

**Department of Alcohol and Drug Programs
Pandemic Influenza Preparedness and Response
Annex**

May, 2006

I. Purpose

The purpose of the *ADP Pandemic Influenza and Preparedness Annex* is to guide the initial response actions and subsequent policy development for ADP's response to a pandemic influenza threat or outbreak.

This document is an annex to the *ADP Emergency Operations Plan* and augments the policies, strategies, and response actions described in the EOP and in ADP's *Continuity of Government / Continuity of Operations Plan* and *All-Hazards Disaster Plan*.

While the California Department of Health Services is the primary state agency for responding to pandemic influenza, ADP has clear and important responsibilities for protecting staff, continuing mission critical business functions, and if required providing assistance to local programs.

This Annex is consistent with the direction from the Governor's Office and Health and Human Services Agency that require state departments develop a plan to:

- Ensure continuity of operations and succession of leadership.
- Develop emergency regulations that could be enacted in an emergency to maintain services to the public.

II. Background

A. Pandemic Influenza Background Information

1. Definition and Epidemiology

Pandemic influenza represents a threat that has potentially more impact than, and is qualitatively different from, earthquakes, floods, terrorist attacks, and other threats faced by California. This section is presented to provide the context for the preparedness and response actions that follow.

Influenza, also known as the flu, is a disease that attacks the respiratory tract (nose, throat, and lungs) in humans. Different from a viral "cold," influenza usually comes on suddenly and may include fever, headache, tiredness (which may be extreme), dry cough, sore throat, nasal congestion, and body aches. Seasonal influenza is a yearly occurrence that causes minor economic impact and kills primarily persons aged 65 and older. It also provides immunity to those who are exposed, but do not succumb, to the virus.

Worldwide pandemics of influenza occur when a unique virus emerges to which the general worldwide population has little immunity. During the 20th century there were three such pandemics, the most notable of which was the 1918 Spanish influenza responsible for 20 million deaths throughout the world. Public health experts are currently concerned about the risk of another pandemic arising from the current epidemic of avian influenza that has been affecting domestic and wild birds in Asia.

A mutation can occur when such strains of avian influenza interact with the common strains of human influenza resulting in a virus capable of human-to-

human transmission. This interaction and subsequent mutation could initiate a pandemic strain of influenza. Depending on the infectivity of such a virus and its disease causing potential, experts estimate that as many as 35 percent of the population will become ill. This translates to more than 35,000 deaths in California due to pandemic influenza. This level of disease activity would disrupt all aspects of society and severely affect the economy.

The impact of an actual pandemic cannot be predicted precisely, as it will depend on many factors: the virulence of the virus, how rapidly it spreads, the availability of vaccines and antivirals, and the effectiveness of medical and non-medical containment measures. (California Department of Health Services, Pandemic Influenza Preparedness and Response Plan)

2. Impact of Pandemic Influenza

a. Social Impact

Unlike earthquakes and fires, pandemic influenza will not directly affect the physical elements of California's infrastructure. However, its impact on humans will result in degradation of the performance of communications, transportation, utilities, and other essential systems. Illness and death will create severe labor shortages. Furthermore, public health measures and public fear, uncertainty, and doubt will limit the willingness of people to leave their homes, congregate in public places, or perform normal business and social activities.

b. Impact on Emergency System

Pandemic influenza will both overwhelm and reduce the efficiency of California's medical and other emergency services. The large numbers of ill will inundate hospitals and clinics, which in turn will face severe staff shortages. Normal standards of medical care may not be sustained, even as the demand for those services increases. Other emergency services, including the military, will also face increased demand for their response assets as their capabilities are diminished by illness to their personnel.

