



Pandemic Continuity of Operations Tabletop Exercise

October 5, 2011

Module 1: Reduction in Force Identified

Key Factors

- 1) Your agency notes a 10% reduction in force due to flu
- 2) COOP Plan referenced

Questions

- 1) Under your agencies COOP Plan what are your options?
- 2) Under the Arizona Pandemic COOP Annex, what are your options and responsibilities?
- 3) What should you be forecasting?
- 4) How will notify department heads of impending problem?
- 5) How will absenteeism be tracked organization wide?

Module 2: Further Reduction in Force

Key Issues

- 1) Reduction in force being tracked city wide
- 2) 20% total reduction and up to 25% in some departments
- 3) 3 Department Directors absent

Questions

- 1) Under your organizations COOP Plan what are your options?
- 2) Under your organizations Pandemic Preparedness Plan what are your options and responsibilities?
- 3) What should you be forecasting?
- 4) What are your options with individuals reporting to work sick due to lack of sick leave?

Module 3: Reduction in Force Peaks

Key Issues

- 1) Reductions in force nearing 40%
- 2) Illness is county wide
- 3) Public Health officials issue an official pandemic declaration for the state

Questions

- 1) Under the Arizona Pandemic COOP Annex what are your options?
- 2) What is your Delegation of Authority procedure?
- 3) What should you be forecasting?
- 4) At what levels can your agency continue to function for the next week?
- 5) How would you handle 1 reported employee death and 2 family member's deaths?

Thank you

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Situation Manual

Pandemic

Continuity of Operations

Table Top Exercise

October 5, 2011

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PREFACE

The Pandemic Continuity of Operations Plan (COOP) Table Top Exercise is sponsored by the Arizona Division of Emergency Management (ADEM). This Situation Manual was produced following the guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The COOP Table Top Exercise Situation Manual provides exercise participants with all the necessary tools for their roles in the exercise.

The COOP Table Top Exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the Situation Manual.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of the ADEM Pandemic COOP Table Top Exercise Director.

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4. For more information about the exercise, please consult the following point of contact (POC):

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INTRODUCTION

Background

In April of 2010 a new flu strain was identified by The World Health organization (WHO) originating just outside of Mexico City in Mexico. This new strain was determined to be derived from exposure to local swine population and was readily transferrable to humans. Cases were quickly identified in the United States and elsewhere around the globe. The first peak in new cases was in May of 2010 with a fall off of new cases in June. The second peak was identified in November of 2010.

On the 11th of June in 2010 the WHO determined that this new flu met the 3 criteria that define a pandemic. The three criteria are: 1) "A new flu virus must emerge from the animal reservoirs that have produced and harbored such viruses – one that has never infected human beings and therefore one for which no person has developed antibodies", 2) "The virus has to make humans sick", 3) "It must be able to spread efficiently, through coughing, sneezing, or a handshake, or through contaminated media such as doorknobs".

Vaccines became available for at risk groups in October of 2010. Later in the year vaccine was made available to the general public.

Purpose

The purpose of this exercise is to determine the response of agencies and organizations within Arizona as it pertains to a flu pandemic outbreak in the local area. The exercise will focus on the viability of Continuation of Operation (COOP) Plans.

Scope

This exercise emphasizes the role of organization leadership in staffing critical services within Arizona during a flu outbreak.

Exercise Design Objectives

Exercise design objectives focus on improving understanding of a response concept, identifying opportunities or problems, and achieving a change in attitude. This exercise will focus on the following design objectives:

- 1) Viability of Arizona agencies/organizations Continuation of Operations Plans
- 2) Ability to staff organizations when up to 40% of personnel are absent
- 3) Viability of alternate work schedules and locations.
- 4) Viability of Arizona Pandemic COOP Annex and Pandemic Response Plans

Participants

- **Players.** Players respond to the situation presented, based on their knowledge of response procedures, current plans and procedures, and insights derived from training.
- **Observers.** Observers support the group in developing responses to the situation during the discussion; they are not participants in the moderated discussion period, however.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members may also assist with facilitation as subject matter experts (SMEs) during the exercise.

Exercise Structure

This tabletop exercise (TTX) will be a facilitated exercise. Players will participate in the following three modules

- Module 1: Reduction in Force Identified
- Module 2: Further Reduction in Force
- Module 3: Reduction in Force Peaks

Exercise Guidelines

- This TTX will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond on the basis of your knowledge of current COOP and capabilities and insights derived from your planning and background.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.

Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.
- The organizations COOP Plan and Pandemic Plan are in effect.

