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# **SANTA ROSA COUNTY PANDEMIC PLAN**

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# SANTA ROSA COUNTY PANDEMIC PLAN

## I. INTRODUCTION

### A. PURPOSE

#### 1. County Mission Statement

Santa Rosa County will implement a comprehensive Pandemic Plan in order to facilitate the continuity of governmental operations so as to provide necessary services to the citizens of the County in the event that a Pandemic strikes the Gulf Coast of Florida. This plan can be modified at any time by the emergency management director.

#### 2. County Goals

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

#### 3. National Goals

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

### B. SCOPE

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

## II. POLICIES

### A. National Strategy for Pandemic Influenza

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

#### The National Response Framework

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

#### Public Health Service (PHS) Act

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

#### Homeland Security Presidential Directive 5 (HSPD-5)

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

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

#### Homeland Security Presidential Directive 7 (HSPD-7)

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

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

#### Homeland Security Presidential Directive 8 (HSPD-8)

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

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

#### B. State Resolutions

The State of Florida "Influenza Pandemic Annex to the Emergency Operations Plan", provides State guidance for dealing with a Pandemic.

Chapter 252, Florida Statutes:

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

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

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

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

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

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

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

Section 120.54, F.S. State Agencies

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

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

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

C. County Resolutions

The County will follow the guidelines established in this document, the Santa Rosa County Pandemic Plan, in conjunction with the DOH Pandemic plan, as decided via board vote June 8<sup>th</sup> 2006.

**III. SITUATION**

**A. INCIDENT CONDITION**

A pandemic is a worldwide disease outbreak that is characterized by sustained human to human transmission. The sustainment of a pandemic occurs because there is little to no immunity to a novel disease. A future pandemic in humans is considered a certainty by the scientific community. Influenza viruses caused three pandemics in the 20<sup>th</sup> century and a novel avian influenza virus is cited in scientific publications and federal and state planning documents as the most likely source for a future pandemic. There are other diseases, however, that could be the source of a pandemic, as indicated by the surprising rise of the H1N1 swine flu as a worldwide threat that fortunately proved to have a much lower mortality rate than the H5N1. Additionally the Ebola epidemic in Africa in 2014 has been the deadliest epidemic of this disease in history. The procedures outlined in this annex are applicable to a pandemic occurrence regardless of the source.

The influenza virus can survive on surfaces for hours to days, depending on the surface, but it survives on hands for less than 5 minutes. Hand washing has been shown to reduce transmission of respiratory illness, in general, in the specific setting of military trainees, but there is no specific scientific evidence related to flu.

Ebola is spread through contact with the body fluids of a contagious individual.

**B. PLANNING FACTORS**

1. Susceptibility to the pandemic virus will be universal.
2. Efficient and sustained person-to-person transmission signals an imminent pandemic.
3. The clinical disease attack rate will be 30 - 50 percent in the overall population during a pandemic. Illness rates for influenza will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
4. Some persons will become infected with influenza but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
5. While the number of patients seeking medical care from influenza cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for treatment, this proportion may be higher in the next pandemic.

6. Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
7. Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
8. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days. Ebola incubation is 8 – 10 days, this disparity in incubation length indicates that any cause of a pandemic may be widespread in a community prior to the disease process being identified. “The Ebola virus can also be transmitted indirectly, by contact with previously contaminated surfaces and objects. The risk of transmission from these surfaces is low and can be reduced even further by appropriate cleaning and disinfection procedures” (What we know about transmission of the Ebola virus among humans, 2014).
9. Persons who become ill with influenza may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well. Ebola patients are not contagious until they start exhibiting signs of the illness.
10. On average, infected persons will transmit infection to approximately two other people.
11. Epidemics will last 6 to 8 weeks in affected communities.
12. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty. (*Ref 1; ch 2, pg 25*)

