemic planning and preparedness efforts.
6. Coordinate statewide surveillance activities.
7. Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.

#### **K. State Division of Homeland Security and Emergency Management**

Through the State Emergency Coordination Center (SECC) provide response guidance and technical resources for planning and exercise coordination.

#### **L. State Medical Examiner's Office**

1. Lead mass fatality planning efforts.
2. Incorporate funeral home directors into planning efforts for pandemic response.

#### **M. United States Department of Health and Human Services**

1. Provide overall guidance on pandemic influenza planning within the United States.
2. Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.
3. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
4. Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

## **N. United States Center for Disease Control and Prevention (CDC)**

1. Conduct national and international disease surveillance.
2. Carry out statewide surveillance, epidemiological investigation and disease control activities.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Support vaccination programs.
6. Monitor the nation-wide impact of a pandemic.
7. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile (SNS).

## **O. World Health Organization**

1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Declare global pandemic phase and adjust phases based on current outbreak conditions.

## **IX. RESPONSE RESPONSIBILITIES**

### **A. Residents**

1. Stay well informed of current world events concerning pandemics.
2. Monitor the appropriate KPB OEM or Homer website, local radio and television for important local news regarding pandemic response.
3. Maintain an emergency cache of supplies that would be necessary to sustain you and your family for up to two weeks. See Appendix F for a checklist designed to help you be prepared for almost any disaster.
4. If you have children:
  - Stay in contact with your children's schools. Be prepared to either care for or have alternate care for your children during the day should the schools be closed.
  - If your child is sick, keep him/her at home.
  - Educate yourself on mental health care for your children during an event.
5. Follow the directives issued by the State Division of Public Health, KPB and City of Homer. Follow recommended social distancing measures as closely as possible.
6. If you have pets, plan for their care and feeding if you were to become incapacitated for any length of time.

## **B. Community**

1. Stay well informed of current world events concerning pandemics.
2. As needed follow your pandemic response plan to keep your business going.
3. Monitor local radio and television for important local news regarding pandemic response.
4. Follow directives issued by the Director of Emergency Services, KPB Office of Emergency Management and the State Division of Public Health. Follow recommended social distancing measures as closely as possible.

## **C. All Federal, State, Local Agencies and LHCP**

1. Mobilize all necessary staff to support the Homer pandemic influenza response, as directed by the Incident Commander (IC).
2. Maintain or become proficient in the National Incident Management System and Incident Command System courses; IS700 and ICS100 minimum for all potential responders.

## **D. Kenai Peninsula Borough & City of Homer**

1. Coordinate response to a flu pandemic with the State Emergency Coordination Center (SECC), and the State Division of Homeland Security and Emergency Management.
2. Coordinate activation and management of the KPB and Homer Emergency Operations Center(s) as necessary.
3. Provide advice to the local State Public Health Officer regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.
4. During a pandemic, KPB/City of Homer may suspend routine borough operations to provide staff for flu clinics, call centers, or to fulfill other duties as necessary.
5. The Borough/City will work in conjunction with the LHCP to maximize the health care system's ability to provide medical care during a pandemic.
6. Coordinate the community's emergency response through the KPB and Homer Emergency Operations Plan.
7. Monitor state-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, facilitate influenza surveillance in animals in the Borough and monitor surveillance data.
8. Coordinate with the State Division of Public Health planning for and implementation of disease containment strategies and authorities.
9. Support the LHCP planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.

10. Provide effective communications to the public, the media, elected officials, LHCP, religious based organizations, business and community leaders throughout public health emergencies.
11. Public Information Officer (PIO)
  - a. Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
  - b. During pandemic establish a Joint Information Center (JIC) to ensure the public is getting the most accurate and current information possible.
  - c. Activate and direct the management of public information call centers focused on providing health information to the public.
  - d. Communications during Pandemic Phases 1, 2, 3;
    - a) The PIO will:
      - Assess the information needs of health care providers.
      - Assess the information needs of the general public.
      - Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
      - Intensify public education efforts about influenza pandemics, animal influenza and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
      - Coordinate with CDC, and State Division of Public Health to develop common health messages and education materials.
    - b) The PIO will work with the local State Public Health Department PIO and other appropriate agencies to develop a communications strategy for vulnerable populations including identifying appropriate community providers for reaching and educating diverse communities such as limited English speaking and homeless citizens.
  - e. Communications during Phases 4, 5, 6;
    - a) Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response providers. A JIC will be activated when Incident Command (IC) deems it necessary based on specific characteristics of the pandemic.
    - b) The IC will evaluate the need to establish a public information call center to respond to public inquiries.
    - c) The PIO will work with the LHCP and the State Division of Public Health to develop public information messages related to the utilization of the health care system and other resources (call centers, etc).