MODULE 1: REDUCTION IN FORCE IDENTIFIED

June 6, 2011: 0830 Hours

It is Monday, the start of the workweek for most employees. At one agency a department manager is talking to another in the hall and mentions that he had 4 sick calls this morning from employees. The second manager says he had 3 employees call in. As they talk they realize that all 7 employees called in because they or a family member had the flu.

Out of curiosity one of the managers calls another department and finds they had 5 sick calls for flu symptoms. This constitutes a 10% reduction in force between these three departments.

One of the managers thinks of his COOP plan and opens it up. He checks to see what his options are at this level of reduction in force.

Key Issues

1. Several organizations note 10% reduction in force due to flu
2. COOP Plan referenced

Questions

1. Under your organizations COOP Plan what are your options?
2. Under your organizations Pandemic Preparedness Plan what are your options and responsibilities?
3. What should you be forecasting?
4. How will you notify other department heads of a potential problem?
5. How will your organization track absenteeism?

MODULE 2: FURTHER REDUCTION IN FORCE

June 7, 2011: 0800 Hours

Departmental directors begin to report to the organization head's office that they are having a high level of sick calls due to flu like symptoms effecting employee's or their family members. 3 of the sick calls were from Department Directors. The reduction in force is now at 20% and in some departments up to 25%.

Key Issues

1. Reduction in force is being tracked state wide
2. 20% total reduction and up to 25% in some organizations
3. 3 organization head's absent

Questions

1. Under your organizations COOP Plan what are your options?
2. Under your organizations Pandemic Influenza Preparedness Plan what are your options and responsibilities?
3. What should you be forecasting?
4. What are your options to address individuals who are reporting to work sick due to lack of accrued sick leave?

MODULE 3: REDUCTION IN FORCE PEAKS

June 13, 2011: 0800 Hours

County health department has declared a spike in new H1N1 flu cases being diagnosed in Maricopa County. This spike has surpassing the previous 2 spikes from 2010 and the county states that health care in the valley is being taxed to its limit. The Governor issues an official pandemic declaration for the state.

This morning after reports from all departments, the total reduction in force for the organization is calculated to be at 35% with some departments surpassing the 40% mark. Calls are being received at the organization heads office from concerned citizens about delays when dealing with departments and calls going unanswered.

Key Issues

1. Reductions in force nearing the 40% point
2. Illness is county wide
3. Governor issues an official pandemic declaration for the state

Questions

1. Under your organizations COOP Plan what are your options?
2. What is your Delegation of Authority procedure?
3. Under your organizations Pandemic Influenza Preparedness Plan what are your options and responsibilities?
4. What should you be forecasting?
5. At what levels can your organization continue to function for the next week?
6. How will you handle 1 reported employee death and 2 family member's deaths?

Arizona Continuity of Operations

Pandemic Annex

Arizona Division of Emergency Management

6/1/2010

Purpose

Arizona Continuity of Operations Pandemic Annex is a component of an Arizona state agency, board, or commission's All Hazards Continuity of Operations (COOP) Plan. This annex is designed to address the unique issues that are specific to pandemic preparedness and response.

The planning considerations and suggested COOP activities in this annex have been developed to assist state agencies in ensuring the execution of essential functions in the event that government agency operations are threatened. In the case of an influenza pandemic, the main threat to operations would be the possibility of serious reductions in the availability of staff that are available for work and/or their reduced capacity to operate efficiently.

Objectives

The main objective of this annex is to ensure the continuous performance of the agency's essential functions during an influenza pandemic and to provide for the safety and well being of the employees.

Specific objectives of this plan include:

- 1) Reduce or mitigate disruptions to agency operations by addressing possible staff reductions during all pandemic phases;
- 2) Protect the safety and productivity of working staff;
- 3) Address behavioral health issues that may affect the organization;
- 4) Plan for potentially critical losses of staff through scheduling, identification of alternate resources, and temporary business reduction efforts;
- 5) Reduce loss of life and minimize damage and losses; and
- 6) Achieve a timely and orderly recovery from an emergency and resumption of full service to customers.

Planning Assumptions

The following are planning assumptions for addressing Continuity of Operations issues for an influenza pandemic:

- It is expected that an influenza pandemic would cause widespread morbidity and mortality and might affect 40% of your workforce or more over a period of many months, depending on incidence of disease within a community. Staff reductions may occur due to staff illness or death or due to family responsibilities related to the emergency. Problems may arise from illness in the family, closure of schools, lack of caregiver support, or similar instances that prevent employees from coming to work. Such situations could decrease existing staff to critically low levels and threaten the capacity of the agency to continue operations.
- The effect of an influenza pandemic on individual communities may be at least two to three waves over several months. Therefore, staff reductions may be temporary or long-term.