#### **IV. CONCEPT OF OPERATIONS**

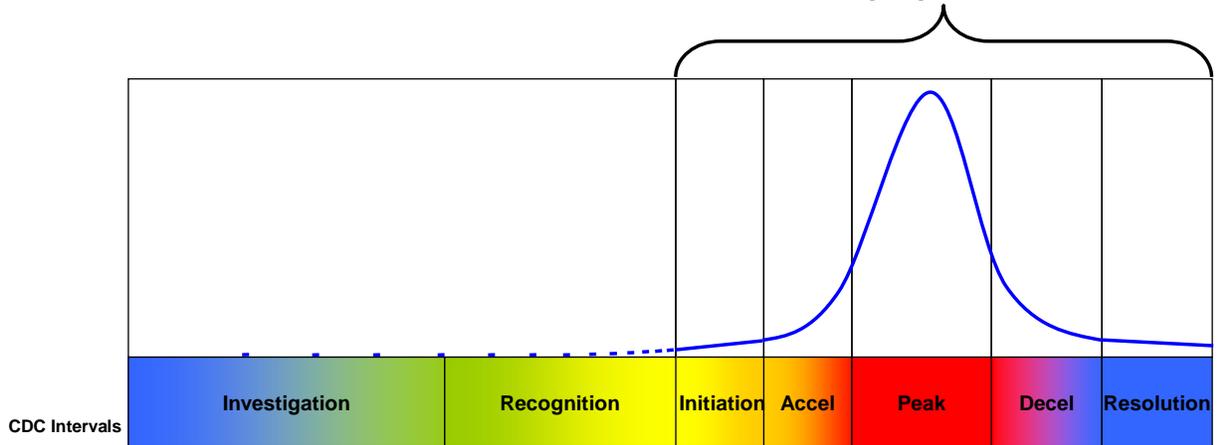
The World Health Organization (WHO) is responsible for monitoring global surveillance of disease, and for the specific purpose of this Annex, novel viruses that could lead to a pandemic. The WHO has designated six alert phases of pandemic based on the progression of the disease and its capacity for human to human transmission.

The US Government has established six response stages that begin in WHO Phase 3.

The Centers for Disease Control and Prevention (CDC) have established pandemic intervals that correspond to the epidemiology progression of a disease. Table 1 below relates WHO Phases, US Government Stages, and CDC Pandemic Intervals.

	Inter		Pandemic Alert Period			Pandemic Period	
WHO Phase	1	2	3	4	5	6	
	New Domestic Animal Outbreak in At-Risk Country	Suspected Human Outbreak Overseas	Confirmed Human Outbreak Overseas	Widespread Outbreaks Overseas	First Human Case in N.A.	Spread Throughout United States	
USG Stage	0	1	2	3	4	5	6

For planning, intervals provide additional specificity for implementing state and community level interventions during stages 4, 5 and 6.



Pre- Pandemic Intervals

- Investigation
- Recognition

Pandemic Intervals

- Initiation
- Acceleration
- Peak Transmission
- Deceleration
- Resolution

**Table 1. Comparison WHO Pan Flu Phases, Federal Government Stages, and CDC pandemic intervals**

**Alert**

The Emergency Management System will be alerted to detections of novel influenza virus identified through animal and human surveillance systems. This will occur during WHO Phases 1, 2, and 3. The incidence of human cases overseas is the trigger event for US Government Stage 1. This is the Pre-pandemic Interval for Investigation and Recognition. The Department of Agriculture and Consumer Services (DACS), the Florida Fish and Wildlife Conservation Commission (FWCC) and the Florida Department of Health (DOH) are responsible for domestic bird, wild bird and human disease surveillance, respectively. Each agency is responsible to alert the State Warning Point of any validated aberration of the surveillance systems. The State Warning Point will notify the county warning point, although circumstances at the county-level may direct the alert from county to state.

## Notification

Notification of a pandemic phase change will be received through national and international channels. When a phase change notification is received, CDC will notify all state departments of health through the use of the Health Alert Network (HAN).

The Department of Health will notify counties and other stakeholders through established notification venues including the Epidemiology Communication (EpiCom) system, Florida Department of Health Emergency Notification System (FDENS) and the State Warning Point. For more information on health notification procedures for a suspected or confirmed novel virus, see County Health Department Pandemic Influenza Annex to their Emergency Operations Plan.

### A. LOCAL RESPONSE

#### 1. County

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

#### 2. Municipalities

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

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

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

### Understanding the Legal Framework

Because emergency management in public health emergencies will depend heavily on the effective use of relevant legal authorities, public health, law enforcement, and emergency management officials, and fire and EMS first responders will benefit from joint training on the legal authorities essential to effective response in public health emergencies *before* the emergency occurs. While significant progress has been made since the terrorist attacks on September 11, 2001, in establishing joint investigative protocols and linkages among the key components of public health, emergency management, law enforcement, and emergency response communities, an influenza pandemic will present new challenges, and it is important that all concerned understand their roles and the governing legal authorities so that they can coordinate their efforts under a complex set of Federal, State, tribal, and local laws. Federal, State, local, and tribal governments should review their legal authorities to respond to an influenza pandemic, identify needed changes in the law, and pursue legislative action as appropriate.

