

Pandemic Influenza

Best Practices and Model Protocols

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**Homeland
Security**

Pandemic Influenza
Best Practices and Model Protocols

Foreword

The topic of Pandemic Influenza planning and preparation for emergency and public service organizations will always be a dynamic issue for discussion. First and foremost, this document focuses on the need for a community to plan and prepare for a pandemic outbreak today. While it is unknown when a pandemic influenza outbreak will develop in this nation, it is beneficial to realize that these best practices and model protocols are applicable to other emerging infectious disease outbreaks (e.g., SARS, Smallpox) or an act of bioterrorism in a community. Completing planning and preparation efforts for a pandemic outbreak today will have multiple benefits and applications in a community tomorrow.

One critical preparation issue for a service provider is knowing when to implement the community's pandemic plan. Service organizations typically implement operational plans based on specific 'trigger-points'. Whether it is dispatching the unit, responding to an emergency, or maintaining the community infrastructure, there is generally an event that causes the action plan to be initiated. For this reason, the Department of Homeland Security (DHS) is coordinating development of this guidance model by the United States Fire Administration (USFA) with the ongoing efforts of the Department of Transportation (DOT), the Department of Health and Human Services (HHS), and others.

Realistically, the pandemic outbreak concerns addressed within this document will not have clearly-defined 'trigger-points' to guide the community toward implementing its Pandemic Influenza Plan. It remains likely that States, tribal, territories, and local communities will need to activate their plans prior to receiving a State or national confirmation of a specific influenza virus outbreak or any other emerging infectious disease or bio-agent release. More likely, the declared 'trigger-point' for a pandemic will become apparent as sustained human-to-human disease transmission emerges. Since a community will continue to require public services, service organizations must take a pro-active stance and be prepared to recognize hazards associated with a potential outbreak and implement prevention and protection measures for their workforce as soon as a suspected outbreak occurs.

Each public service organization should work diligently with their State, tribal, territories, and local public health and medical networks, to include veterinary networks, to monitor and evaluate any increase of suspected influenza cases or affects on the local animal population, just as they would for evaluating other emerging infectious diseases or bioterrorism situations within their jurisdiction. Through a coordinated effort, a community will be able to establish its own 'trigger-points' to help guide implementation of the plan.

The Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) maintain general influenza updates as well as World Health Organization Avian influenza updates and will issue alerts to the nation regarding influenza outbreaks. It is recommended that all public service organizations routinely monitor these updates through the HHS website at <http://www.pandemicflu.gov>. Additional community planning and mitigation information is available at <http://www.pandemicflu.gov/plan/community/commitigation.html>.

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Introduction

Purpose

The purpose of this document is to provide guidance for developing best practices and model protocols for use by State, local, tribal, and territorial personnel in the development of pandemic influenza plans, preparedness activities, training, and exercises. The content contained herein is a synopsis of input received from Federal, State, local, territorial, and tribal emergency medical services (EMS), fire, emergency management, public works, and sector-specific participants during a three-day forum sponsored by the Department of Homeland Security (DHS) Chief Medical Officer and hosted by the U.S. Fire Administration on 23-25 February 2007. The results of this forum are being coordinated with the ongoing efforts of the Department of Transportation (DOT), the Department of Health and Human Services (HHS), and others.

Background

According to DHS Secretary Michael Chertoff:

“Securing the homeland requires our constant vigilance. As new threats emerge, the Nation must rally together to plan and prepare for possible disasters—both natural and man-made. One of these threats is a pandemic resulting from a new influenza virus. A severe pandemic influenza presents a tremendous challenge as it may affect the lives of millions of Americans, cause significant numbers of illnesses and fatalities, and substantially disrupt our economic and social stability.”

The concern for an influenza pandemic in the United States stems from an unprecedented outbreak of avian influenza in Asia and Europe caused by the H5N1 strain of the Influenza A virus. For an influenza virus to cause a pandemic, it must (1) be a virus for which there is little or no pre-existing immunity in the human population; (2) be able to cause illness in humans; and, (3) have the potential for sustained transmission from person to person. So far, the H5N1 virus has met the first two criteria overseas but has not yet shown the capability for sustained transmission from person-to-person. Even though influenza viruses with origins in infected avian populations played a role in the last three pandemics, DHS is proactively examining the nation’s capabilities to prevent, prepare for, respond to, and recover from an influenza pandemic regardless of its origin.

The economic and societal disruption of an influenza pandemic could be significant. Absenteeism across multiple sectors related to personal illness, illness in family members, fear of contagion, or public health measures to limit contact with others could threaten the functioning of critical infrastructure, the movement of goods and services, and operation of institutions such as schools and universities. A pandemic would thus have significant implications for the economy, national security, the national healthcare system, and the basic functioning of society.

Impact on Public Service Responders and Communities

A pandemic influenza also presents significant challenges to public service response organizations and the communities they serve. Typical approaches to obtaining or providing mutual aid assistance across jurisdictions will be hindered by an anticipated loss of 30-40 percent of the local workforce as well as that of neighboring communities. Therefore, it is imperative for all sector planning groups to work together to implement effective preparedness and protective strategies. Plans and procedures need to be developed, tested, and refined to ensure public service responders remain healthy and essential capabilities to protect communities remain viable and available in the event of a pandemic.

Public service sectors must coordinate with each other to ensure that sector-specific and inter-sector dependencies are identified and addressed in each plan. Each sector is encouraged to develop their pandemic influenza plan to provide continuous service to the community and to establish contingencies to meet unexpected challenges. The plans must be coordinated with each other so that all personnel can be trained appropriately. The community must exercise the overall plan to ensure cross-sector compatibility, interoperability, continuity of operations, and sector response efficiency.