- An outbreak of an infectious disease, such as an influenza pandemic, terrorist attack, outbreak of food-borne illness, or natural or technological disaster may cause serious reductions in the availability of staff for work and/or their capacity to operate efficiently.
- Remaining workers may be psychologically affected by disease, family illness, and concerns about economic loss or fear of illness and may require behavioral health assistance.
- An emergency condition may require the reassignment of critical functions to other personnel or worksite relocations.
- External vendors will continue to provide services according to existing contracts.
- Employees whose employment status is impacted by a pandemic will need information regarding services specific to the needs arising from loss of employment.
- Public safety agencies are likely to face increased demands while operating with a reduced workforce due the pandemic impact on agency employees and families.

Pandemic Preparedness, Response and Recovery Checklist

The following checklists can assist you in preparing for and responding to an influenza pandemic. The checklists are a guide and should be modified to meet the needs of your agency, board, or commission. The preparedness and response activities have been grouped under the World Health Organization's (WHO) six-phased approach; these phases are applicable globally and provide a framework to aid countries in pandemic influenza preparedness and response planning.

The COOP Activities described in the following checklist, aim to maintain a viable workforce before, during and after an influenza pandemic.

**2009 WHO
 Phases**

COOP Activities

Strengthen pandemic preparation and response activities.

Phases 1-3:
 Limited Human
 Spread

- Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The coordinator/team should be familiar with the Arizona Pandemic Influenza Operational Plan located at www.azdhs.gov/pandemicflu.
- Review your Agency COOP plan and keep contacts updated.
- Familiarize your agency with www.azdhs.gov and www.yes.az.gov for reliable pandemic preparedness information.
- Encourage the annual influenza vaccination for all agency employees.
- Communicate to all employees the policies and guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for sick-leave absences unique to a pandemic, including when a previously ill employee can return to work.

**Arizona Continuity of Operations
Pandemic Annex
April 2010**

- Communicate to all employees the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for flexible work site (e.g., telecommuting).
- Communicate to all employees the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for preventing influenza spread at the work site (e.g., promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- Communicate to all employees the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the work site.
- Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access. These infrastructures should be compatible with your agency's requirement to maintain redundant communications systems as part of business continuity plans.
- Develop workforce resilience programs.
- Ensure contractors and vendors have contingency plans in place for pandemic influenza, including high levels of absenteeism and maintaining service levels.
- Assess demands in services for agency, board, or commission essential functions.
- Test and exercise pandemic influenza and COOP plans. Revise as appropriate.

Focus on containment activities.

Phase 4:
Sustained
Human-to
Human Spread

- Re-familiarize and communicate to all employees the policies and guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for sick-leave absences unique to a pandemic, including when a previously ill employee can return to work.
- Begin implementing the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for flexible work site (e.g., telecommuting).
- Begin implementing the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for preventing influenza spread at the work site (e.g., promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- Begin implementing the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the work site.
- Disseminate materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transportation), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans).

- Re-familiarize and disseminate information to employees about the agency's pandemic preparedness and response plan.
- Depending on the severity of the pandemic, implement guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.
- Provide sufficient and accessible infection control supplies (e.g., hand hygiene products, tissues, and receptacles for disposal) in all business locations, now and during a pandemic.

Focus on response activities.

Phase 5-6:

Widespread
Human Infection

- Disseminate materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transportation), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans).
- Anticipate employee fear and anxiety, rumors, and misinformation and plan communications accordingly.
- Disseminate information to employees about the agency's pandemic preparedness and response plan.
- Provide information for the at-home care of ill employees and family members, when necessary.
- Depending on the severity of the pandemic, implement guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.
- Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transportation closures.
- Promote maximum use of telecommuting and other forms of business that allow employees to work from home.
- Communicate to employees the guidelines outlined in the State of Arizona Pandemic Influenza Planning Guide for restricting travel based on ADHS and CDC recommendations.
- Provide sufficient and accessible infection control supplies (e.g., hand hygiene products, tissues, and receptacles for disposal) in all business locations, now and during a pandemic.

Address health and social impacts and preparation for future waves.

Post-Peak:

Possibility of recurrent events

- Ensure hygiene supplies are re-stocked and available for possible future waves.
- Review and revise, as necessary, pandemic influenza and COOP plans.
- Communicate to employees the on-going need for vigilance in disease-prevention efforts in the workplace (e.g., hand hygiene and coughing/sneezing etiquette)
- Issue guidelines for employee return-to-work policies.

Restoration of normal health and social functions and addressing long-term impacts.

Post-

Pandemic:

Disease activity at seasonal levels

- Review lessons learned and revise pandemic influenza and COOP plans, as necessary.
- As needed, provide psychosocial services to facilitate individual recovery.