## Protecting Law Enforcement and Public Safety Personnel

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

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

The Santa Rosa County Sheriff Office has a Pandemic Flu Plan in place which supports the local Department of Health plan. Additionally the Santa Rosa County Correctional Institute has a Pandemic Plan in place to protect workers and inmates. This plan will take the burden of supporting the inmates off of the local health care system.

### 3. Local Government

#### Emergency Management

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

## Continuity of Operations

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

This plan acts as the County Continuity of Government Plan for those under the jurisdiction of the BOCC. Continued development of this plan includes the future purchase of N-95 respirators for employees who may have contact with the local populace during the implementation of their duties, and the fit testing of these respirators in accordance with OSHA guidelines. These will be used dependent on the spread of the virus causing the pandemic. In some cases surgical masks may suffice.

## Delegation of Authority

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

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

#### Protecting Personnel during a Pandemic

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

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

- a. School district has developed a plan that has contingencies in place for deterring the spread of a pandemic through the schools.
- b. Departments under the jurisdiction have either completed, or are in the process of completing individual division/department plans. This decentralized planning allows for supervisors to implement pandemic plans on to a scale required, based upon that division/departments criticality to continued public service and interaction with the public.
- c. Promote and encourage social distancing
  - Two ways of increasing social distance activity restrictions are to cancel events and close buildings or to restrict access to certain sites or buildings. These measures are sometimes called "focused measures to increase social distance." Depending on the situation, examples of cancellations and building closures might include: cancellation of public events (concerts, sports events, movies, plays) and closure of recreational facilities (community swimming pools, youth clubs, gymnasiums). (Ref: 4)
- d. Promote the use of tissues to cover mouths when coughing or sneezing, and discard tissues immediately after use. Have tissue boxes at the entrance of every public building where citizens must go to conduct business. Do not use/re-use cloth handkerchiefs. Wash hands frequently especially after coughing or sneezing.
- e. Require the use of recommended face masks (surgical or respirators - N95 rated or higher) for employees having frequent contact with the public, as well as gloves for those handling money or paper work as a regular part of their job.
- f. Decrease number and frequency of meetings, allowing departments to do business by e-mail or phone instead of face to face. Utilize web-based meeting products such as GoToMeetings.

- g. Implement a stay at home policy for employees who are sick with any disease process that exhibits a fever, coughing or sneezing.
- h. The Animal Services department has adequate supplies of the necessary equipment to protect employees during a pandemic.
- i. Collect, analyze, integrate, and report information about the status of hospitals and health care systems, critical infrastructure, and materiel requirements, to State via communications methods installed at the Division of Emergency Management.
- j. Work with Santa Rosa County and municipal Chambers of Commerce to promote the development of Pandemic Flu plans by local businesses in order to facilitate the continuity of services for the citizens of Santa Rosa County. The Division of Emergency Management is continually promoting readiness for all hazards to include pandemics at every available opportunity.
- k. Department directors should have the authority to implement a work from home plan which will allow government work to be accomplished without exposing additional personnel to potential expose by having to work in the office.
  - Facilitation of this plan would require personnel to have access to work computers from their homes via personal computers or County laptops
  - If personal computers are used, then the computer department would need to safeguard the county computer system by adding firewall and anti-virus programs to home computers of those personnel authorized to work from home
  - The following BOCC departments have plans:
    - Animal services
    - Public works
    - Development services
    - Engineering
    - Environmental
    - Planning and Zoning
    - Emergency communications
    - Library system
    - Emergency management
    - Navarre Beach
- l. Recommend to the DOH that vaccines be administered in accordance to guidelines recommended in the HHS Pandemic flu plan, (*Ref 2; App D, Table D-1) (Appendix 2)* or as applicable based upon State Department of Health Pandemic Flu plan.
- m. Recommend that all constitutional officers have a pandemic flu plan that promotes the protection of their employees, and continued operations of their respective facilities with full staffing.
- n. County EMS provider and local Health Care facilities are encouraged to develop plans that promote the protection of their employees, and continued operations of their respective facilities with full staffing.
- o. Practice the responses in table 2 below, and disseminate this information as widely as possible.