California's emergency response system is based on mutual aid in which unaffected areas of the State provide response resources to areas impacted by disasters. Since pandemic influenza will directly impact all jurisdictions in California and, likely, the entire United States, mutual aid assistance may be unavailable.

c. Impact on State ADP Operations

Pandemic influenza will limit the operations of alcohol and other drug agencies and programs at the state, local, and community levels. ADP's staff infection rates could reach 35% resulting in degradation of day-to-day services and limiting the department's ability to respond local program needs. Other state agencies that ADP relies on for protection and fiscal and IT services will face similar problems.

d. Impact on local ADP offices, programs, and clients

Pandemic influenza places local programs, especially methadone services, at high risk. Staff shortages will result in closures of clinics and reduce the ability of remaining operational programs to manage the resulting increased demand. Hospitals will become overwhelmed by converging infected individuals and may not be able to provide emergency methadone to clients. Client access to services will be reduced by their own illness, the degradation of transportation systems, and the public health measures that discourage going out in public. Many methadone clients are also at higher than average risk for severe illness and resultant hospitalization due to suppressed immune systems.

3. **World Health Organization (WHO) Pandemic Phases**

Public health preparedness and response efforts are tied to the influenza pandemic phases defined by the WHO. These phases are defined in the CDHS plan as:

a. Inter-pandemic period

WHO Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

WHO Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

b. Pandemic alert period

WHO Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or rare instances of infectious spread to a close contact.

WHO Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

WHO Phase 5. Larger cluster(s), but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

c. Pandemic period

WHO Phase 6. Increased and sustained transmission in the general population.

d.

Post Pandemic period

Although not part of the WHO Phases for tracking the emergence of a pandemic, mitigation and recovery should be a part of every emergency response plan. Mitigation and recovery actions should be focused on continuing public health actions including communication with the public on issues such as when public gatherings can resume and continued monitoring of possible outbreaks of infection.

III. Plan Overview

A. Relationship of Annex to Other ADP Emergency Plans

This Annex augments ADP's Emergency Operations Plan, Emergency Plan, IT-ORP, COG/COOP Plan, and All Hazards Disaster Plan by providing detailed direction for preparing for and responding to a pandemic influenza. This Annex is designed to work in concert with these other plans, not replace or supersede them.

B. Annex Goal

To guide and augment the application of ADP's preparedness and response plans, protect staff, continue department operations, ensure the needs of clients of local programs are met, and respond to community alcohol and other drug needs resulting from pandemic influenza.

C. Phases of Emergency Management

This Annex follows the phases of emergency management as defined in the ADP EOP: preparedness, response, recovery, and mitigation. Within those phases, the Annex is organized according to the pandemic influenza phases defined by the World Health Organization. These phases will be used by the California Department of Health Services and the Centers for Disease Control for organizing their responses and issuing warnings and advisories.

D. Pandemic Influenza Preparedness and Response Roles and Responsibilities

Note: Refer to EOP Annex 5 – Department Operations Center Plan for additional detail on response roles and responsibilities for the Emergency Response Team (ERT) under the Incident Command System.

1. ADP Medical Director

- Advise the ADP Director and Incident Manager on strategies to:
 - Protect the health of ADP employees.
 - Assist county ADP offices and local programs to develop plans and prevention and response strategies to strengthen their capacity to maintain, restore, or augment service delivery during pandemic influenza.

2. Emergency Management Coordinator

- Monitor information from CDHS and CDC to track biological threats and advise ADP executive staff.

- Regularly review and update the ADP COG/COOP Plan and All Hazards Disaster Plan.
 - Ensure contact lists and go-kits are current.
3. Deputy Director, IMSD
- Establish or expand policies and tools that enable ADP employees to work from home with broadband access, appropriate security, and network access to applications.
4. Human Resources Manager
- Develop and administer policies and procedures that maximize safety of ADP personnel, contribute to maintenance or restoration of ADP operations, and address organization and employee needs that arise in a pandemic influenza environment.
5. Deputy Director, LCD
- Lead ADP's efforts to maintain, restore, or augment local methadone delivery capacity by:
 - Developing regulations, standards, and guidelines that increase the emergency preparedness of local programs.
 - Providing regulatory relief needed to rapidly restore capacity for methadone service delivery.
 - Working with DEA and other federal agencies to ensure the availability of sufficient supplies of methadone at required locations.
 - Coordinating with other licensing and regulatory bodies to facilitate functioning of local methadone and other drug programs.
 - Identifying and coordinating delivery of personnel and other resources to support local methadone delivery operations, including mutual aid, if available.
 - Coordinating with the Medical/Health Branch of the State Operations Center to ensure access to hospital methadone services for clients.
6. Public Information Officer (PIO)
- Develop and manage strategy and messages for communicating with employees, stakeholders, and the public.

