Preparing Your Agencies For Pandemic Influenza: What To Do, What Not To Do and Why

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Welcome to the DDSD Statewide Training Database Website! See below for more information.

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- Minimum Technical Requirements
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- The United Nations
- The United Federation of Planets
Agenda

- Separating Myth From Reality: Pandemic Influenza, 2009
- Pandemic Influenza Scenarios 2009 - ?
- Responses: “All-Hazards” and Pandemic Influenza
- Agency Strategies: Pandemic-Influenza Specific Continuity of Operations Plans (COOP)
- Brainstorming: Barriers, Solutions and Needed Assistance
Separating Myth From Reality: Pandemic Influenza, 2009
■ The Most Important Thing to Know About Pandemic Influenza

UNPREDICTABLE!
Pandemic Influenza Isn’t New…

- The Spanish Flu of 1918 killed 20-50 million people worldwide and 500,000 – 675,000 in the U.S. (± 1.5 million in 2008)
- 1957 pandemic caused at least 70,000 U.S. deaths and 1-2 million globally
- 1968 pandemic caused at least 34,000 U.S. deaths and 700,000 worldwide
Novel H5N1 Influenza ("Avian")

✓ Since 1997 H5N1 has occurred in a large number of birds - human infections have occurred

✓ Bird-to-human transmission; no human-to-human transmission (yet)
H5N1, Continued

- 58% mortality rate
- Highest number of deaths - Indonesia
- Avian Influenza is not a pandemic influenza (yet)
No H5N1 cases have been reported in North or South America
Novel H1N1 Pandemic Influenza ("Swine")

- Cases growing exponentially
- Vast undercount! (CDC estimate 1 in 20)
Geographic Spread of H1N1 10/3/09

FLUVIEW
A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending October 03, 2009 - Week 39

*This map indicates geographic spread and does not measure the severity of influenza activity.
H1N1, Continued

- Peculiar infection patterns – median age 12 to 17 years
- CDC has recommended stopping lab-test confirmations with certain exceptions
- Severity remains low
- H1N1 replicates very efficiently; contagion level is high
H1N1, Continued

- Summer transmission rates were disturbingly high
- Early Fall spread is unusual
- Minimal numbers of cases of antiviral-resistant flu
- Hospitalizations greater than seasonal flu
- Pediatric deaths greater for H1N1 than last year’s seasonal flu
H1N1 Risk Factors

✓ Pregnant Women
✓ Children and Young Adults
✓ Immuno- Compromised
✓ “Normal” Risk Factors
## Priority Immunization List

<table>
<thead>
<tr>
<th>Seasonal Flu</th>
<th>H1N1 Flu</th>
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<tbody>
<tr>
<td>Those age 65 and older</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Children younger than 2 years old</td>
<td>Household contacts and caregivers for children younger than 6 months of age</td>
</tr>
<tr>
<td>People of any age who have chronic medical conditions (e.g. diabetes, asthma, congestive heart failure, lung disease)</td>
<td>Healthcare and emergency medical services personnel</td>
</tr>
<tr>
<td>All people from 6 months through 24 years of age</td>
<td>People aged 25 through 64 years of age who have health conditions associated with higher risk of medical complications from influenza.</td>
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What Does It All Mean?

UNPREDICTABLE!
Pandemic Influenza Scenarios
2009 - ?

Division of Disability and Health Policy
Center for Development and Disability
Health Sciences Center
University of New Mexico
Case Fatality Ratio

- >2.0%  Category 5  >1,800,000
- 1.0 - <2.0%  Category 4  900,000 - <1,800,000
- 0.5 - <1.0%  Category 3  450,000 - <900,000
- 0.1% - <0.5%  Category 2  90,000 - <450,000
- <0.1%  Category 1  <90,000

*Assumes 30% illness rate and unmitigated pandemic without interventions
<table>
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<tr>
<th>Interventions* by Setting</th>
<th>Pandemic Severity Index</th>
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<tr>
<td><strong>Home</strong></td>
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<td>Voluntary isolation of ill at home (adults and children), combine with use of antiviral treatment as available and indicated</td>
<td>Recommend†§</td>
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<tr>
<td>Voluntary quarantine of household members in homes with ill persons†† (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient</td>
<td>Generally not recommended</td>
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<td><strong>School</strong></td>
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<td>Child social distancing</td>
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<td>- dismissal of students from schools and school based activities, and closure of child care programs</td>
<td>Generally not recommended</td>
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<tr>
<td>- reduce out-of school social contacts and community mixing</td>
<td>Generally not recommended</td>
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<tr>
<td><strong>Workplace / Community</strong></td>
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<tr>
<td>Adult social distancing</td>
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<tr>
<td>- decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)</td>
<td>Generally not recommended</td>
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<tr>
<td>- increase distance between persons (e.g., reduce density in public transit, workplace)</td>
<td>Generally not recommended</td>
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<tr>
<td>- modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)</td>
<td>Generally not recommended</td>
</tr>
<tr>
<td>- modify workplace schedules and practices (e.g., telework, staggered shifts)</td>
<td>Generally not recommended</td>
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</table>
Issues and Challenges