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

**Table 2 – Individual, Family and Community Response to Pandemic Flu**

**EOC Activation  
Level 3: Monitoring**

Risk of human disease from a novel and potentially pandemic virus in Florida is low -- WHO Levels 3 and 4, US Government Stages 0-2, and Pre-pandemic Interval for Investigation and Recognition. Conditions for remaining at Level 3:

- A novel influenza virus has been detected in birds or animals outside the US
- A novel influenza virus has been detected in humans outside the US with no or limited human-to-human transmission
- Positive test for influenza in birds or animals in Western Hemisphere or Hawaii
- Positive test for influenza in birds or animals in continental United States but outside Florida or counties in Southern Alabama.
- Sustained human-to-human transmission of a novel virus outside the US

**Level 2: Partial Activation -- Response Phase**

Risk of human disease from a potential pandemic virus in Florida has increased. Conditions for activating or remaining at Level 2 are:

- Positive test for influenza in birds or animals in Florida or an adjacent state, but not in a nearby county
- Efficient and sustained human-to-human virus transmission in the US, but not in Florida (or an adjacent border county as applicable)
- Widespread and sustained influenza cases in Florida but not in nearby counties

**Level 1: Full Activation -- Response Phase**

WHO Level 6, US Government Stages 4-6, pandemic interval acceleration though peak transmission through deceleration. Risk of human disease from a pandemic virus in Florida is and remains high. Conditions for activating or remaining at Level 1 are:

- Widespread and sustained bird and animal influenza cases in Florida or nearby Alabama counties
- Efficient and sustained human-to-human virus transmission in Florida or nearby Alabama counties
- Diagnosed human case(s) of pandemic virus in Santa Rosa County

All activations conditional on severity index of pandemic and desire of County Health Department to activate.

**Level 3: Monitoring – Recovery Phase** WHO Level 6, US Government Stage 6, and Pandemic Interval Resolution. Risk of human disease from a pandemic virus in Florida and Santa Rosa County is low. Conditions for returning to Level 3 are:

- Levels of new influenza cases in Santa Rosa County are returning to normal
- Staff levels and absenteeism are returning to normal
- Infrastructure and services are being restored across Florida and in Santa Rosa County.

### **Risk Management in Occupational Settings**

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

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

4. State and Local Law Enforcement
  - a. County and city law enforcement will assist in population control at health care facilities and any location the DOH determines it will provide flu vaccines.
  - b. In the event of a civil disturbance, including rioting or looting, State and local law enforcement will normally provide the first response pursuant to State and local law. Consistent with State law, the Governor may deploy National Guard as needed to prevent or respond to civil disturbances. Mutual aid agreements, such as Emergency Management Assistance Compacts, may also be used to obtain assistance from both within States and from neighboring States. (Ref 1; ch 8, pg 157)
5. Santa Rosa County Department of Health
 

Will follow their own Pandemic Flu Plan and guidelines/procedures outlined in the reference section (Para G) as they apply.

## **B. STATE RESPONSE**

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

### State Quarantine

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

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

### Florida Department of Health

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

## **C. FEDERAL RESPONSE**

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

The response to an influenza pandemic could require, if necessary and appropriate, measures such as isolation or quarantine. Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of pandemic influenza patients prevents transmission of pandemic influenza by separating ill persons from those who have not yet been exposed. Quarantine is a contact management strategy

that separates individuals who have been exposed to infection but are not yet ill from others who have not been exposed to the transmissible infection; quarantine may be voluntary or mandatory. The States, which enact quarantine statutes pursuant to their police powers, are primarily responsible for quarantine within their borders. The Federal Government also has statutory authority to order a quarantine to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession. Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic is on the list of specified communicable diseases for which Federal quarantine is available. (Ref 1: ch 8, pg 12)

#### **D. MITIGATION**

##### Local Responsibilities

1. Education and awareness training of local businesses and governmental agencies is paramount to having all participants understand their roles in the “big picture”, should a flu pandemic affect the County.
2. Education has started with the inclusion of a, Pandemic Out break section in the annual County Disaster Guide.
3. Continue vigorous public education about “all hazards”. Sponsor and assist neighborhood organization as Community Emergency Response Teams (CERT), Medical Reserve Corps (MRC) or neighborhood watches.