E. Planning Assumptions

1. California will continue to coordinate its emergency response using the Standardized Emergency Management System and the National Incident Management System.
2. U.S. and California public health officials will likely identify warning signs prior to a full outbreak of influenza. However, infection will likely occur prior to the appearance of symptoms.
3. The influenza pandemic could last from 18 months to several years with at least two peak waves of activity.

4. The Federal Centers for Disease Control, the California Department of Health Services, and local health departments are the lead agencies at the federal, state, and local levels respectively and will provide information and response guidance to the extent possible. Public health officials expect that their decisions will be made in an environment with a high level of scientific uncertainty.
5. Vaccines and antivirals may be scarce and/or ineffective in the early stages of the pandemic.
6. State and local government agencies that ADP relies on for its operations have developed COG/COOP Plans that take into account the special circumstances of a pandemic influenza.
7. ADP will rely on public health guidance from the California Department of Health Services. County ADP offices will rely primarily on guidance from their local health departments. The ADP Medical Director will assist county offices and local programs to apply public health guidance to their operations.
8. State control agencies, such as Department of Personnel Administration, State Controller's Office, Department of Finance, and Department of General Services will adopt policies to ensure consistent actions across state department and will support state department response to the extent possible.

F. Authorities and References

ADP Emergency Operations Plan, 2006, Draft

ADP Continuity of Government/Continuity of Operations Plan, 2006, Draft

ADP All Hazards Disaster Plan, 2006, Draft

CDHS Pandemic Influenza Preparedness and Response Plan, 2006, Draft

HHS Pandemic Influenza Specific Business Continuity Checklist,
<http://www.pandemicflu.gov/plan/tab4.html>

New Zealand Pandemic Flu Planning Guide for Infrastructure Providers,
<http://healthcareproviders.org.nz/publication/documents/v9PandemicPlanningGuide.doc>

Wisconsin Department of Health and Family Services,
<http://dhfs.wisconsin.gov/communicable/influenza/Employer.htm>.

IV. Concept of Operations

A. Overview

To meet the challenges of pandemic influenza, ADP will:

1. Maintain and strengthen its COG/COOP Plan by ensuring the plan addresses the effects of pandemic influenza, has sufficient personnel depth in critical positions, and has made provision for ADP employees to operate from remote locations. These locations could include employee homes, the offices of other state agencies, and other non-headquarters sites.

2. Implement infection control, social distancing, and containment strategies, which are based on public health advice, to reduce employee risk of infection by limiting exposure to potentially infected persons.
3. Coordinate with local ADP offices and programs to ensure plans are consistent and effective.
4. Review and update emergency preparedness regulations, standards, and guidelines for local programs to ensure they address the consequences of pandemic influenza. Provide local programs with information on “best practices” for infection control, social distancing, and containment.
5. Implement a risk communications program based on best information from CDC, CDHS, and local health departments. Provide accurate information and instructions to ADP employees, communicate infection control and other related advice to local programs, and ensures stakeholders are informed of the status of ADP and its response efforts.
6. Provide regulatory relief, and intervene with other regulatory agencies to support maintenance and recovery of local ADP programs.
7. Respond to requests from local government for state and federal resources to support the maintenance and recovery of local ADP programs in accordance with California’s Standardized Emergency Management System. Coordinate the provision of mutual aid.

B. Emergency Management Priorities

ADP’s emergency management priorities are to ensure the health and safety of ADP employees, to maintain methadone services to clients, and to maintain or rapidly restore mission critical business functions.

C. Planning and Preparedness

1. Inter-pandemic Period

- ❑ Update ADP COG/COOP Plan to ensure that critical positions have lines of succession established at least three deep and ADP information systems can support employees working from dispersed work sites, including their homes.
- ❑ Encourage cross training of ADP employees in critical positions.
- ❑ Orient ADP employees to the potential and consequences of a pandemic influenza and to the response actions planned by ADP.
- ❑ Encourage employees to develop home preparedness plans that include preparedness for pandemic influenza.
- ❑ Develop or adopt model HR policies to address ADP organization needs created by pandemic influenza. Examples include establishing policies for:
 - Employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
 - Flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).