Significant emphasis in the emergency management arena has been focused on the public and emergency service response to a pandemic outbreak. However, it is equally, if not more, important to address the business, individual, family, and community impacts of a pandemic and to prepare for those accordingly. A pandemic outbreak may create a shift in public perception from one of 'equality' to 'inequality' with regard to prioritization of services, prioritization of prophylaxis allocation, and areas of a community under quarantine. As a community broadens the scope of planning, it becomes more apparent that public education and information is required prior to the pandemic reaching a community. An informed public is more compliant with emergency directives and less likely to panic or create social disruption during a pandemic outbreak or other event of national significance.

In addition to the planning assumptions provided in the [*Implementation Plan for the National Strategy for Pandemic Influenza*](#)¹, the following assumptions and planning considerations are provided to facilitate the development of community-wide pandemic influenza plans that addresses a variety of public service and emergency management concerns.

Planning Assumptions

- Identification and prioritization of essential services to be maintained will be required by each service sector.

¹ *Implementation Plan for the National Strategy for Pandemic Influenza*, White House Homeland Security Council, May 2006.

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- Prioritized distribution of prophylactics and personal protective equipment (PPE) for employees based on mission essential duties they perform and potential for exposure will be required by each service sector.
- Allocation and distribution of prophylactics and provision of healthcare services may be limited due to inadequate supply or shortage of capacity, thereby requiring the prioritization of existing goods and services.
- Telecommunications may likely be overwhelmed due to increased utilization caused by telework employees, homebound citizens, and public services search for resources.
- The population may be directed to remain in their homes under self-quarantine for up to 90 days per wave of the outbreak to support social distancing practices.

Planning Considerations

The planning assumptions above raise the following questions which need to be addressed during the planning process:

- How will citizens get food, supplies, fuel, and access to healthcare services?
 - Will the supply chain be able to maintain the stock of essential consumables and supplies?
 - Will control measures be implemented to prevent price-gouging?
- Will family financial concerns influence the ability or willingness of families to self-quarantine?
 - Will control measures be implemented to cover those that are income dependent for purchasing essential items on a weekly basis?
- Will financial institutions forego strict adherence to financial policies and contractual requirements during a pandemic?
 - Will foreclosures or repossessions occur during the outbreak?
- Will vigilantes develop in neighborhoods or communities?
 - Will society experience a breakdown?
- Will a black market develop?
 - Will the theft of resources surface in an illegal distribution market?
- Will counterfeit prophylaxis and/or PPE surface?
 - Will healthcare facilities and citizens become victims?
- How will local government react to these potential problems?

Best Practices

The generic best practices provided in this document are intended to promote the development of community-specific best practices to meet the challenge of a pandemic outbreak. The public service sectors addressed in this document include: Public Works, Emergency Medical Services, Emergency Management, 9-1-1 Call Center, Law Enforcement, And Fire Service. The best practices are presented in two groups: those associated with the *planning* phase of emergency management and those associated with the *preparedness* phase of emergency management.

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Model Protocols

The model protocols provided in this document are intended to facilitate the development of community-specific protocols for addressing public service needs during a pandemic influenza. Protocols that deviate from standard practice must be properly reviewed, validated, trained, exercised, implemented, and re-evaluated. When constructing protocols, it is important to work closely with the various key stakeholders (see Table 1) to promote interoperability and continuity of operations in community pandemic preparedness and response. First responders² must be trained in the emergency protocols and supporting legal authorities to properly implement the new patient care tactics.

■ Public Health/Veterinary	■ Hospitals/Clinics/Long Term Care	■ Fire Departments
■ EMS Providers (ALS/BLS)	■ Pharmaceutical Outlets	■ 9-1-1 Call Centers
■ Funeral Homes/Morticians	■ Mental Health/Special Needs	■ Chamber of Commerce
■ Transportation:	■ Coroner/Medical Examiner	■ Public Works/Utilities
○ Airports	■ Commercial Businesses/Media	■ Lodging Businesses
○ Railroad	■ Public/Private Schools	■ Churches/Temples
○ Sea/Waterway Ports	■ Unions/Bargaining Units	■ Shelters/Kitchens
○ Highway	■ Law Enforcement/Prisons	■ Regulatory Agencies

Table 1. Key Stakeholders in Developing Community Pandemic Influenza Protocols.

² For the purpose of this document, the term *first responder* is used to identify public and emergency sector employees from the various departments within a community including, but not limited to, Fire Departments, Public Works, Emergency Management, 9-1-1 Call Centers, Law Enforcement, and Emergency Medical Services.

Best Practices to Support Pandemic Influenza Planning

Employment of the following generic best practices, in collaboration with local public health, public services, and healthcare providers, will promote a community's ability to plan for the challenges associated with an influenza pandemic. Additional information may be obtained through the Centers for Disease Control (CDC) website www.cdc.gov/flu/avian.

- Provide education to the general public prior to a pandemic influenza outbreak.
Considerations:
 - The community must be aware of how a pandemic may affect their lives through the effects of the illness, disruption of public and private services, and be given an explanation of the community's contingency plans such as establishing vaccination centers, social distancing, and quarantine.
 - Promote citizen development of home "flu-kits", consisting of extra consumables, PPE, over the counter medications to relieve symptoms, and existing prescribed medications.

- Alert the public to the potential limitations and/or disruptions of public services during a pandemic.
Considerations:
 - To avoid panic within the community, public information messaging should prepare the population for anticipated limitations in normal public services, access to healthcare facilities, and availability of other resources during a pandemic outbreak.

- Integrate the plan with the existing plans in a community and state. Be sure to include public health, emergency management, healthcare entities, and emergency medicine representatives in planning meetings.
Considerations:
 - Ensure all plans interface with each other and legal aspects are considered prior to implementation, so unexpected conflicts do not occur during an outbreak.

- Implement a sector-specific infection control plan, and monitor for compliance within the service sectors.
Considerations:
 - Establish an occupational health plan for sector personnel.
 - Establish a wellness program with vaccinations.