- d) As the pandemic expands, the PIO will provide timely updates on the pandemic and will organize regular media briefings.
- e) The PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

## **E. Local Health Care Providers (LHCP)**

1. The LHCP will work in conjunction with the Borough and City to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
  - a. Coordinate with the local State Public Health Officer regarding policy level decisions regarding the operations of the local health system.
  - b. Assure that relevant communications from LHCP and the HPHC to the Borough and City are accomplished in a timely manner.
2. During a pandemic impacting Homer, all efforts will be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care. In order to accomplish this, LHCP may need to:
  - a. Limit the provision of health care services to patients with urgent, health problems requiring immediate hospitalization.
  - b. Take steps to increase hospital bed capacity to care for the extreme numbers of influenza patients.
  - c. Mobilize and deploy staff between medical institutions to address critical, staffing issues.
  - d. Implement pandemic-specific patient triage and management procedures.
3. During a pandemic, alternate care facilities will be identified and activated to serve as alternate medical treatment facilities to hospitals.
  - a) These facilities will add to the existing bed capacity in the borough and provide supportive care to influenza patients, or will serve as flu clinics to relieve the burden on hospital emergency departments.
  - b) Locating, staffing and supplying these sites will be accomplished through a coordinated effort between Borough, City, and LHCP and the State of Alaska Division of Public Health.
  - c) Available sites that could be used are to be identified.

## **F. American Red Cross**

1. Supply cots and bedding as available and needed for Alternate Treatment Sites.
2. Coordinate, recruit and support volunteers for use throughout the borough.
3. Perform other duties as requested by the IC.

## **G. School District**

1. Assist in making the determination on when to close the schools.
2. Reassign staff as needed and requested by the EOC.

## **H. Law Enforcement**

1. Assist with crowd and traffic control at flu treatment centers.
2. Perform other law enforcement activities as requested by the IC.
3. Provide additional staff as available and requested by the EOC.

## **I. Amateur Radio Group**

1. Assist with communications network to connect all parties to this response.
2. Perform other duties as requested by the IC.

## **J. State Division of Public Health (SOA DPH)**

1. Provide/designate a local PHN liaison.
2. Lead and coordinate all mass dispensing clinic response activities.
3. Communicate and coordinate directly with the Borough and City, and if activated, through the EOC, regarding pandemic preparedness and response activities.
4. Coordinate directly with LHCP and make decisions regarding strategies, thresholds and methods for reallocating resources and temporary restructuring of health system operations in response to a pandemic.
5. Communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, the LHCP through the EOC.
6. Coordinate statewide surveillance activities.
7. Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
8. Coordinate submission of pandemic epidemiological and dissemination of statewide data and situation updates to LHCP and the EOC.
9. Coordinate development and implementation of disease containment strategies across multiple borough and regions within the state.
10. Request federal assistance to support the local health and medical response, including antiviral medicines and vaccines from the Strategic National Stockpile (SNS), when local and state resources are exceeded.

11. Through the JIC, educate and inform the public on the course of the pandemic and preventive measures.

#### **K. State Division of Homeland Security and Emergency Management**

1. Through the State Emergency Coordination Center (SECC) provide response guidance and technical resources for response to a pandemic situation in the Borough.
2. Provide access to the Governor of the State of Alaska
3. When appropriate, request assistance from the federal government
4. Provide through state and federal grants.

#### **L. State Medical Examiner's Office**

1. Lead mass fatality planning and response efforts.
2. Coordinate with and support hospitals regarding mass fatalities planning and response.

#### **M. United States Department of Health and Human Services**

1. Coordinate the national response to an influenza pandemic.
2. Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

#### **N. United States Center for Disease Control and Prevention (CDC)**

1. Conduct national and international disease surveillance.
2. Carry out state-wide surveillance, epidemiological investigation and disease control activities in coordination with SOA DPH.
3. Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, laboratory testing, management, and infection control to LHCP and facilities and the KPB Office of Emergency Management.
4. Make recommendations regarding the need for individual and group isolation and quarantine.
5. Work with the PIO to develop and disseminate risk communications messages to the public.
6. Provide recommendations to the local State Public Health Officer regarding measures to sustain the functionality of the local health care system.
7. Coordinate receipt of vaccines in conjunction with the State Public Health Officer, and develop strategies for storage, distribution and allocation of vaccines among LHCP.
8. Serve as a liaison to the WHO.
9. Support vaccination programs and monitor vaccine safety.
10. Investigate pandemic outbreaks and define the epidemiology of the disease.

11. Monitor the nation-wide impact of a pandemic.
12. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile (SNS).
13. Coordinate the implementation of international and U.S. travel restrictions.

## **O. World Health Organization**

Monitor global pandemic conditions and provide information updates.

Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.

Declare global pandemic phase and adjust phases based on current outbreak conditions.