- Employees, who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
- Ensure employee contact information is kept current.
- Develop regulations, standards, and guidelines for local programs that enhance their preparedness for pandemic influenza.
- Explore strategies to support reduced social compact among employees including acquisition and regular use of electronic meeting software and provision of electronic keys to employees to facilitate entry at non-standard business hours.
- Develop risk communications strategy and messages for employees.
- Participate in emergency planning with other state agencies.
- Work with local ADP administrators and programs to develop coordinated pandemic influenza response plans.
- Identify regulations that may need to be relaxed to ensure maintenance or restoration of methadone services during pandemic influenza.
- Coordinate with other licensing and regulatory agencies to alert them of potential needs of local programs and to ensure coordination during the response to emergencies. Develop procedures for establishing communications and exchanging information.
- Encourage coordination of local methadone programs with other programs, their local health departments, and hospitals to ensure inclusion of their program needs in their emergency plans.
- Communicate ADP response strategy with likely partners and stakeholders including: ADP employees, local ADP offices, alcohol and other drug program associations, federal agencies, and state agencies.
- Work with building owners to determine procedures to ensure appropriate air filtration and air-flow.

D. Response

1. WHO Pandemic Alert Period

- Alert staff and stakeholders of potential risk and strategies to reduce risk of infection.
- Support employee development / updating of home preparedness plans, including procedures for minimizing potential for infection.
- Ensure staff contact lists are current and go-kits are complete.
- Ensure program contact lists are current.
- Review COG/COOP plans and procedures. Ensure lines of succession for critical positions are three-deep.
- Review information services policies and procedures for operating from remote locations including employee homes.
- Update HR policies for absences, restrictions on symptomatic and exposed employees, and scheduling to reduce interpersonal contact.
- Consider recommending programs increase inventory of methadone and dispense 30-day supplies to clients.

2. Pandemic Period

- ❑ Activate COG/COOP and All-Hazards Disaster Response Plan simultaneously.
- ❑ Inform all employees of activation and appropriate actions.
- ❑ Activate the DOC. Establish contact with the State Operations Center and local ADP administrators and programs.
- ❑ Assess local situation. Identify status of programs and actions undertaken by local authorities that might impact ADP program operations.
- ❑ Coordinate with CDHS, OES, and other agencies to ensure consistent communications to employees and stakeholders. Coordinate all media contacts with the OES PIO.
- ❑ Implement regulatory actions as able and needed. Contact other licensing and regulatory agencies to promote maintenance of services.
- ❑ Implement human resources policies for pandemic influenza.
- ❑ Implement social distancing policies and procedures that minimize ADP employee contact with potentially infected people. (See Appendix D - Infection Control Information and Strategies for ADP Worksites and Employees).
- ❑ Consider use of personal protective equipment:

The following information provides the best guidance available as of October 2005. In the event of a pandemic, refer to the CDHS or CDC websites for latest information.

- Using masks

People with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions.

Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze in an appropriate waste receptacle. Hands must be thoroughly washed and dried after the used mask has been discarded.

- Protective barriers

Protective barriers in the form of Perspex or glass may provide useful protection for people such as front-counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is neither possible nor practical.

E. Recovery

- ❑ Continue communications with employees and stakeholders.
- ❑ Assess capability of ADP to return to normal operations.
- ❑ Seek funding from SAMHSA for prevention and education activities.
- ❑ Review response and revise plans.

F. Mitigation

- ❑ During the Post Pandemic Period, ADP will manage the return to business as usual and work with local ADP administrators to restore local ADP services.