- Determine the level of public service responder personal protective equipment (PPE) needed for infection control and stockpile these items in advance.
Considerations:
 - Secure storage space from local private, commercial, or sector locations.
 - Standardize PPE for all public service responders and train in proper don-doff.

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- Communicate and implement Food and Drug Administration (FDA) guidelines for food preparation during shelter-in-place or alternative housing operations involving service sector responders and/or their families.
Considerations:
 - Stockpile essential items, as the commodity distribution system may be disrupted due to the outbreak.
 - Access guidelines at <http://www.cfsan.fda.gov/~dms/foodcode.html>

- Anticipate an impact on normal operations due to a reduced workforce during the outbreak.
Considerations:
 - It is anticipated that up to 30-40% of the workforce will not be able to report to work because they are ill, are providing care for someone who is ill, or are concerned about becoming ill.
 - This may require the establishment of alternative scheduling in the workplace, identification of substitute workers to supplement the response effort, or establishment of protocols to address changes in the emergency service response.
 - Plan with representatives from labor, management, and worker's compensation to obtain consensus.

- Anticipate limited access to mutual aid or State/Federal support during an outbreak.
Considerations:
 - Local, State, and national response communities may be directly affected by the pandemic and may not have the support resources to send to a community.

- Establish emergency protocols for sector responders and the trigger points for implementing these emergency protocols.
Considerations:
 - Implement adaptive responses: sector assignments, Community Emergency Response Team (CERT)-type team utilization.
 - Develop civil unrest protocols.
 - Identify interdependency with other sectors to provide support.
 - Establish and mandate use of PPE procedures for current operations to promote responder wellness and establish standard practice of PPE utilization prior to outbreak.

- Implement and practice employee screening and social distancing procedures to minimize the spread of disease.
Considerations:
 - Isolate or restrict access to all public sector operational facilities.
 - Segregate infected staff in alternate housing or implement shelter-in-place guidance and employee family support network.
 - Implement alternate response programs.

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- Disinfecting/decontamination guidance for ambulances, patrol units, and other potential transport vehicles.
- Coordinate the community fatality/mortality contingency plan with the Coroner or Medical Examiner's office.

Considerations:

- Prepare for an increase in the community mortality rate.
 - Identify and secure cold storage units.
 - Establish a thorough documentation process for victims.
 - Train personnel to ensure proper respect for human remains.
- Develop plans and guidance in compliance with the [National Incident Management System \(NIMS\)](#) and [National Response Plan \(NRP\)](#).

Considerations:

- Promotes the same level of coordination-command-control during a pandemic outbreak.
- Encourages all sectors to address cross-sector dependency and shared resources through the Emergency Operations Centers (EOCs) and/or Incident Command Posts (ICPs).
- Promotes interoperability between public and private service sectors by identifying potential stakeholders and planning partners.
- Encourages continuity of operations through adoption of guidance in the Emergency Support Functions (ESFs) from the NRP and addressing each function within a community.
- The 15 national ESFs separate capabilities and resources into functions that are most likely needed during an emergency incident or event of national significance such as a Pandemic Outbreak. Local, State, tribal, or territorial communities may also identify additional ESFs necessary to support their specific needs. The designated national ESFs are as follows:
 - ESF #1 – Transportation
 - ESF #2 – Communications
 - ESF #3 – Public Works and Engineering
 - ESF #4 – Firefighting
 - ESF #5 – Emergency Management
 - ESF #6 – Mass Care, Housing, and Human Services
 - ESF #7 – Resource Support
 - ESF #8 – Public Health and Medical Services
 - ESF #9 – Urban Search and Rescue
 - ESF #10 – Oil and Hazardous Materials Response
 - ESF #11 – Agriculture and Natural Resources
 - ESF #12 – Energy
 - ESF #13 – Public Safety and Security
 - ESF #14 – Long-Term Community Recovery and Mitigation
 - ESF #15 – External Affairs

Best Practices to Support Pandemic Influenza Preparedness

Once a plan has been established and adopted by community stakeholders, it is essential that steps be taken to prepare the public service sector to meet the challenge of a pandemic outbreak. Potential shortages of support resources and perceived limitations of distribution systems during a pandemic underscore the importance of advanced preparation to ensure that public service responders have the required resources to provide the needed services. Employment of the following generic best practices will promote a community's ability to prepare for the challenges associated with an influenza pandemic:

- Establish a first responder wellness program.
 - Provide seasonal influenza vaccines to first responders and immediate family members.
 - It is possible the vaccine will provide some level of protection from the H5N1 virus.

- Establish a prophylaxis program.
 - Maintain awareness of Federal interagency vaccine/antiviral prioritization and distribution guidelines.
 - Develop State and local vaccine/antiviral prioritization guidelines and distribution procedures.

- Identify cross-dependencies and interdependencies with other sectors.
 - Initiate cross-training with other professions (public and private) to allow the use of non-emergency trained personnel to support operations.
 - Consider use of CERT-trained volunteers to operate vehicles, assist with call-center operations, support public works operations, or support security operations at alternate treatment centers.

- Establish adaptive responses to meet outbreak challenges.
 - Involve stakeholders and CERT members in just-in-time training.
 - Develop alternative response staffing strategies and tactics to address reduced manpower, station/center closure, or community quarantine.

- Establish employee screening for symptoms.
 - Train responders to identify and monitor signs and symptoms of influenza in themselves and fellow workers.
 - Those that present signs or symptoms should be removed from service and isolated for treatment at home or in a hospital to prevent infecting others.
 - Encourage voluntary home isolation for symptomatic responders.

- Promote public education.