##### State Responsibilities

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

##### Federal Responsibilities

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

#### **E. PREPAREDNESS**

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

The Federal Government recommends that government entities and the private sector plan with the assumption that up to 40 percent of their staff may be absent for periods of about 2 weeks at the height of a pandemic wave, with lower levels of staff absent for a few weeks on either side of the peak. Absenteeism will increase not only because of personal illness or incapacitation but also because employees may be caring for ill family members, under voluntary home quarantine due to an ill household member, minding children dismissed from school, following public health guidance, or simply staying at home out of safety concerns.

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

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

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

#### 1. Local Government

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

- a. Santa Rosa County, working in conjunction with the municipalities should be prepared to support the DOH in the event that they declare isolations, or quarantines to be in effect.
- b. Emergency Management should utilize the State and Local Pandemic Influenza Planning Checklist as a guide for preparedness. (See Appendix 1)
- c. Encourage full participation in preparedness by making available the checklists located at; <http://www.pandemicflu.gov/plan/medical.html>
- d. For information about Ebola from the CDC visit this [site](#).
- e. The Health Care Planning checklist located at the above site is being distributed to Nursing/Retirement homes upon review of their Disaster Plans.
- f. All hospitals should be prepared to treat patients with pandemic influenza (i.e., equipped and ready to care for: (1) a limited number of patients infected with a pandemic influenza virus, or other novel strain of influenza, as part of normal operations; and (2) a large number of patients in the event of escalating transmission of pandemic influenza). (Ref 1; ch 6, pg 133)
- g. Citizens of Santa Rosa should keep their family pets in-doors, especially cats.

- h. Persons who work with animals should take precautionary measures like frequent hand washing and the wearing of protective materials e.g. gloves and masks.
- i. Medical Reserve Corps (MRC) may provide for the facilitation of medical facilities by trained healthcare workers.

### **Community Education**

- a. Educate the local community in advance of a pandemic.
- b. Facilitate a coordinated community response with local responders (e.g., emergency, hospitals, and mortuary services) in advance of a pandemic.
- c. Advise local businesses, schools, critical infrastructure about infection control/prevention, and operating with partial staff. (*Ref 3; C. 1.p.2), pg 25*)
- d. Convey local message points with the local PIO in coordination with the statewide PIO's messages:
  - Infection control
  - Medical care utilization for the public
  - Review and discuss rumors heard on a frequent schedule during intense phase.
  - Arrange for closed-door briefings of local political leadership to advise them of the response.
- e. Promote good hygiene practices.
- f. Establish a call center to answer citizens' questions about the pandemic.
- g. Initiate daily conference call with key medical, fire, law enforcement and other groups as identified.
- h. Clearly identify population centers of hard to reach groups and persons with disabilities. Use citizen and other community assets to identify illness in these groups.
- i. Continue to get reports from all partners on their response capability as identified by the Regional Domestic Security Task Force (RDSTF).
- j. Consider community quarantine measures such as suspension of group meetings and schools if area is severely impacted.
- k. Push Mitigation efforts as stated in paragraph D.
- l. Education will continue through the continued development of community volunteer organizations such as CERT.

## **F. RECOVERY**

### **Local Government**

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

- a. Continue with public service announcements to provide citizens with up to date information on the recovery process i.e. what businesses are open, status of any

governmental business hour changes, changes in population control measures etc.

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

County Health Departments:

- a. Demobilize mass clinic operations.
- b. Create an After Action Report (AAR) and update plans
- c. Return to normal operations.
- d. Recommend post-pandemic studies to assist the State in evaluations of the pandemic influenza response capacity including medical, scientific, and technical aspects.

## **G. REFERENCES**

1. National Strategy for Pandemic Influenza Implementation Plan
2. HHS Pandemic Flu Plan (November 2005)
3. Influenza Pandemic Plan for State of Florida Department of Health, Version 9.1, 2005 – 2006
4. [http://www.globalsecurity.org/security/ops/hsc-scen-3\\_flu-pandemic-distancing.htm](http://www.globalsecurity.org/security/ops/hsc-scen-3_flu-pandemic-distancing.htm)
5. <http://www.pandemicflu.gov/plan/tab2.html> (no longer a functional site)
6. [What we know about transmission of the Ebola virus among humans](#)

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

**APPENDIX 1 (Ref 5)**

**Community Preparedness Leadership and Networking** [Preparedness Goal 1-Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.</li> </ul>	○	○	X
<ul style="list-style-type: none"> <li>Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Assure that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESF8): Health and medical service and compliant with National Incident Management System.</li> </ul>	○	○	X
<ul style="list-style-type: none"> <li>Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Test the communication operational plan that</li> </ul>	○	X	○

addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identifies priority channels of communication; delineates the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks (see Supplement 10).