Appendices

- A. Acronyms and Abbreviations
- B. Pandemic Influenza Glossary
- C. Summary of ADP Actions by Pandemic Phase
- D. Infection Control Information and Strategies for ADP Worksites and Employees

Appendix A: Acronyms and Abbreviations

Acronym	Definition
ADP	Department of Alcohol and Drug Programs
BT	Bioterrorism
CADPAAC	County Alcohol and Drug Programs Administrators Association of California
CAHAN	California Health Alert Network
CAL/OSHA	California Occupational Safety and Health Administration
CCLHO	California Conference of Local Health Officers
CDC	Centers for Disease Control and Prevention
CDFA	California Department of Food and Agriculture
CDHS	California Department of Health Services
CERC	Crisis and Emergency Risk Communication
CHEAC	County Health Executives Association of California
CHHSA	California Health and Human Services Agency
CISP	California Influenza Surveillance Project
CMA	California Medical Association
CPIRP	CDHS Pandemic Influenza Response Plan
CSC	California Service Corp (State Agency)
DCA	Department of Consumer Affairs
DMH	Department of Mental Health
DOC	Department Operations Center
DSS	Department of Social Services
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
Epi-X	Epidemic Information Exchange
ESAR-VHP	Emergency System for Advance Registration of Volunteer Healthcare Professionals
EWIDS	Early Warning Infectious Disease Surveillance
FEMA	Federal Emergency Management Agency
H&S	Health and Safety
HAN	Health Alert Network (Federal)
HCF	Healthcare Facility
HCW	Healthcare Worker
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HVAC	Heating, Ventilation, Air Conditioning
IC	Infection Control
ICS	Incident Command System
ILI	Influenza-like illness
IT	Information Technology
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
LCD	Licensing & Certification Division
LHD	Local Health Department

Acronym	Definition
LHO	Local Health Officer
MAC	Multi-Agency Coordinating Group
MHOAC	Medical Health Operational Area Coordinator
MMAA	Master Mutual Aid Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
OHS	Office of Homeland Security
OSHPD	Office of Statewide Health Planning and Development
PI	Pandemic Influenza
PIO	Public Information Officer
PIWG	Pandemic Influenza Work Group
PPE	Personal Protective Equipment
PSA	Public Service Announcement
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operations Center
SEMS	Standardized Emergency Management System
SNS	Strategic National Stockpile
SOC	State Operations Center
VIS	Vaccine Information Statement
WHO	World Health Organization

Appendix B: Glossary of Pandemic Influenza Terms

antibiotic: A substance produced by bacteria or fungi that destroys or prevents the growth of other bacteria and fungi.

antibody: A protein produced by the body's immune system in response to a foreign substance (antigen). Our bodies fight off an infection by producing antibodies. An antibody reacts specifically with the antigen that triggered its formation and its function is to inactivate the antigen.

antigen: Any foreign substance, usually a protein, that stimulates the body's immune system to produce antibodies. (The name antigen reflects its role in stimulating an immune response - antibody generating.)

antiviral: Drug that are used to prevent or cure a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.

asymptomatic: Presenting no symptoms of disease.

avian flu: A highly contagious viral disease with up to 100% mortality in domestic fowl caused by influenza A virus subtypes H5 and H7. All types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be carried by migratory wild birds, which can carry the virus but show no signs of disease. Humans are only rarely affected.

carrier: A bearer and transmitter of a agent capable of causing infectious disease. An asymptomatic carrier shows no symptoms of carrying an infectious agent.

CDC: Centers for Disease Control and Prevention, the U.S. government agency at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is one of 13 major operating components of the Department of Health and Human Services.

contagious: A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

epidemic: A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal. See **pandemic**.

FDA: U.S. Food and Drug Administration, the government agency responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. FDA is one of 13 major operating components of the Department of Health and Human Services.

H5N1: A variant of avian influenza, which is a type of influenza virulent in birds. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

HPAI: Highly Pathogenic form of Avian Influenza. Avian flu viruses are classified based upon the severity of the illness and HPAI is extremely infectious among humans. The rapid spread of HPAI, with outbreaks occurring at the same time, is of growing concern for human health as well as for animal health. See **LPAI**.

host: An organism on or in which a parasite lives.

immune system: The cells, tissues and organs that help the body to resist infection and disease by producing antibodies and/or altered cells that inhibit the multiplication of the infectious agent.

infectious agent: Any organism, such as a pathogenic virus, parasite, or bacterium, that is capable of invading body tissues, multiplying, and causing disease.

influenza: A serious disease caused by viruses that infect the respiratory tract.

isolate: A pure strain that has been isolated as from diseased tissue, contaminated water, or the air.