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- Establish a communication process for responders to minimize the effect of rumors and non-factual information being circulated.
- Provide frequent, honest, and reliable information to the public.
- Stockpile necessary equipment and supplies prior to a pandemic outbreak.
 - Suggested PPE/response items include:
 - N-95 masks for first responders
 - Surgical masks for responders without direct patient care responsibilities.
 - Disposable gloves
 - Alcohol-based hand cleanser/disinfectant
 - Eye shields/safety glasses
 - Disposable gowns
 - Compressed oxygen
 - Prophylaxis (2-weeks dosing per person)
 - Suggested mission critical items include:
 - Food and water
 - Cleaning/disinfecting supplies
 - Fuel
 - Family or child care considerations
- Ensure the ability to meet routine community response as well as pandemic-related responses.
 - Maintain continuity of operations.
 - Establish emergency protocols for administrative requirements of payroll management, employee benefits, accounting, and other primary services.
 - Obtain sector-specific emergency protocols to meet extraordinary requirements.
 - Prepare surge plans for sector-specific response and collaborate with other sectors depending on services you provide.
 - Maintain alignment with NIMS/NRP for the coordination-command-control of an outbreak.
- Using the appropriate legal authority, modify emergency protocols/standards to support surge operations and situations necessitating altered standards of care.
 - Encourage formal legislative, council, or board action to protect the community and individuals from legal actions.
 - Train personnel who will work outside normal standard of care practices.
 - Identify trigger points for using emergency protocols/standards.
 - Activation of emergency protocols/standards.
 - Devolution of authority during an emergency.
 - Reconstitution of normal protocols/standards.
- Establish emergency services protocols.

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- Establish emergency call-receiving protocols.
 - Information to obtain from the caller.
 - Performing triage on the call.
 - Cross-notifying other sectors to support the response.
- Cross-train ancillary staff to achieve full staffing levels.
 - Administrative support.
 - Technical support.
- Prepare for possible shelter-in-place requirements.
 - Provide necessary resources to support staff.
 - Implement entry-screening for employees.
- Implement internal disinfection practices to reduce spread of the virus.
 - Computer stations/keyboards.
 - Telephones/headsets.
- Establish private partnerships/contracts for support services.
 - Engineering.
 - Call-centers.
 - Laborers/temporary services.
 - Business owners/equipment operators.
- Prepare for home-care protocols.
 - Medical care of the public.
 - Expanded scope of practice for first responders.
 - Altered standards of care.
- Coordinate with community prisons/corrections facilities.
 - Encourage quarantine for the population.
 - Establish altered standards of care/transportation of inmates.
- Coordinate with other sectors to prepare for potential civil unrest.
 - Emphasis on protecting the community and first responders.
 - Review and revise civil unrest protocols to address pandemic-specific requirements.
- Implement a fatality management process.
 - Coordinate with coroner/medical examiner.
 - Establish temporary morgues/storage facilities.
 - Maintain documentation for proper processing/identification.

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The generic model protocols are intended to facilitate the development of community-specific protocols for addressing public service needs during an influenza pandemic. When constructing protocols, it is important to work closely with the various key stakeholders to promote interoperability and continuity of operations in community pandemic preparedness and response. Each sector is encouraged to develop pandemic influenza protocols. These protocols need to be cross-walked between sectors, trained, and exercised to ensure sector-compatibility, sector response efficiency, interoperability, and community-wide continuity of operations. The generic model protocols addressed in this section include Public Works, Emergency Medical Services, Law Enforcement, Emergency Management, 9-1-1 Call Centers, And Fire Service.

Comprehensive Emergency Management

Comprehensive emergency management is an all-hazards approach to potential threats to life and property consisting of four phases: mitigation, preparedness, response, recovery. The pandemic influenza model protocols were developed and are presented in their respective emergency management phases.

Mitigation

Mitigation efforts prevent hazards or emergencies from developing into disasters or reduce the effect of a disaster or pandemic outbreak through risk management. Mitigation actions involve lasting, often permanent, reduction of exposure to, probability of, or potential loss from hazard events. Mitigation can also involve educating businesses and the public on simple measures they can take to reduce loss or injury. Without mitigating interventions, even a less severe pandemic could result in dramatic increases in the number of hospitalizations, deaths, and would likely overwhelm a community's critical healthcare service while imposing a significant stress on the community critical infrastructure. Examples of mitigation efforts include:

- Providing public awareness and education.
- Identifying and protecting high-risk populations within the community.
- Limiting the spread of a pandemic, therefore mitigating disease, suffering, and death.
- Providing medical prophylactics and vaccines (where available).
- Sustain infrastructure and lessen the impact on the economy and functioning society.

Preparedness

Preparedness involves establishing authorities and responsibilities for emergency actions and garnering the resources to support them. A key element of preparedness is the development of plans that link the many aspects of a community's commitment to emergency management. These activities help save lives and minimize damage by preparing people to respond appropriately when an emergency is imminent or hits. Examples of preparedness activities include:

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- Developing plans and protocols.
- Training and exercising the plans.
- Pre-training volunteers and cross-sector employees.

Response

Response covers the period during and immediately following a disaster. During this phase, public officials provide emergency assistance to victims of the event and try to reduce the likelihood of further damage. Examples of response activities include:

- Implementing each ESF as needed to address the emergency.
- Providing support to the public service sectors.
- Providing an integrated incident management system for the community that incorporates, coordinates, and manages all supporting functions and capabilities with a common operating framework and structure.

Recovery

Recovery is the restoration of a community to its previous state and continues until all systems return to normal or near-normal operation. Short-term recovery restores vital life-support systems to minimum operating conditions. Long-term recovery may go on for months or years until the community returns to its previous condition or undergoes improvement with new protective features. Examples of recovery activities include:

- Identify those trained employees that have recovered and can backfill vacant essential services during recurrent pandemic waves.
- Restocking essential supplies in preparation for recurrent pandemic waves.
- Conduct a ‘hot-wash’ of each wave to identify strengths/weaknesses during execution of the plan.

Model Protocols: Emergency Management Service Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation.