## **X. MAINTENANCE OF ESSENTIAL SERVICES**

- A.** One of the critical needs during a flu pandemic will be to maintain essential community services.
  1. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.
  2. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness.
- B.** Government agencies and private businesses, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.
- C.** The Director of Emergency Services in conjunction with the City Managers office will lead continuity of government efforts as referenced in the Emergency Operations Plan.
- D.** The Director of Emergency Services will participate in and support logistical and non-medical infrastructure planning with hospital facilities.

## **XI. RECOVERY**

1. Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.
2. In consultation with the KPBB, City of Homer, health care facilities, and tribal entities, SOA DPH will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
3. KPBB OEM will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response providers.

4. KPB OEM will assist health care and business community members in assessing the economic impact of the pandemic.
5. The City of Homer and KPB OEM will conduct an after-action evaluation of the pandemic response in collaboration with State, Federal agencies and LHCPs. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Annex.
6. The City and Borough Administration will determine what the economic impact to the community has been.

# Appendix A

## The City/Borough Priority Groups for Influenza Vaccination during a Pandemic

This appendix is based on State Recommendations. Vaccinations will be administered in sequential order. Tier 1 will receive vaccinations first until the entire Tier has been completed, followed by Tier 2, 3, and 4. Within each Tier, individuals in Sub-tier A will be vaccinated first until completed, then Sub-tiers B, C, and D.

Tier 1	Sub-tier A	Sub-tier B	Sub-tier C
<b>Description</b>	<ul style="list-style-type: none"> <li>➤ Health care workers (HCW's) providing direct patient care</li> <li>➤ Essential healthcare support personnel</li> <li>➤ Vaccinators</li> <li>➤ Public Safety workers including EMS, police, fire, 911 dispatchers</li> <li>➤ Other Public health emergency responders</li> <li>➤ All family members of Sub-tier A</li> <li>➤ Critical transportation workers (air taxi pilots, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>➤ High-risk patients 65 years old or older with one high risk condition</li> <li>➤ Patients 6 months to 64 years old with two high risk conditions</li> <li>➤ Patients 6 months or older hospitalized in the past year for influenza, pneumonia, or a high-risk condition</li> <li>➤ Utility workers essential for maintenance of power, water, and sewage system</li> <li>➤ Key government leaders</li> <li>➤ All EOC personnel</li> <li>➤ Mental Health Care Providers</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pregnant women</li> <li>➤ Household contacts of people who are severely immunocompromised</li> <li>➤ Household contacts of children less than 6 months old</li> <li>➤ Transportation workers transporting fuel, water, food and medical supplies as well as public ground transportation</li> </ul>
<b>Total Number</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>

Tier 2	Sub-tier A	Sub-tier B
<b>Description</b>	<ul style="list-style-type: none"> <li>➤ All healthy people 65 years old and older</li> <li>➤ People 6 months to 64 years old with one high risk condition</li> <li>➤ Healthy children 6 to 23 months old</li> </ul>	<ul style="list-style-type: none"> <li>➤ Correctional facility staff</li> <li>➤ Telecommunications workers for essential network operations and maintenance</li> </ul>
<b>Total Number</b>	<b>TBD</b>	<b>TBD</b>

## Appendix A (continued)

### The City/Borough Priority Groups for Influenza Vaccination during a Pandemic

<b>Tier 3</b>	<b>Sub-tier A</b>
<b>Description</b>	<ul style="list-style-type: none"><li>➤ Key government health decision-makers</li><li>➤ Funeral home directors and embalmers</li></ul>
<b>Total Number</b>	<b>TBD</b>

<b>Tier 4</b>	<b>Sub-tier A</b>
<b>Description</b>	<ul style="list-style-type: none"><li>➤ Healthy people 2 to 64 years old not included in the categories above</li></ul>
<b>Total Number</b>	<b>TBD</b>

## APPENDIX B

### City/Borough Priority Groups for Receiving Antiviral Medications during a Pandemic

This appendix is based on State Recommendations. If antiviral supplies are limited, treatment and prophylaxis during a pandemic will be prioritized as follows:

1. Treat patients hospitalized with influenza.
  - Note: Antiviral Medications are most effective either before or within 24 – 48 hours of onset of symptoms of influenza. Depending on quantities of antiviral medications rationing based on onset of symptoms may be necessary. After 48 hours the effectiveness of antiviral medications is greatly reduced.
2. Treat health care workers with direct patient contact and Emergency Medical System workers.
3. Treat highest risk outpatients disease based on medical determination i.e. immunocompromised patients and pregnant women.
4. Treat pandemic health responders, public safety, key government decision makers and critical transportation workers.
5. Treat increased risk populations – young children 12 – 23 months old, people over 65, and people with underlying medical conditions.
7. Provide post-exposure prophylaxis in certain environments (e.g., nursing homes and other residential settings).
8. Provide prophylaxis for Emergency Medical System and health care workers and in emergency rooms, Intensive Care Units, and dialysis centers.
9. Treat critical infrastructure responders and health care workers without direct patient contact.
10. Treat other outpatients not included in categories above.
11. Provide prophylaxis to highest risk outpatients (immunocompromised and pregnant women).
12. Provide prophylaxis for other health care workers with direct patient contact.