LPAI: Low Pathogenic form of Avian Influenza. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses. See **HPAI**.

mutation: Any alteration in a gene from its natural state. This change may be disease causing or a benign, normal variant. Specific mutations and evolution in influenza viruses cannot be predicted, making it difficult if not impossible to know if or when a virus such as H5N1 might acquire the properties needed to spread easily among humans.

NIAID: National Institute of Allergy and Infectious Diseases conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. NIAID research has led to new therapies, vaccines, diagnostic tests, and other technologies that have improved the health of millions. NIAID is one of 13 major operating components of the Department of Health and Human Services.

NVPO: National Vaccine Program Office is responsible for coordinating and ensuring collaboration among the many federal agencies involved in vaccine and immunization activities. It is part of the Department of Health and Human Services.

pandemic: The worldwide outbreak of a disease in numbers clearly in excess of normal. See **epidemic**.

parasite: An organism living in, with, or on another organism.

pathogenic: Causing disease or capable of doing so.

prophylactic: A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

seasonal flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.

USDA: U.S. Department of Agriculture, the government agency responsible for regulating the safety and development of food, agriculture, and natural resources.

vaccine: A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces an immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

virulent: Highly lethal; causing severe illness or death.

virus: Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease. Viruses consist essentially of a core of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

WHO: World Health Organization, an agency of the United Nations established in 1948 to further international cooperation in improving health conditions.

Appendix C - Summary of ADP Actions by Pandemic Phase

STAGE	CALIFORNIA STRATEGY	ADP ACTIONS
<p>Phase 1 Interpandemic Period</p>	<p>Strengthen pandemic influenza preparedness at the state and local level.</p>	<p>Review business continuity plans:</p> <ul style="list-style-type: none"> ○ Identify essential services (including contractors), facilities/plants, and other production inputs. ○ Plan for up to 30% staff absences for periods of 2-3 weeks at the height of the pandemic and lower levels of staff absences for a few weeks on either side of the pandemic. ○ Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member. ○ Identify ways to increase “social distancing” in the workplace, reduce movement etc. ○ Consider organizational policies to encourage the sick to stay at home, and enable staff to work from home. ○ Identify ways to minimize illness among staff, and consider how essential messages (e.g. basic hygiene) can be communicated to staff. ○ Identify needs for PPE and cleaning equipment, and check air conditioning. Purchase additional contingency supplies. ○ Discuss particular pandemic planning needs with local ADP offices and programs.
<p>Phase 2 Interpandemic Period</p>	<p>Minimize risk of transmission to humans.</p>	<ul style="list-style-type: none"> ○ Alert staff and stakeholders to change in pandemic status. ○ Review/test essential business continuity measures.
<p>Phase 3 Pandemic Alert Period</p>	<p>Characterize virus subtype and ensure early detection, notification, and response to new cases.</p>	<ul style="list-style-type: none"> ○ Institute workplace recommendations of public health officials. ○ Alert staff and stakeholders to change in pandemic status. ○ Review plans, procedures, and communications strategies and messages. ○ Disseminate infection control and personal hygiene guidance to staff and stakeholders. ○ Initiate preparation for remote operation of mission critical business functions.
<p>Phase 4 Pandemic Alert Period</p>	<p>Contain virus or delay its spread.</p>	
<p>Phase 5 Pandemic Alert Period</p>	<p>Maximize containment and delaying actions to delay or avert pandemic.</p>	
<p>Phase 6 Pandemic Period</p>	<p>Minimize the impact of the pandemic. Maintain routine provision of public health and medical services.</p>	<ul style="list-style-type: none"> ○ Alert staff to change in pandemic status. ○ Activate COG/COOP Plan and All Hazards Disaster Plan. ○ Activate DOC. ○ Fully activate measures to minimize introduction and/or spread of influenza in work place (post notices; social distancing, managing ill staff members, workplace cleaning, etc.). ○ Communicate with staff to promote confidence in the workplace. ○ Activate contact tracing for staff that become ill at work. ○ Activate process for recovered / well staff members to return to work.
<p>Post Pandemic Period</p>	<p>Mitigation and Recovery: Continue public health actions, evaluations, and research.</p>	<ul style="list-style-type: none"> ○ Manage return to business as normal.