Pandemic Influenza Planning Resources

Below you will find resources that are available to assist in your pandemic preparedness efforts:

- **Pandemic Influenza Planning Guide for State of Arizona Agencies**
http://www.hr.az.gov/State_Employee/PDF/News_PIGv1.pdf
- **Arizona Department of Health Services – Pandemic Flu Information**
<http://www.azdhs.gov/pandemicflu/index.htm>
- **Maricopa County Department of Public Health Seasonal and Pandemic Flu**
http://www.maricopa.gov/Public_Health/HotTopics/Flu/default.aspx
- **Pima County Health Department H1N1 Influenza Information and Resources**
http://www.pimahealth.org/disease/h1n1_influenza.asp
- **The Federal Governments Pandemic Flu Information**
<http://www.flu.gov/>
- **Centers for Disease Control**
 - <http://www.cdc.gov/h1n1flu/>
 - <http://communitydispatch.com/cgi-bin/artman/exec/view.cgi/17/2684>
- **Center for Infectious Disease Research & Policy (CIDRAP)**
<http://www.pandemicpractices.org/practices/article.do;jsessionid=CDD074EEE3B284ED92F9E4A043E77456?page=home>

Strengths

1	That we've already started our COOP Plan - so have some idea of what steps need to be taken.
2	Discussion was very helpful ~ hearing other's ideas was great.
3	Group discussion/input from others.
4	Facilitator/Layton Dickerson very good at getting participation & discussion.
5	Perspective of other agencies and issues they face.
6	Focus on shortfalls during different scenarios.
7	Discussion/round tables during scenarios.
8	Viable scenarios.
9	Group diversity.
10	Ability to discuss with other agency personnel.
11	Ability to listen to input from others. Especially those who have experience. (Courts - really felt she had much to offer).
12	Layton leading the exercise/time allotted was good.
13	Telecommuting options within agencies.
14	Ability of agencies to provide assistance to one another. i.e. State Parks to provide law enforcement assistance.
15	Standing pandemic plans
16	Scenario
17	Situation was realistic.
19	Discussion - hearing about challenges regarding other agencies.
20	Facilitator - excellent in keeping discussion moving forward.
21	Progression & simplicity of events.
22	Tested & drilled down on priority issues with increasing absenteeism.
23	Sharing with other agencies.
24	Ideas for solutions that can be implemented in our organizations.
25	Table top focused on planning for COOP implementation. It got us talking about issues that may not have been obvious in a real crisis.
26	Fostered communication with other agencies - allowed us to see that we could potentially provide the basis for consensus when actually working on our COOP.
27	Organization - development, instructors and outline.
28	Areas needing evaluation.
29	Answering the tough questions.
30	Table top exercises.
31	Identify priorities and shifts as pandemic increases in severity.
32	Working with other agencies to learn what their priorities are and work needs will be.
33	Addressed pandemic issues - seems to largely be a challenge for human resources to staff services.
34	Great way to initiate discussion about COOP plans.
35	Great way to learn about the way other agencies develop COOP plans.
36	Coordination with other agencies.
37	Sharing COOP steps with other agencies.
38	Networking with new COOP planners.
39	Presentations - Debbie Christopherson - IT information.
40	Communication skills.
41	Group participants and ideas.
42	Organization, presentation and communications.
43	Variety of agencies sharing comments and working through 3 stages.

Event:
Pandemic
COOP TTX

Hot Wash Summary

Event Date:
October 5, 2011

Needs Improvement

1	Look at more avenues for increased employee outage - basic to advanced plan.
2	Steps in place for contacting employee assistance if/when needed.
3	Better system wide collaboration.
4	Formalize additional policies.
5	Putting plan together.
6	Communication throughout organization.
7	Education throughout organization.
8	Use Survey Monkey for evaluation.
9	Snacks and breakfast.
10	Human Resource issues. When can agencies send employees home.
11	Employee tracking.
12	Forecasting difficulties.
13	More time to discuss.
14	More specific situation. Absenteeism - accounting method.
15	Testing telecommuting operability.
16	Having a plan to deal with employee and family member deaths.
17	Survey Monkey to fill out evaluation and Hot Wash.
18	No snacks.
19	Projecting global to each deed scope.
20	Steering key areas.
21	Steps in order of application.
22	Use a disaster film or movie to provide the type of emotional disorganization and panic that comes with these situations.
23	Address other COOP planning - not just pandemic.
24	Seems like exercise was too long. Perhaps use more than one specialized area than just pandemic table top.
25	Table top exercise in a different room without distractions.
26	Table top. Provide a copy of COOP to go along with assignments.