<ul style="list-style-type: none"> <li>Identify for all stakeholders the legal authorities responsible for executing the operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Make clear to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Create an Incident Command System for the pandemic plan based on the National Incident Management System and exercise this system along with other operational elements of the plan.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Assist in establishing and promoting community-based task forces that support healthcare institutions on a local or regional basis.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Determine in advance what will constitute a "law enforcement" emergency and educate law enforcement officials so that they can pre-plan for their families and sustain themselves during the emergency.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Ensure that the plans are scalable, to the magnitude and severity of the pandemic and available resources. Revise as necessary.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X

**Healthcare and Public Health Partners** [HHS Supplement 3. Preparedness Goal 6-Reduce the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>Test the operational plan for the healthcare sector (as part of the overall plan) that addresses safe and effective 1) healthcare of persons with influenza during a pandemic, 2) the legal issues that can affect staffing and patient care, 3) continuity of services for other patients, 4) protection of the healthcare workforce, and 5) medical supply contingency plans.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Ensure all components of the healthcare delivery network (e.g., hospitals, long-term care, home care, emergency care) are included in the operational plan and that the special needs of vulnerable and hard-to-reach patients are addressed.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Ensure that plan provides for real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs during a pandemic.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Test the operational plan for surge capacity of healthcare services, workforce, and supplies to meet the needs of the jurisdiction during a pandemic.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Test the plan provisions for mortuary services during a pandemic.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Maintain a current roster of all active and formerly active healthcare personnel available for emergency healthcare services.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Determine what constitutes a medical staffing emergency and exercise the operational plan to obtain appropriate credentials of volunteer healthcare personnel (including in-state, out-of-state, international, returning retired and non-medical volunteers) to meet staffing needs during a pandemic.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Ensure healthcare facilities in the jurisdiction have tested a plan for isolating and cohorting patients with known or suspected influenza, for training clinicians, and for supporting the needs for personal protective equipment.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>

- Ensure the healthcare facilities in the jurisdiction have tested an operational plan to initiate, support, and implement quarantine of potentially exposed healthcare personnel (see Supplements 4 and 5).

**Infection Control and Clinical Guidelines** [HHS Supplements 4 and 5. Preparedness Goal 6- Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Tasks	Not Started	In Progress	Completed
• Ensure the Health Alert Network in the jurisdiction reaches at least 80% of all practicing, licensed, frontline healthcare personnel and links via the communication network to other pandemic responders (see Supplements 3, 10).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Craft messages to help educate healthcare providers about novel and pandemic influenza, and infection control and clinical guidelines, and the public about personal preparedness methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Develop and test a plan (as part of the communication plan) to regularly update providers as the influenza pandemic unfolds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Ensure appropriate local health authorities have access to EPI-X and are trained in its use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Community Disease Control and Prevention (including managing travel-related risk of disease transmission)** [HHS Supplements 8 and 9. Preparedness Goal 6- Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Tasks	Not Started	In Progress	Completed
• Exercise the jurisdiction's operational plan to investigate and contain potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
• Exercise the jurisdiction's containment operational plan that delineates procedures for isolation and quarantine, the procedures and legal authorities for implementing and enforcing these containment measures (such as school closures, canceling public transportation, and other movement restrictions within, to, and from the jurisdiction) and the methods that will be used to support, service, and monitor those affected	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.			
<ul style="list-style-type: none"> <li>Ensure the jurisdiction has exercised the operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction.</li> </ul>	X	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>Inform citizens in advance about what containment procedures may be used in the community.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>

**Public Health Communications** [HHS Supplement 10. Preparedness Goal 4-Improve the timeliness and accuracy of communications regarding threats to the public's health.]