Appendix D

Infection Control Information and Strategies for ADP Worksites and Employees

What are the Symptoms of Influenza?

Influenza is a highly contagious viral disease of the respiratory tract.

Influenza is characterized by rapid onset of respiratory and generalized signs and symptoms including: a high fever, headache, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

What is the Difference between Influenza and a Common Cold?

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset >100°F and lasts 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
Fatalities	Well recognized	Not reported
Prevention	Influenza vaccine; frequent hand-washing; cover your cough	Frequent hand-washing, cover your cough

How is Influenza Spread?

Influenza is spread from person to person in the respiratory droplets generated by coughs and sneezes. It can also be spread when a people come into contact with the respiratory droplets of another person by touching items on which droplets are present, and then touch their own eyes, mouth, or nose before washing their hands. The virus may enter through the eyes or more commonly through the nose or mouth, and into the throat and lungs where it begins to multiply. The time from first exposure to when symptoms begin is one to four days.

Strategies for Increasing Social Distance

The following recommendations will be transmitted to ADP managers and staff in writing and periodically reinforced. Managers will be responsible for monitoring ADP operations and staff behavior to promote compliance. While these recommendations are important, they should be balanced with the level of the threat and business needs of the department.

ADP managers and staff should:

- Maintain a distance of at least one meter between persons wherever practical. Larger distances are more effective in avoiding transmission.
- Avoid visiting of, or other contact with, un-well people avoided wherever practicable.
- Avoid meeting people face to face – use the telephone, video conferencing and the Internet to conduct business as much as possible – even when participants are in the same building.
- Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions.
- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace.
- Practice “ghost” shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.
- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
- Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunchroom are reduced.
- Do not congregate in areas where people socialize. Do what needs to be done and then leave the area.
- If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least three feet away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air.
- Set up systems where clients / customers can pre-order / request information via phone / email / fax and have order / information ready for fast pick-up or delivery.
- Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.

SAMPLE SIGN

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the numbers of people in California with influenza. In order to reduce the spread of influenza in ADP, the following is required of everybody:

DO NOT COME TO WORK if you have:

- chills, shivering and a fever (temperature >100°F)
- onset of muscle aches and pains
- sore throat
- dry cough
- trouble breathing
- sneezing
- stuffy or runny nose
- tiredness

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you start to feel ill at work, **DO NOT** leave your work area

Contact the Emergency Management Coordinator (Ext _____) or Safety Officer (Ext ____)

Personal Hygiene

Basic personal hygiene measures should be reinforced and people should be encouraged to practice them to minimize potential influenza transmission:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue);
- Immediately dispose of used tissues;
- Adopt good hand washing / hand hygiene practices, particularly after coughing, sneezing or using tissues; and
- Keep hands away from the mucous membranes of the eyes, mouth, and nose.

Ensure that adequate supplies of hand hygiene products are available. This is a high planning priority as there may be interruption to the supply or shortages of soap and hand towels.

Communicate hand and personal hygiene information to staff and visitors:

- Hygiene notices should be posted in all workplace entrances, washrooms, hand washing stations and public areas; and
- Use brochures, newsletters, global emails, employee notice boards, and information included with paystips, to inform your employees of the importance of hand hygiene and environmental cleaning during a pandemic.

Examples of notices can be found on the following pages. Another good source of notices and brochures is <http://dhfs.wisconsin.gov/communicable/influenza/Employer.htm>.

HAND HYGIENE

The most important thing you can do to keep from getting sick is to wash your hands!

Hand washing is the single most important measure to reduce the risks of transmitting infection from one person to another.

Hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash should be performed regularly. Hands should be thoroughly dried, preferably using disposable tissues or towels. Use the disposable towel to open the door.

Hand washing and drying should always be done after coughing, sneezing or handling used tissues or after touching objects, materials or hard surfaces that may have been contaminated by someone else with the infectious illness.