Event:
Pandemic
COOP TTX

Hot Wash Summary

Event Date:
October 5, 2011

Comments

1	Excellent overall. Consider requiring us to break up instead of sitting in familiar groups.
2	Module 3 raised some interesting issues re: bereavement leave when employees and family members begin to die. Could you suspend bereavement leave?
3	Also, how would you minimize "worried well" and calls when people who visited your agency learn about your employees deaths?
4	Good job!
5	Great effort, good buffet.
6	Keep up the good work!
7	Great presentations and outstanding information.

HOT WASH REPORT FORM

Exercise:			
Date:		Location:	
Name:		Evaluated Organization:	
Email:		Staff/Section:	
Telephone:		Role in Exercise:	

List the top three (3) Strengths:

1.)

2.)

3.)

HOT WASH REPORT FORM

List the top three (3) items requiring improvement:

1.)

2.)

3.)

HOT WASH REPORT FORM

Hot Wash Remarks/Comments:

Empty box for Hot Wash Remarks/Comments.

Pandemic Influenza Planning Guide
For State of Arizona Agencies
November 2009
Version 1.0

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The **Introduction** provides an overview of influenza pandemics and the purpose and objective for providing agencies with this Pandemic Influenza Planning Guide. The responsibility of the Pandemic Influenza Team resides with the Arizona Department of Administration (ADOA), Human Resources Division located at 100 North 15th Avenue, Phoenix, Arizona 85007. This section identifies the relationship between ADOA and other state of Arizona government agencies, boards, and commissions.

Section One provides planning consideration information agencies should utilize when developing pandemic preparedness and response plans. The planning consideration information includes areas to address within the agency, suggested strategies for addressing the pandemic impact on employees and customers, following statewide pandemic policies and recommended guidelines, and communicating and educating state employees.

Section Two provides pandemic response guideline information for addressing pandemic preparedness and response activities and streamlining particular processes throughout State agencies. This Section includes information specific to managing the agency, such as identifying essential functions, critical inputs, demand for services, succession planning, and telecommuting. This section also includes information specific to managing employees, such as travel, instructing employees when to stay home, sending ill employees home, and authorizing employees to return to work. Finally, this section includes information specific to managing the work environment, such as hand hygiene and respiratory etiquette, social distancing, personal protective equipment, and workplace cleaning.

Section Three provides pandemic response policies intended to provide agencies within the ADOA Personnel System with specific procedures for developing pandemic preparedness and response actions. This Section includes statewide policies on employee leave, rescission of leave, alternate staffing options, internal authority delegation, reassignments, and procurement.

Section Four provides information on communicating pandemic related information to employees both during the planning stages and widespread activity stages. This section includes educating employees, disseminating information, and suggested communication systems.

This guide is intended to provide information, guidance, and policies for state agencies, boards, and commissions to assist in implementing pandemic influenza plans that effectively and efficiently ensure continuation of essential business functions during a pandemic.

INTRODUCTION

PURPOSE

The primary purpose of the Pandemic Influenza Planning Guide is to enable State of Arizona agencies to respond effectively and efficiently to ensure that essential functions are maintained during a pandemic.

SCOPE

The State of Arizona Pandemic Influenza Planning Guide is intended to provide guidance for all State of Arizona agencies, boards, and commissions (hereinafter referred to as “agency” or “agencies”), and provide policies that govern human resources directives agencies must follow when creating or enhancing their pandemic preparedness and response plan.

OBJECTIVE

As an employer, the State of Arizona’s objectives during a pandemic influenza event include the following:

1. Reducing transmission of the pandemic virus strain among our employees, customers, and partners.
2. Minimizing illness among employees, customers, and the public.
3. Maintaining mission-critical operations and services.
4. Minimizing social disruptions and the economic impact of a pandemic.

The objective of this Planning Guide is to assist state agencies in developing and implementing their own pandemic influenza plans. The Pandemic Influenza Planning Guide focuses on educating and protecting employees. We recognize that employee protection and continued service delivery can be achieved through a combination of infection control methods and the use of personal protective measures; therefore, this guide focuses on communication, education, and employee engagement.

This Pandemic Influenza Planning Guide provides practical occupational safety and health information as well as some important Human Resources-related policies that will assist agencies in developing their own pandemic preparedness plans. While pandemic planning focuses on employees and communications, best practices suggest that pandemic planning be part of each agency’s all hazards continuity plan. Should your agency need assistance incorporating the information into your Continuity of Operations Plans, the State Continuity of Operations Programs Group at the Arizona Department of Emergency and Military Affairs is available to assist all state agencies. To contact the Continuity Group with questions or to request assistance, please call 602.464.6204.

PANDEMIC OVERVIEW

Severe influenza pandemics represent one of the greatest potential threats to the public’s health.