Purpose

To provide a model protocol designed for Emergency Management organizations to guide the development of pandemic influenza operational plans. Through the use of this model and the addition of local information, each Emergency Management organization should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Inform public of government pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, and other essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Anticipate each wave to last up to 90 days, with multiple outbreak waves
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of Incident Command Post (ICP) and/or Emergency Operations Center (EOC)
- Higher than normal death rate in community

Preparedness

- Inform public of government pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Use local media during pre-outbreak public education
- Interdependency with external departments/agencies/tribal/business partners
 - Assessment of cross-sector resources and workforce
 - Completing memorandum of understanding (MOU)
- Plan for higher than normal death rate in community
 - Develop/train/exercise a community mass fatality plan

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- Develop handling/storage plan for deceased
- Clarify legal aspects of medical examiner versus coroner system
- Moving/touching of deceased prior to examiner/coroner declaration
- Identify alternatives to standard 'declaration of death' process
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Anticipate multiple waves, with each wave lasting up to 90 days
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees and volunteers
 - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
- Interruption in supply chain for food, fuel, PPE, and other essential items
 - Establish stockpiles to maintain operations for 90 days per wave
 - Establish guidelines for using/changing PPE
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair businesses
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
 - Establish devolution of authority lines through chain of command
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of Incident Command Post and/or Emergency Operations Center
 - Establish standardized medical surveillance system for entry
 - Maintain NIMS-NRP compliance for command-control
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses
 - Retrain as necessary in final plan
- Train workforce in infectious disease control practices

Response

- Manage the Emergency Operations Center (EOC) during the pandemic wave
 - Assign EOC staffing for each operational period
 - Equip EOC to maintain essential supplies/resources
- Coordinate infrastructure management with other sectors

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- Include township/county/state/private entities
- Coordinate communication/reporting requirements with state/national resources
 - Aids in declaration of emergency on regional/state/national levels
- Anticipate transition to an All-Hazard Incident Management Team
 - Ensure all management is trained in ICS-NIMS
- Enforce infectious disease control practices and protocols

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
- Assess COOP/COG efforts
 - Adjust as necessary
 - Reconstitute normal protocol/procedures
- Restock and repair essential resources

Model Protocols: 9-1-1 Call Center Service Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation. Additional information may be obtained from the Department of Transportation-National Highway Traffic Safety Administration (DOT-NHTSA) publication on [Preparing for Pandemic Flu: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points \(PSAPs\)](#).

Purpose

To provide a model protocol designed for 9-1-1 Call Centers and consolidated dispatch centers to guide the development of pandemic influenza operational plans for operational continuity of Public Safety Answering Points (PSAP). Through the use of this model and the addition of local information, each 9-1-1 Call Center or consolidated dispatch center should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Need to inform public of call center consequence management process
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce to stabilize staffing
- Depleted dispatch resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of Call Center operations
- Reconciling emergency calls/sector assignments
- Recognize difficulties with technology/interoperability limits

Preparedness

- Inform public of Call Center pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Use local media during pre-outbreak public education
- Interdependency with external departments/agencies/tribal/business partners
 - Assessment of cross-sector resources and workforce

Pandemic Influenza
Best Practices and Model Protocols

- Completing memorandum of understanding (MOU)
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees, administrative staff, and volunteers
 - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
 - Recognize that dispatch personnel are first responders
- Interruption in supply chain for food, fuel, and other essential items
 - Establish stockpiles to maintain operations for 90 days
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair businesses
 - Anticipate consolidation of regional PSAPs to supplement resources
 - Establish basic tenets to have primary and secondary PSAPs
 - Public information calls
 - Call screening and nurse assist lines
 - “Flu-Phone” triage systems for home care instructions and referral to alternate care centers
- Maintenance of Continuity of Operations/Continuity of Government
 - Establish devolution of authority lines through chain of command
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
 - Plan for high number of personnel being single parents
 - Higher rate absent to care for sick family members
- Isolation of Call Center to protect staff
 - Establish standardized medical surveillance system for entry
 - Maintain ICS-NIMS-NRP compliance for command-control
 - Ensure representation in the EOC or Command Post
 - Have sufficient resources to provide for staff during ‘lock-down’
 - Provide alternative housing, family care, etc.
 - Establish emergency supplies to support quarantine
 - Establish shared workstation disinfecting guidelines
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses

Pandemic Influenza *Best Practices and Model Protocols*

- Retrain as necessary in final plan
- Reconciling emergency calls/sector assignments
 - Track areas of response to identify growing infectious area
 - Prepare to provide triage on calls
 - Consistent with medical protocols and legal authority
- Recognize difficulties with technology/interoperability/legal limitations
 - Non-standardized 9-1-1 systems; plan early to overcome
 - Implement system changes in Emergency Medical Dispatch (EMD) protocol for outbreak management
 - Current system might be modified to meet existing needs
 - Require flexibility with reduced workforce

Response

- Manage the 9-1-1 Call Center during the pandemic wave
 - Assign staffing for each operational period
 - Equip Call Center to maintain essential supplies/resources
 - Engage supplemental support to relieve regular employees
 - Enforce shared workstation disinfection practice
- Coordinate infrastructure management with other sectors
 - Include township/county/state/private entities
 - Cross-notify with other sectors
- Coordinate communication/reporting requirements with state/regional/national resources
 - Aids in declaration of emergency on regional/state/national levels
 - Maintain coordination of affected outbreak areas for quarantine considerations by public health
- Anticipate transition to an All-Hazard Incident Management Team

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
- Assess COOP/COG efforts
 - Adjust as necessary
 - Evaluate EMD protocols for effectiveness
 - Reconstitute to normal protocol/procedures
- Restock and repair essential resources
- Identify employees who had influenza during previous wave for staffing in recurrent waves

Model Protocols: Emergency Medical Services Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation. Additional information may be obtained from the Department of Transportation-National Highway Traffic Safety Administration (DOT-NHTSA) publication on [EMS Guidelines for Pandemic Influenza Planning, Surveillance, Mitigation and Response](#).