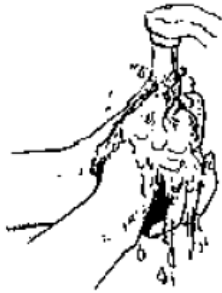

Hand-to-face contact such as can occur during eating, normal grooming, or smoking presents significant risks because of the potential for transmission of influenza from surfaces contaminated with wet respiratory droplets. Hand washing should always be carried out before and after eating, grooming, smoking or any other activity that involves hand-to-face contact.

BASIC HYGIENE NOTICE





**PROTECTING YOURSELF AND OTHERS
AGAINST RESPIRATORY ILLNESS**

- ❖ **HANDWASHING IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF**
- ❖ Cover your nose and mouth when coughing or sneezing
 - Use a tissue and dispose of this once used in the waste.
 - Always wash hands after coughing and sneezing or disposing of tissues.
- ❖ Keep your hands away from your mouth, nose and eyes.
- ❖ Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until influenza-like symptoms have resolved.
- ❖ Avoid contact with people who have influenza-like symptoms.
- ❖ Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

HAND HYGIENE NOTICES

Hand Hygiene with Soap and Water		
1. Remove jewelry. Wet hands with warm water 	2. Add soap to palms 	3. Rub hands together to create a lather 
4. Cover all surfaces of the hands and fingers 	5. Clean knuckles, back of hands and fingers 	6. Clean the space between the thumb and index finger 
7. Work the finger tips into the palms to clean under the nails 	8. Rinse well under warm running water 	9. Dry with a single-use towel and then use towel to turn off the tap 
Minimum wash time 10-20 seconds.		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

<h2>Hand Hygiene with Alcohol-based Hand Sanitizer</h2>		
<p>1. Remove jewelry. Apply enough product to open palms.**</p> 	<p>2. Rub hands together palms to palms</p> 	<p>3. Rub in between and around fingers</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Rub backs of hands and fingers. Rub each thumb.</p> 	<p>6. Rub fingertips of each hand in opposite palm</p> 
<p>7. Keep rubbing until hands are dry. **The volume required to be effective varies from product to product. Enough product to keep hands moist for <u>15 seconds</u> should be applied. Do not use these products with water. Do not use paper towels to dry hands.</p>		
<p>Note: Wash hands with soap and water if hands are visibly dirty or contaminated with blood or other body fluids. Certain manufacturers recommend washing hands with soap and water after 5-10 applications of gel.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

Workplace Cleaning

During a pandemic, you will need to implement additional measures to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. Table 1 suggests the appropriate choice and concentration of disinfectants:

Table 1 Workplace Cleaning Products

Disinfectants	Recommended use	Precautions
<p>Sodium hypochlorite:</p> <p>1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.</p>	<p>Disinfection of material contaminated with blood and body fluids.</p>	<p>Should be used in well-ventilated areas.</p> <p>Protective clothing required while handling and using undiluted bleach.</p> <p>Do not mix with strong acids to avoid release of chlorine gas.</p> <p>Corrosive to metals.</p>
<p>Granular chlorine:</p> <p>E.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions.</p>	<p>May be used in place of liquid bleach, if it is unavailable.</p>	<p>Same as above.</p>
<p>Alcohol:</p> <p>E.g. Isopropyl 70%, ethyl alcohol 60%.</p>	<p>Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.</p>	<p>Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.</p> <p>Keep away from heat sources, electrical equipment, flames, and hot surfaces.</p> <p>Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.</p>

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use.

Remove all magazines / papers from waiting rooms and common areas (such as tearooms or kitchens).

When a person with suspected influenza is identified and has left the workplace, it is important that their work area / office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Among other things, planning should identify the basic hygiene practices (including hand hygiene) to be followed by cleaners, protocols for the use personal protection equipment (if recommended by CDHS); and methods for waste disposal.

Air Conditioning

There is scientific and medical evidence that influenza can spread in inadequately ventilated internal spaces. All internal spaces should be well ventilated, preferably by fresh air via opening windows, or otherwise by properly designed and maintained air-conditioning systems.

As part of their workplace health and safety monitoring, employers should gain assurance from the owner of any air-conditioned building they occupy that air conditioning systems are maintained regularly and to the appropriate standard.