Pandemics are distinct from seasonal influenza epidemics that happen nearly every year. Seasonal influenza epidemics are caused by influenza viruses which circulate globally in humans. Over time, people develop some degree of immunity to these viruses, and vaccines are developed annually to protect people from serious illness. In the United States (U.S.), seasonal influenza epidemics cause an average of 36,000 deaths annually.

Influenza pandemics have occurred periodically throughout history – including a major pandemic in 1918, and smaller pandemics in 1957 and 1968 – and continue to occur, with the current outbreak and spread of H1N1 novel influenza (swine flu). Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus, to which there is no immunity. The new virus strain may spread rapidly from person-to-person and, if severe, may cause significant morbidity and mortality. The CDC estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.

There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies. Unlike natural disasters, where any disruption is likely to be infrastructure-related, disruption in the event of a pandemic is anticipated to be human- and material-oriented. A pandemic has the potential to cause illness in a very large number of people, overwhelm the health care system, and jeopardize services by causing high levels of absenteeism in the workforce. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, a pandemic, unlike many other emergency events, could last for months and affect many areas throughout the world simultaneously.

In a pandemic situation, the goal is to slow the spread of disease to prevent illness. The most effective strategy to accomplish this is through vaccination. However, it is possible that effective vaccines will not be available for many months following the emergence of a new pandemic strain of influenza. Existing antiviral medications may also not be effective or available. Other infection control strategies such as social distancing, improved hygiene and respiratory etiquette, isolation, and quarantine may be used to control the spread of disease.

PANDEMIC PHASES

The World Health Organization (WHO) has adopted the use of a six-phased approach for the grouping and description of pandemic phases. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus (a virus containing two or more pieces of nucleic acid from different parents) has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

PANDEMIC INFLUENZA TEAM

The State of Arizona Department of Administration (ADOA) has assumed responsibility for coordinating statewide agency pandemic planning efforts. Each agency or board/commission (hereinafter referred to as “agency”) has been directed by the ADOA Director to identify at least one individual to serve as the agency’s Pandemic Coordinator. The Pandemic Coordinator will be the agency’s primary point of contact with ADOA and will take responsibility for regular communication with ADOA regarding pandemic preparedness planning and response. The designated coordinator(s) will serve as a resource for agency employees and also will serve as the point of contact for ADOA to disseminate information. All pandemic related communications from ADOA will be directed to the agency Pandemic Coordinators.

SECTION ONE: PLANNING CONSIDERATIONS

REQUIREMENTS FOR PLANNING

The recent global developments regarding influenza – H1N1 (swine flu) and H5N1 (bird flu) – have prompted the directing of state agencies to review business processes, job functions, etc. to address a variety of assumptions presented by a possible pandemic.

State agencies will be expected to provide, at a minimum, pre-identified essential functions that will continue during a pandemic. The range of agency services and their method of delivery are expected to vary depending on the nature and the severity of a pandemic. It is therefore recommended that all state agencies clearly identify the critical services that will continue to be provided through all phases of a pandemic. Additionally, agencies should identify how they will transition from providing all services to just providing critical services.

Planning for a pandemic is essential to ensuring continuity of government services. The CDC has identified several planning considerations, along with specific steps that each agency can take now to prepare in the event of a pandemic.

Agency considerations

Identify essential employee skills and other critical inputs (e.g., supplies, equipment, data, and contractor services/products) required to maintain the essential operations by location and function during a pandemic. In the event of a pandemic, it is important that employees with core skills are available to maintain the essential functions of your agency. Focus on skills, not individual employees, when considering agency functions. Some issues to consider include:

- What are your agency's essential functions?
- What are the core skills required to provide the agency's essential functions?
- Are there sufficient back-ups for employees and skills if there is a high level of absenteeism? It is recommended that there are three levels of back-up employees for all essential functions.
- Are there other resources (e.g., volunteers, retirees) that could be utilized if necessary?
- Is it possible to coordinate or operate any of your agency's essential functions virtually by using secure remote access computing, telephone, and email?
- Who are the employees and what systems are required to implement and manage your Pandemic Response Plan? It is important to ensure that employees know if they have been identified as essential during a pandemic, and that they are aware of how they will be expected to carry out the Pandemic Plan.
- Do you have systems that rely on periodic physical intervention by key employees or others to keep the systems functioning? How long would the system(s) last without attention?
- Do the employees necessary to maintain essential functions have the capability to perform their job functions remotely? It is recommended that those employees that can telework test their telecommuting tools – security and network applications – in advance.

Customer interaction considerations

Consider the following strategies as you plan for social distancing between employees and citizens/consumers/clients:

- Plan to minimize exposure to fellow employees or the public if public health officials call for social distancing.
- Extend agency hours to accommodate customers wanting service outside normal business hours.
- Schedule pickup or delivery times to minimize the duration that people are in contact with others.
- Arrange for services to be provided via telephone, Internet, email, fax, or mail.