*Based on guidelines included in the  
Department of Health and Human Services Pandemic Influenza Plan, 2005*

# APPENDIX C

## Pandemic Response Checklist

OPERATIONAL CHECKLIST	Interpandemic & Pandemic Alert Periods	Pandemic Alert Periods			Pandemic Period
	Phases 1 & 2	Phase 3	Phase 4	Phase 5	Phase 6
<b>Pandemic Influenza Response Plan</b>					
Monitor virologic surveillance / Brief City Administration as needed					
Monitor influenza activity statewide / Brief City Administration as needed					
Educate the public concerning influenza pandemics and prevention measures (In conjunction with State Division of Public Health)					
Develop and update web page containing most current information available					
Educate the public concerning social distancing measures and voluntary isolation (In conjunction with State Division of Public Health)					
Educate public concerning priority groups for vaccines and prophylaxis.					
Provide information to the general public to assist them in developing individual plans for their families. (In conjunction with State Division of Public Health)					
Work with business community assisting them to develop specific plans for their business. (In conjunction with State Division of Public Health)					
Educate public concerning travel to countries impacted by influenza (In conjunction with CDC as necessary)					
Coordinate mitigation and response planning efforts with KPB School District					
Conduct training and pandemic flu response evaluated drills with LHCP, the military, KPB School District, and emergency response agencies.					
Activate and manage the Homer Emergency Operations Center					
Coordinate response efforts with State Emergency Coordination Center and the State Division of Homeland Security and Emergency Management					
Assess public information needs and provide to the public regarding Homer preparations and response					
Coordinate with State Division of Public Health and CDC to develop common health messages					
Review Continuity of Government section of the Homer Emergency Operations Plan and take appropriate actions.					
Upon request from SPH open alternate treatment facility					
Evaluate need for JIC based on specific characteristics of the pandemic					
Establish a public information call center					

# APPENDIX C (continued)

## Pandemic Response Checklist

OPERATIONAL CHECKLIST	Interpandemic & Pandemic Alert Periods	Pandemic Alert Periods			Pandemic Period
		Phases 1 & 2	Phase 3	Phase 4	Phase 5
<b>Pandemic Influenza Response Plan</b>					
Consider activating Community Wide Notification System to disseminate any critical information.					
Consider suspending routine borough activities and reassign personnel					
Implement Social Distancing Measures as needed					
Consider closing Schools					
Review priority groups for mass vaccination and prophylaxis clinics					
Assist in the preparation of mass vaccination / prophylaxis clinics					
Establish mass vaccination / prophylaxis clinics as medications become available					
Assist the State Division of Public Health with the activation of the Strategic National Stockpile (SNS) as outlined in the Homer EOP.					

<b>Currently being accomplished</b>	
<b>Consider implementing</b>	

# APPENDIX D

## Recommended Protective Measures to Reduce the Spread of Pandemic Influenza

		Phase of Pandemic					
		1	2	3	4	5	6
<b>Protective Measures</b>	Public Information and education campaign						
	Individual isolation of influenza cases						
	Quarantine close contacts of influenza cases						
	Recommend the public defer travel to countries impacted by pandemic						
	Close all public and private schools, colleges and universities						
	Encourage public and private sector to implement pandemic emergency staffing plans						
	Suspend government functions not dedicated to pandemic response or critical continuity						
	Suspend large gatherings (sports events, concerts)						
	Close churches, theaters and other places where crowds gather						
	Encourage use of public transit only for essential travel						

Consider implementing protective measures	
Implement protective measure	

# APPENDIX F

## PANDEMIC FLU PLANNING CHECKLIST OF INDIVIDUALS & FAMILIES

### 1. To plan for a pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.
- Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

### 2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.
- Teach your children to cover coughs and sneezes with tissues or handkerchief, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work or school if sick.

### 3. Items to have on hand for an extended stay at home:

#### Examples of food and non-perishables

- Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Crackers
- Canned juices
- Bottled water
- Canned or jarred baby food and formula
- Pet food
- Other non-perishable foods

- Prescribed medical supplies such as glucose and blood-pressure equipment
- Soap and water, or alcohol based hand wash
- Medicines for fever, such as acetaminophen or ibuprofen
- Thermometer
- Anti-diarrhea medication
- Vitamins
- Fluid with electrolytes
- Cleansing agent/soap
- Flashlight and spare batteries
- Portable radio
- Manual can opener
- Garbage bags
- Toiletries

#### Examples of medical, health, and emergency supplies