Purpose

To provide a model protocol designed for Emergency Medical Services (EMS) systems to guide local development of pandemic influenza operational plans that define the role of EMS in mitigating, preparing for, and responding to influenza outbreaks. Through the use of this model and the addition of local information, each EMS department should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Inform public of EMS pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, PPE, and other essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations/Continuity of Government
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of EMS response facilities
- Altered standards of care and response protocol during outbreak response
- Infection control education for workforce and public
- Higher than normal death rate in community

Preparedness

- Inform public of EMS pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Coordinate/identify use of alternative resources for public information

Pandemic Influenza *Best Practices and Model Protocols*

- Coordinate the gathering/reporting of current pandemic information, clinical statistics, and treatment protocols with local, State, and national public health entities
 - Promote home disinfection, personal protection
 - Use local media during pre-outbreak public education
 - Inform of EMS response expectations
- Interdependency with external departments/agencies/tribal/business partners
 - Assessment of cross-sector resources and workforce
 - Locating retired/non-practicing EMS staff
 - Using Fire/Law Enforcement EMS staff
 - Using hospital and clinical staff
 - Using non-EMS professional drivers
 - Completing memorandum of understanding (MOU)
 - Identify the role EMS will play in disease surveillance
 - Tracking of patient
 - Implementing Targeted Layer Containment
- Plan for higher than normal death rate in community
 - Develop/train/exercise a community mass fatalities plan
 - Develop handling/storage plan for handling deceased
 - Clarify legal aspects of medical examiner versus coroner system
 - Moving/touching of deceased prior to examiner/coroner declaration
 - Prepare for modification of death declaration protocols at state level
 - New protocol to enable EMS personnel to declare obvious death
 - Coordination of body transport/pick up with mortuary services
 - Consideration of religious and cultural needs within community
 - Coordinating protocol with coroner/medical examiner
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees and volunteers
 - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
 - Plan for national distress during pandemic outbreak
- Interruption in supply chain for food, fuel, and other essential items
 - Establish stockpiles to maintain operations for 90 days
 - Prepare for shelter-in-place for EMS responders
 - Anticipate support for responder families
 - Stockpile antiviral and symptomatic relief medications for responders
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair/rental businesses
- Prepare to support transportation issues of response and support personnel
 - Coordinate with Public Works and Transportation

Pandemic Influenza

Best Practices and Model Protocols

- Maintenance of Continuity of Operations/Continuity of Government
 - Establish devolution of authority lines through chain of command
 - Coordinate with medical director and public health
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal/territorial planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of EMS response facilities
 - Prepare for shelter-in-place protocol
 - Anticipate implementing a support system for responder families
 - Enforce restricted access
 - Ensure freedom of movement during travel restrictions
 - Establish alternative housing if necessary
- Altered standards of care and response protocol
 - Treat at home with no transport
 - Potential of Public Health Officials designating ‘flu only’ hospitals
 - Supporting alternative treatment centers
 - Supporting vaccination centers
 - Handling of terminally ill patients
- Isolation of Incident Command Post (ICP) and/or Emergency Operations Center (EOC)
 - Establish standardized medical surveillance system for entry
 - Ensure Medical Director representation at the ICP and/or EOC
 - Maintain NIMS-NRP compliance for command-control-coordination
- Infection control education for workforce and public
 - Establish educational programs/materials
 - Utilize public resources to augment education
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses
 - Retrain as necessary in final plan

Response

- Inform public of EMS pandemic outbreak consequence management
 - Update information daily to the public
 - Maintain honesty, present concerns with solutions
 - Infection control education for workforce and public
- Potential of reduced workforce by 30-40% during peak of each pandemic wave

Pandemic Influenza
Best Practices and Model Protocols

- Implement staffing with pre-trained volunteers and administrative staff
- Reinstate retired or non-practicing EMS providers as needed
- Depleted response resources due to mechanical failure/lack of personnel
 - Initiate pre-contracted services for repair
 - Reassign equipment to staffed locations
- Isolation of EMS response facilities
 - Establish pre-entry medical screening procedure
 - Establish disinfecting services
 - Manage stockpiled consumable supplies
 - Establish an in-house medical support system to care for employees and immediate family during a pandemic
- Altered standards of care and response protocol
 - Implement pre-authorized emergency protocols from legal authorities
 - Establish a clinical triage/screening tool (job aid) to aid in treatment/transport decisions
 - Provide or refer transportation options to alternate care facility for patients determined to be non-hospital transports
 - Ensure training in emergency protocols
- Manage the EMS network during the pandemic wave
 - Assign EMS staffing for each operational period
 - Consider using hospital/clinic staff to supplement response/treatment
 - Equip EMS to maintain essential supplies/resources
- Coordinate infrastructure management with other sectors
 - Include township/county/state/private entities
- Coordinate communication/reporting requirements with state/national resources
 - Aids in declaration of emergency on regional/state/national levels
- Anticipate transition to an All-Hazard Incident Management Team
 - Align reciprocal agreements on EMS licensing/certifications with State EMS authority

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
- Assess COOP/COG efforts
 - Adjust as necessary
 - Reconstitute to normal operating protocols/procedures

Model Protocols: Law Enforcement Service Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation.