Employee and customer considerations

Establish and maintain an emergency communications plan. This plan should include the means to receive and disseminate information, and the identification of key contacts and their back-ups.

In the event of a pandemic, it is likely there will be a high level of anxiety which could potentially contribute to increased work absences and/or increased distress to employees. Suggested ways to manage this include:

- Communicate the possibility of a pandemic – and your agency’s preparedness to manage it – very early.
- Discuss with employees the possible health and safety issues, potential for reduced service delivery, and human resources policies (both agency and statewide).
- During activation of a pandemic, provide clear, timely and proactive communication, including how your agency is handling the situation; and
- Establish call trees to communicate quickly with employees, customers, and suppliers.

Consider the following additional strategies when planning for the impact on your employees and customers:

- Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or workplace closures, and public transportation closures.
- Implement guidelines to modify the frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstations, common areas) among employees and between employees and customers.
- Provide information about the annual seasonal influenza vaccination for employees.
- Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan.

Follow State of Arizona policies and recommended guidelines during a pandemic

Specific policies and guidelines have been established for statewide implementation during a pandemic.

- Follow policies for employee compensation and sick-leave absences unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work.
- Follow guidelines for flexible worksites (e.g., telecommuting) and flexible hours (e.g., staggered shifts).
- Follow guidelines for preventing the spread of influenza at the worksite (e.g., promoting respiratory hygiene/cough etiquette and social distancing).
- Follow guidelines regarding employees who report to work when ill, or become ill at the worksite.

Communicate to and educate your employees

It is important that information provided to employees regarding a potential pandemic be factual and timely so as to not cause unnecessary worry and/or panic. If a pandemic develops, agencies are encouraged to:

- Develop and disseminate informational materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection (e.g., hand hygiene, coughing/sneezing etiquette), and response strategies (contingency plans).
- Anticipate fear and anxiety, rumors and misinformation, and plan communications accordingly.
- Disseminate information to employees about your agency's pandemic preparedness and response plan.
- Provide information for the at-home care of ill employees and family members.
- Develop strategies and platforms (e.g., hotlines, websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely manner, including redundancies in the emergency contact system.

ADMINISTRATION AND LOGISTICS

ADOA has assumed responsibility as the central office for monitoring the results of statewide pandemic-related activities. This responsibility includes:

- Collaborating with the Arizona Department of Health Services (ADHS) to ensure alignment with Federal Government guidelines;
- Developing and administering of statewide policies;
- Monitoring employee leave and benefit plans to ensure uniform application;
- Providing reliable pandemic influenza information to employees; and
- Updating and maintaining this planning guide as new directives, guidance, and recommendations become available.

SECTION TWO: PANDEMIC RESPONSE GUIDELINES

These guidelines are provided to assist agencies in addressing certain pandemic-related preparedness and response activities and to streamline particular processes throughout State agencies.

MANAGING THE AGENCY

ESSENTIAL FUNCTIONS

Agencies should predetermine the essential functions required to maintain their operations during a pandemic in the event of significant absenteeism. Essential functions are those which have a direct and immediate effect on the general public in terms of life safety, custodial care, and/or statutory requirements. When identifying essential functions, make sure to account for critical times of year when certain functions must be performed.

1. Agencies should predetermine personnel who perform essential functions and the minimum number of staff necessary to perform those functions.
2. Agencies should identify functions that may be suspended while personnel are assigned to more critical roles. Agencies should identify the time period that the function can be suspended and the functions that may be done on a less frequent basis than would occur under normal conditions.
3. Agencies should identify secondary personnel that have the skills and abilities to perform other functions. Such personnel may be:
 - a. Employees in the same classification series as those who normally perform the function;
 - b. Employees who have previously performed the work and are currently employed elsewhere within the agency or another state agency;
 - c. Employees who can be trained either in advance of the need or on-the-job when the need arises; and
 - d. Employees who have backgrounds in, or specific certifications or licenses they currently hold or previously held that can be useful for filling gaps in certain areas of their agency or other state agencies.
4. Agencies should identify other personnel who may be available to perform essential functions. Such personnel may include retired employees, former employees, temporary employees, and contract workers.
5. Each agency should predetermine the payroll function as essential and should have a plan of succession and cross-training for the payroll function. There should be at least three employees, if possible; one of whom may include the payroll supervisor, who is trained to perform the payroll function.
6. Each agency should predetermine the human resource management function as an essential function and should have a plan of succession and cross-training for the human resource management function, if possible. It is recommended that there are at least three employees who are trained to perform the human resources management function.
7. Agencies should consider whether each identified essential function would likely increase or decrease in demand during a pandemic and incorporate potential fluctuations in demand into their plans.