- Monitoring uneven across globe
- “Epidemiology Turned Upside Down”
- Return in Spring, 2010 or thereafter
- Mutation of H5N1 (Avian) to include human-to-human transmission
One Thing We Don’t Want to See….
Scenarios: The National Level

✓ “The Barn and the Horse”…
✓ Port of Entry inspections
✓ Isolation
✓ Quarantine
✓ Travel Restrictions
New Mexico: Moving From Category 1-5

- …has the potential to result in large numbers of deaths (estimated between 20,000-25,000 deaths in New Mexico)
- …is highly likely to produce large numbers of sick people that require care at the same time
- …will likely last 8 – 17 weeks and will likely be followed by a series of Pandemic Influenza waves each also lasting weeks to months, continuing for up to two years after the initial outbreak
New Mexico Scenario, Continued

- Medical and public health surge may quickly overwhelm the system’s resources resulting in scarcity of medicine, equipment, personnel, and other healthcare resources.

- Additional surge may occur from outlying rural areas and the border areas of Mexico.

- ...could overwhelming the system’s mortuary resources, including morgue capacity, medical investigative and forensic personnel, and services available for disposition of bodies.
New Mexico Scenario, Continued

- Widespread illness in the community will also increase the likelihood of sudden and significant workforce shortages in critical community services, such as: military personnel, law enforcement, firefighters, utility workers.

NMDOH Emergency Operations Plan – Appendix 2
DRAFT: Pandemic Influenza Emergency Response
10 March 2006
As We Move From Category 1 To 5…

- Slight-to-moderate increase in absenteeism
- Expect 50% of “everyone” to be absent for an extended period of time
- Moderate-to-extreme difficulty in interacting with the health care system
- Possible sporadic-to-widespread disruptions to supply chains
Responses: “All-Hazards” and Pandemic Influenza

Division of Disability and Health Policy

Center for Development and Disability
Health Sciences Center
University of New Mexico
Shared Philosophy:
All Response is Local
All Hazards Approach

- Cornerstone: moving people from one place to another
- Shelters, evacuation points, health care facilities, dispensing sites, morgues
- Major issues for people with disabilities
Some or many supports that people use to sustain themselves independently (electricity, water, heat, food sources) will be difficult or impossible to obtain for a period of time.

Some or many people will need to leave their homes to receive these services (shelters).

Some or many people will need to receive health services, ranging from minor (cleaning up cuts and scrapes to avoid infection) to major (acute medical care).
Pandemic Influenza Approach

✓ Changes our approach

✓ Goal is not to move people but to keep them apart while preserving life

✓ Some interesting implications for agency-level planning
Agency Strategies

“It’s better to apologize afterwards than ask permission beforehand….”

Admiral Grace’s Dictum
The Prepared Community

Phase Three:
Tools for Community Health Councils and Other Community-Based Organizations To Provide Effective Emergency Response to People With Disabilities
Agency Strategies: Getting People Ready

- Stockpiling fact sheet
- Stockpiling fact sheet SPANISH
- Budget stockpiling fact sheet
- Pets stockpiling fact sheet
- Stockpiling checklist
- Stockpiling checklist SPANISH
- Grocery shopping list
- Stockpiling recipes
- For high school students -- Get Set: An Emergency Preparedness Project Kit

http://www.getreadyforflu.org/clocksstocks/
Resources for Personal Planning

72hours.org
http://www.72hours.org/index.html

PrepareNow.org
http://www.preparenow.org/links.html

American Red Cross “Be Prepared Campaign”
http://www.redcross.org/services/prepare/0,1082,0_239_00.html

Federal Emergency Management Agency “Are You Ready” Campaign
http://www.fema.gov/areyouready/

National Organization on Disability “Prepare Yourself!” Campaign
Resources, Continued

Emergency Planning For People Who Use Assistive Technology Devices Powered By Electricity or Batteries
http://www.jik.com/techartV4.doc

Tips for People With Mobility Limitations from Los Angeles County

American Red Cross “Be Prepared Campaign”
http://www.redcross.org/services/prepare/0,1082,0_239_,00.html

Emergency Preparedness at Home for People With Disabilities
http://www.disabilitypreparedness.org/Emer%20Prep%20at%20home%206-07-06.pdf

Disaster Preparedness for Persons with Mobility Impairments
www.nobodyleftbehind2.org/
Agency Strategies: Pan Flu-Specific Continuity of Operations Plans (COOP)

Goals

- Reduce transmission of the virus among employees and clients
- Minimize illness among employees and clients
- Maintain mission-critical operations and services
- Minimize the economic impact of a pandemic
COOP Goals. Continued

- Identifies essential functions and explains how they will be sustained during pandemics of varying intensity
- Identifies the essential personnel and the succession of leadership responsible for the department’s functions
- Outlines procedures that explain how your agency will recover after the pandemic
- The plan must consider that pandemics may come in waves, lasting weeks, months or years
Pan Flu-Specific (COOP): Why?