Purpose

To provide a model protocol designed for Law Enforcement/Corrections departments to guide a local development of pandemic influenza operational plans. Through the use of this model and the addition of local information, each department should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Inform public of government pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, and other essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations/Continuity of Government
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of precinct facilities or incarceration centers
- Alternative methods/emergency postponement of court appearances
- Prioritize dispatching assignments of law enforcement
- Isolate sections of community during outbreak
- Anticipate social disruption/public disorder/black market
- Higher than normal death rate in community

Preparedness

- Inform public of law enforcement pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Use local media during pre-outbreak public education
 - Communicate any facility closures/lock downs
- Interdependency with external departments/agencies/tribal/business partners

Pandemic Influenza

Best Practices and Model Protocols

- Assessment of cross-sector resources and workforce support
- Completing memorandum of understanding (MOU)
- Plan for higher than normal death rate in community
 - Develop/train/exercise a community mass fatalities plan
 - Develop handling/storage plan for handling deceased
 - Clarify legal aspects of medical examiner versus coroner system
 - Moving/touching of deceased prior to examiner/coroner intervention
 - Identify alternatives to standard 'declaration of death' process
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees and volunteers
 - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
- Interruption in supply chain for food, fuel, and other essential items
 - Establish stockpiles to maintain operations for 90 days
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair businesses
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
 - Establish devolution of authority lines through chain of command
- Isolation of precinct facilities or incarceration centers
 - Establish a plan for lock down procedures
 - Staff may be required to be locked down to maintain isolation
 - Quarantine of infected suspects not otherwise detained
- Alternative methods/emergency postponement of court appearances
 - Allowances for video testimony
 - Postponing court appearances/activities under social distancing
- Prioritize dispatching assignments of law enforcement
 - Promote triage process for calls
 - Establish alternatives to normal response
- Isolate sections of community during outbreak
 - Implement isolation perimeters in areas with high infection rate
- Anticipate social disruption/public disorder/black marketers
 - Prepare strategies/tactics to meet crowd control measures
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local Tribal planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce

Pandemic Influenza
Best Practices and Model Protocols

- Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of precinct facilities or incarceration centers
 - Establish standardized medical surveillance system for entry
 - Lock down facilities from visitors
 - Anticipate lock down to incorporate keeping staff onsite during outbreak
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses
 - Retrain as necessary in final plan

Response

- Manage the Law Enforcement/Corrections department during the pandemic wave
 - Assign staffing for each operational period
 - Observe for signs of burn-out
 - Provide adequate staffing to promote safety
 - Equip facilities to maintain essential supplies/resources
 - Identify alternative arrest reporting process during pandemic
- Isolation of precinct facilities or incarceration centers
 - Establish a plan for lock down procedures
 - Staff may be required to be locked down to maintain isolation
 - Quarantine of infected suspects not otherwise detained
 - Control re-entry into the community
 - Implement protective custody procedures
- Utilize alternative methods/emergency postponement of court appearances
 - Allow for video/audio testimony or pleading
 - Postpone court appearances/activities under social distancing
 - Maintain civil rights unless exempted by emergency declaration
- Prioritize dispatching assignments of law enforcement
 - Implement triage process for calls
 - Implement alternatives to normal response
- Isolate sections of community during outbreak
 - Implement isolation perimeters in areas with high infection rate
 - Encourage voluntary compliance from public for quarantine/isolation orders issued by public health officials
 - Seek guidance from local, county, or district attorney on enforcement of quarantine orders as issued by public health officials
- Anticipate social disruption/public disorder/black marketeers
 - Prepare strategies/tactics to meet crowd control measures
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local Tribal planning and preparation

Pandemic Influenza *Best Practices and Model Protocols*

- Establish Memorandum of Understanding or Memorandum of Agreement
- Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of precinct facilities or incarceration centers
 - Establish standardized medical surveillance system for entry
 - Lock down facilities from visitors
 - Anticipate lock down to incorporate keeping staff onsite during outbreak
- Coordinate infrastructure management with other sectors
 - Include township/county/state/private entities
- Coordinate communication/reporting requirements with state/national resources
 - Aids in declaration of emergency on regional/state/national levels
- Anticipate transition to an All-Hazard Incident Management Team

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
- Assess COOP/COG efforts
 - Adjust as necessary
 - Reconstitute normal protocols/procedures
- Restock and repair essential resources

Model Protocols: Public Works Service Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation.

Purpose

To provide a model protocol designed for Public Works departments to guide a local development of pandemic influenza operational plans. Through the use of this model and the addition of local information, each department should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Inform public of government pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Recognizing Public Works employees as First Responders to community
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, communications, and essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations/Continuity of Government
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Lack of Mutual Aid agreements with neighboring Public Works Departments
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of Public Works Emergency Operations Center
- Variances in water/solid waste/waste water treatment operation
- Variances in code enforcement
- Assisting in traffic control, evacuation, mass transportation
- Higher than normal death rate in community

Preparedness

- Inform public of Public Works pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Use local media during pre-outbreak public education
 - Coordinate message with other service sectors when possible

Pandemic Influenza
Best Practices and Model Protocols

- Recognize Public Works employees as first responders to community
 - Coordinate public law amendments to provide inclusion
- Interdependency with external departments/agencies/tribal/business partners
 - Assessment of cross-sector resources and workforce
 - Completing memorandum of understanding (MOU)
 - Establish Mutual Aid agreements with other Public Works departments
- Plan for higher than normal death rate in community
 - Develop/train/exercise a community mass fatality plan
 - Develop handling/transportation/storage plan for deceased
 - Coordinate with medical examiner/coroner
 - Moving/touching of deceased prior to examiner/coroner declaration
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees and volunteers
 - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
- Interruption in supply chain for food, fuel, and other essential items
 - Establish stockpiles to maintain operations for 90 days
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair businesses
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
 - Establish devolution of authority lines through chain of command
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of Public Works Emergency Operations Center
 - Establish standardized medical surveillance system for entry
 - Establish representation within community Incident Command Post/Emergency Operations Center
 - Maintain NIMS-NRP compliance for command-control-coordination
- Variances in water/solid waste/waste water treatment operation
 - Expect reduced workforce and community sector-support activities
 - Ensure operation at minimal standards
- Variances in code enforcement procedures
 - Realign resources to support other activities where possible

Pandemic Influenza *Best Practices and Model Protocols*

- Assisting in traffic control, evacuation, mass transportation
 - Provide barricades, signage, and traffic signal modifications
 - Utilize buses and vans to maximize an evacuation
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses
 - Retrain as necessary in final plan