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, exercise, and update of communications plans.</li> </ul>	<input type="radio"/>	<input type="radio"/>	X
<ul style="list-style-type: none"> <li>Plan and coordinate emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross chapters).</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Identify and train lead subject-specific spokespersons.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Provide public health communications staff with training on risk communications for use during an influenza pandemic.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Develop and maintain up-to-date communications contacts of key stakeholders and exercise the plan to provide regular updates as the influenza pandemic unfolds.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Implement and maintain, as appropriate, community resources, such as hotlines and Web site, to respond to local questions from the public and professional groups.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>
<ul style="list-style-type: none"> <li>Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.</li> </ul>	<input type="radio"/>	X	<input type="radio"/>

**Workforce Support: Psychosocial Considerations and Information Needs** [HHS Supplement 11. Preparedness Goal 6-Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Ensure availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Develop workforce resilience programs and ensure readiness to deploy to maximize responders' performance and personal resilience during a public health emergency.</li> </ul>	○	X	○
<ul style="list-style-type: none"> <li>Assure the development of public health messages has included the expertise of behavioral health experts (see Supplement 10).</li> </ul>	X	○	○

## APPENDIX 2

**Table D-1: Vaccine Priority Group Recommendations\***

Tier	Subtier	Population	Rationale
1	A	<ul style="list-style-type: none"> <li>■ Vaccine and antiviral manufacturers and others essential to manufacturing and critical support (~40,000)</li> <li>■ Medical workers and public health workers<sup>2</sup> who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators (8-9 million)</li> </ul>	<ul style="list-style-type: none"> <li>■ Need to assure maximum production of vaccine and antiviral drugs</li> <li>■ Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand.</li> </ul>
	B	<ul style="list-style-type: none"> <li>■ Persons ≥ 65 years with 1 or more influenza high-risk conditions, not including essential hypertension (approximately 18.2 million)</li> <li>■ Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension (approximately 6.9 million)</li> <li>■ Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year (740,000)</li> </ul>	<ul style="list-style-type: none"> <li>■ These groups are at high risk of hospitalization and death. Excludes elderly in nursing homes and those who are immunocompromised and would not likely be protected by vaccination</li> </ul>
	C	<ul style="list-style-type: none"> <li>■ Pregnant women (approximately 3.0 million)</li> <li>■ Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine (1.95 million with transplants, AIDS, and incident cancer x 1.4 household contacts per person = 2.7 million persons)</li> <li>■ Household contacts of children &lt;6 month olds (5.0 million)</li> </ul>	<ul style="list-style-type: none"> <li>■ In past pandemics and for annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive vaccine.</li> <li>■ Vaccination of household contacts of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.</li> </ul>
	D	<ul style="list-style-type: none"> <li>■ Public health emergency response workers critical to pandemic response (assumed one-third of estimated public health workforce=150,000)</li> <li>■ Key government leaders</li> </ul>	<ul style="list-style-type: none"> <li>■ Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities</li> <li>■ Preserving decision-making capacity also critical for managing and implementing a response</li> </ul>

**Table D-1. Continued**

Tier	Subtier	Population	Rationale
2	A	<ul style="list-style-type: none"> <li>■ Healthy 65 years and older (17.7 million)</li> <li>■ 6 months to 64 years with 1 high-risk condition (35.8 million)</li> <li>■ 6-23 months old, healthy (5.6 million)</li> </ul>	<ul style="list-style-type: none"> <li>■ Groups that are also at increased risk but not as high risk as population in Tier 1B</li> </ul>
	B	<ul style="list-style-type: none"> <li>■ Other public health emergency responders (300,000 = remaining two-thirds of public health work force)</li> <li>■ Public safety workers including police, fire, 911 dispatchers, and correctional facility staff (2.99 million)</li> <li>■ Utility workers essential for maintenance of power, water, and sewage system functioning (364,000)</li> <li>■ Transportation workers transporting fuel, water, food, and medical supplies as well as public ground public transportation (3.8 million)</li> <li>■ Telecommunications/IT for essential network operations and maintenance (1.08 million)</li> </ul>	<ul style="list-style-type: none"> <li>■ Includes critical infrastructure groups that have impact on maintaining health (e.g., public safety or transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions</li> </ul>
3		<ul style="list-style-type: none"> <li>■ Other key government health decision-makers (estimated number not yet determined)</li> <li>■ Funeral directors/embalmers (62,000)</li> </ul>	<ul style="list-style-type: none"> <li>■ Other important societal groups for a pandemic response but of lower priority</li> </ul>
4		<ul style="list-style-type: none"> <li>■ Healthy persons 2-64 years not included in above categories (179.3 million)</li> </ul>	<ul style="list-style-type: none"> <li>■ All persons not included in other groups based on objective to vaccinate all those who want protection</li> </ul>

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

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

## **Log of changes**

Written 2006

2007 updated assumptions

2009 changed some suggested implementation plans for continuation of critical functions of County government

2011 reviewed, no changes

2014 reviewed, changed some functions of local government