- Planning tool to manage core functions in unforeseen events
- Forces you to think through issues ahead of time – while there IS time!
- Varies by agency size, locations, budget and infrastructure
Pan Flu-Specific (COOP): What

✓ Authority
✓ Essential Operations
✓ Essential Job Functions
✓ Vital Records
✓ Product And Service Providers
✓ Employee, Client and External Communication
Authority

- Staff at all agency locations with responsibility for client and/or administrative functions
- Identify individual staff that would take control if a manager becomes ill or incapacitated without contact
- Which individuals in your organization are authorized to make decisions to divert employees to essential services when absence rates threaten continuity of operations?
- Who has been delegated to monitor public health advisories and inform agency leadership?
### Authority, Continued

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<tr>
<th>Position Currently Held by</th>
<th>Identified Successor(s)</th>
<th>Contact Numbers</th>
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Essential Operations

- What are the essential services/functions of your agency that must be maintained to assure the safety of clients, regardless of staffing limitations?
- What services or functions can be altered or discontinued on a temporary basis?
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<th>Service Priority #</th>
<th>Essential Service</th>
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Essential Job Functions

- What are critical staff numbers and skills required to keep essential sectors of the agency running?

- What skill requirements exist for people performing these functions?

- What alternatives exist if they aren’t available (alternate individuals, cross-training?)

- At what level do certain operations stop?

- What changes in staff will be needed for expanded or diminished demand of services?
### Job Functions, Continued

<table>
<thead>
<tr>
<th>Essential Job (Description)</th>
<th># Of Employees Able To Do This Job</th>
<th># of Employees Required to Maintain Essential Services</th>
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Vital Records

- What records, databases or files are essential for your agency to continue to operate from alternate locations or to re-start operations?
- Where will they be located (alternate sites)?
- How will they be accessed (computer files)?
### Vital Records, Continued

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<thead>
<tr>
<th>Vital File, Record, or Database</th>
<th>Form of Record (e.g., hardcopy, electronic)</th>
<th>Pre-positioned at Alternate Facility</th>
<th>Hand Carried to Alternate Facility</th>
<th>Backed up at Third Location</th>
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Product and Service Providers

- What services and products does your agency receive that are necessary to continue to provide services to clients?
- Think of the services and products that are received on a daily, weekly, and monthly basis.
- Remember to include maintenance contractors (e.g. copy machine), gasoline companies, etc.
- Develop an alternate plan in the event that delivery of these services and products become sporadic or are discontinued.
<table>
<thead>
<tr>
<th>Product/Service</th>
<th>Purpose</th>
<th>Usage (daily/monthly)</th>
<th>Required for Essential Services?</th>
<th>Provider Name</th>
<th>Frequency of Delivery</th>
<th>Existing Inventory</th>
<th>Quantity Required for 7-day Stockpile</th>
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<td>Account / contract:</td>
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<td>Materials provided:</td>
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Communication

- There may well be a high level of fear, anxiety, rumors, and misinformation during a pandemic
- Agency staff
- Clients
- External: families, relatives, friends
- Regularly sharing information is one way to reduce staff distress
- Develop strategies to ensure regular communication with these groups
Face-to-face communication with one or more of these groups may become undesirable.

What alternative communication channels could your agency use?

Telephone (telephone trees), web, fax, other.
Resources

Behavioral Health Care – Pandemic Influenza Continuity of Operations Plan (COOP), Minnesota Department of Health

http://www.health.state.mn.us/oep/responsesystems/bhcooptemplate.doc

Instructions for Developing a Private Agency Developmental Disabilities Continuity of Operations Plan (COOP), State of Connecticut


Pandemic Influenza Continuity of Operations Guide & Template
SC Department of Health and Environmental Control

http://horrycounty.redcross.org/panflu/PICOOP_Guide.doc
Resources, Continued

NAPA Valley, California Template for a COOP

http://www.co.napa.ca.us/GOV/Departments/40000/Forms/SF%20COOP%20Guide%20&%20Template.pdf

FEMA CONTINUITY OF OPERATIONS PLAN RESOURCE WEBSITE

http://www.fema.gov/government/coop/index.shtm
An Alternative Approach!

HOPE YOU BROUGHT BEER.

End O' The World Box
“Small” Group Brainstorming

- Identify 3-5 greatest barriers to implementing a COOP in your agencies
- Identify possible strategies to mitigate those barriers
- Identify what types of resources would be useful: technical assistance, templates, information resources
- Report back
- Results will be compiled and sent back to you
For More Information:

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http://cdd.unm.edu/DHPD/emerg.asp