Response

- Manage the Emergency Operations Center during the pandemic wave
 - Assign EOC staffing for each operational period
 - Equip EOC to maintain essential supplies/resources
- Coordinate infrastructure management with other sectors
 - Include township/county/state/private entities
 - Establish Mutual Aid agreements with other Public Works departments
- Coordinate public works requirements with state/national resources
 - Aids in declaration of emergency on regional/state/national levels
- Variances in water/solid waste/waste water treatment operation
 - Caused by reduced workforce and community sector-support activities
 - Ensure operation at minimal standards
- Variances in code enforcement procedures
 - Realign resources to support other activities where possible
- Assisting in traffic control, evacuation, mass transportation
 - Provide barricades, signage, and traffic signal modifications
 - Utilize buses and vans to maximize an evacuation
- Anticipate transition to an All-Hazard Incident Management Team
 - Ensure representation for Public Works
- Supplementing EMS with available Public Works trained staff (e.g., drivers)

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
 - Validate need for Public Works Mutual Aid legislation
- Assess COOP/COG efforts
 - Adjust as necessary
 - Reconstitute normal protocols/procedures
- Restock and repair essential resources

Model Protocols: Fire Service Sector

Foreword

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation.

Purpose

To provide a model protocol designed for Fire Service to guide a local development of pandemic influenza operational plans. Through the use of this model and the addition of local information, each department should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

Mitigation

- Inform public of Fire Service pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, and other essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations/Continuity of Government
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of Incident Command Post and/or Emergency Operations Center
- Infection control education for workforce and public
- Adaptive Response plans to provide service with reduced resources
- Higher than normal death rate in community

Preparedness

- Inform public of Fire Service pandemic outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Use local media during pre-outbreak public education
- Interdependency with external departments/agencies/tribal/business partners
 - Assessment of cross-sector resources and workforce
 - Completing memorandum of understanding (MOU)

Pandemic Influenza
Best Practices and Model Protocols

- Establish Community Emergency Response Teams (CERTs) to supplement workforce
- Plan for higher than normal death rate in community
 - Develop/train/exercise a community mass fatalities plan
 - Develop handling/storage plan for handling deceased
 - Clarify legal aspects of medical examiner versus coroner system
 - Moving/touching of deceased prior to examiner/coroner declaration
 - Identify alternatives to standard 'declaration of death' process
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
 - Develop surge capacity process of essential service workforce
 - Pre-train and certify cross-sector employees and volunteers
 - Establish policy to address payroll/benefits of employees
 - Identify workforce that has recovered from flu for availability during recurrent outbreaks
- Prioritizing prophylaxis for essential workforce
 - Pre-identify essential workforce positions
 - Incorporate a wellness program of prevention
- Interruption in supply chain for food, fuel, and other essential items
 - Establish stockpiles to maintain operations for 90 days
 - Standardization of PPE
- Depleted response resources due to mechanical failure/lack of personnel
 - Enhance preventive maintenance programs for fleets
 - Establish supplemental contracts/MOUs with local repair businesses
- Maintenance of Continuity of Operations (COOP)/Continuity of Government (COG)
 - Establish devolution of authority lines through chain of command
- Interdependency with external departments/agencies/business partners
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal planning and preparation
 - Establish Memorandum of Understanding or Memorandum of Agreement
 - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
 - Establish MOU with employees/unions
 - Maintain Human Resources/Payroll/Benefits for workforce
 - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of Incident Command Post and/or Emergency Operations Center
 - Establish standardized medical surveillance system for entry
 - Maintain NIMS-NRP compliance for command-control
- Infection control education for workforce and public
 - Develop public awareness information for distribution
 - Enhance delivery of information at awareness level of pandemic
- Adaptive Response plans to provide service with reduced resources
 - Establish response strategies to meet challenges during outbreak
 - Modify 'civil-unrest' protocols to address reduced staffing

Pandemic Influenza *Best Practices and Model Protocols*

- Establish charting process to identify concentrations of flu related responses
 - Identify areas that may indicate spread of infection
 - Coordinate with 9-1-1 Call Centers, EMS, and Law Enforcement
- Establish phases of staffing for alarm assignments
 - Identify minimal staffing for first alarm, and subsequent alarms
- Train workforce in emergency action plan
 - Complete exercise in the process
 - Debrief exercise to identify strengths/weaknesses
 - Retrain as necessary in final plan
- Supplementing EMS with available trained Fire Service staff (e.g., drivers, EMTs, paramedics)

Response

- Maintain public awareness of Fire Service outbreak consequence management
 - Frequent, honest, and reliable information to be released to the public
 - Instructions on what to expect when reporting an emergency
- Manage the Incident Command Post during the pandemic wave
 - Assign staffing for each operational period
 - Equip to maintain essential supplies/resources
- Coordinate infrastructure management with other sectors
 - Include township/county/state/private entities
- Implement CERT teams in neighborhoods
 - Communicate level of response/activity to volunteers
- Coordinate communication/reporting requirements with state/national resources
 - Aids in declaration of emergency on regional/state/national levels
- Establish response charting process
 - Coordinate concentrated areas of response
 - Coordinate with other service sectors
- Adaptive Response plans to provide service with reduced resources
 - Follow established staffing for alarm assignments
 - Enforce ‘civil-unrest’ protocols to address reduced staffing
- Anticipate transition to an All-Hazard Incident Management Team

Recovery

- Assess the mitigation components to evaluate the risk analysis
 - Adjust as necessary
- Assess the preparedness components to evaluate the planning process
 - Adjust as necessary
- Assess local and state laws and protocols
 - Address through appropriate channels for council or legislative action
 - Involve elected public officials
- Assess COOP/COG efforts

Pandemic Influenza
Best Practices and Model Protocols

- Adjust as necessary
- Reconstitute normal protocols/procedures
- Restaff, restock, and repair essential resources
 - Identify workforce that recovered from flu for reassignment during recurrent waves of outbreak