CRITICAL INPUTS

Pandemic planning should also include the need for storing of essential supplies. Agencies should assess critical inputs (e.g., raw materials, suppliers, sub-contractor services/products, and logistics) by identifying those required to maintain business operations and review existing inventory. This is particularly important for supplies necessary for ensuring the health and safety of employees and citizens the agency serves.

Shortages may occur because of disruptions in transportation systems or inability of suppliers to meet demands because of their own workforce shortages. Loss of up to 40 percent of workers/drivers and other transportation employees may affect both the production and delivery of needed supplies. During a pandemic, there are likely to be restrictions at ports and airports. Supply lines may also be affected by self-imposed travel restrictions, with truckers/transporters unwilling to travel through or to infected areas. National and international air movements may be disrupted in a pandemic and this may affect the delivery of imported goods, especially if they normally arrive in freight-holds of passenger aircraft.

DEMAND FOR SERVICES

During a pandemic, people's behavior may change which causes them to limit their activities and avoid gatherings. Agencies should be prepared to continue to meet the needs of their customers in spite of these concerns; therefore, agencies should assess changes in demand – both increases and decreases – for services and products that may occur during a pandemic. Agencies may wish to consider altering routine practices to address the needs of customers during a pandemic, such as extending business hours to accommodate those customers wanting service outside normal business hours, or arranging for services to be provided via phone, internet, fax, or mail to minimize contact with others.

SUCCESSION PLANNING

When developing pandemic plans, an agency should consider its essential functions and the positions required to provide those functions. Agencies should establish a management line of succession plan. A line of succession plan provides a list of predetermined alternates for key positions in the agency.

1. The succession plan should be three employees in depth, where possible. When an employee is identified as part of a succession plan, the agency may want to consider appropriate cross-training and delegation.
2. The succession plan should clearly identify the names of designated personnel and their regular titles and how they can be contacted.
3. The names and order of succession of designated personnel should be communicated to division and work unit personnel.
4. The plan should clearly set forth the powers and duties that will be performed and by whom. Agencies should predetermine the individuals who will have the delegated authority to make decisions and communicate that these individuals will have that authority to division and work unit personnel.
5. If all of the personnel identified for the line of succession are unavailable – which may be the case in small work units where there is a limited number of leadership personnel – the agency should provide for alternate lines of succession that identifies other personnel who can assume the powers and duties outside of the work unit. The line of succession plan should be updated whenever a pertinent staff change occurs.

6. Agencies should determine if those in the line of succession may need to be cross-trained in advance and provide such training where needed. Advance cross-training for essential functions is imperative. The agency may provide resources to train employees to perform other functions (DVDs, outside trainers, procedures manuals, teleconferencing, consultants, etc.).
7. Agencies should construct a method by which those in the line of succession will have access to information and needed items (computer passwords, calendars, office keys, etc.) should they take over leadership responsibilities.
8. Succession plans should be documented by divisions and/or work units and forwarded to the department director.
9. Agencies should consider what positions and employees can be deputized or provided with delegations of authority. Agencies should review statutory authorities and identify those individuals with the proper credentials that are empowered by law to carry out those statutory provisions.

Agencies should make certain that all employees – even those not performing essential functions – are trained about how they will be expected to carry out the pandemic plans.

TELECOMMUTING

Telework may be a key element of every agency's emergency preparedness efforts. By preparing your agency's employees who work on critical functions to effectively work from home on a moment's notice, your agency will be taking a giant leap toward ensuring Continuity of Operations. When assembling a team to administer this program, be sure to involve your Agency's Travel Reduction Coordinator, who is already familiar with the State of Arizona Telework program, and members from your IT department.

Critical Function (CF) Teleworkers differ from regular teleworkers in that they will regularly practice using remote connectivity tools to perform their everyday tasks from home in preparation for an emergency. Regular teleworkers may or may not use remote connectivity.

Below are some recommended action steps to plan and implement a Critical Function Telework program.

Identify Critical Function Employees

1. Define your agency's critical functions. For example, ADOA defines critical functions as those that must be restored within 0 and 14 days of an incident.
2. Identify employees who perform those critical functions.

Determine Remote Access Protocol

1. Some agencies administer their own Virtual Private Network (VPN). Others request VPN accounts from the Department of Administration.
2. Once an employee has a VPN account, most agencies allow their employees to utilize the Remote Desktop Connection feature on their home computer.
3. The Help Desk section of the ADOA ISD website contains the remote access request form, a video tutorial, remote desktop instructions, and many other resources - http://staging.az.gov/help_desk/Default.asp.
4. In addition to your agency's information security policy, some divisions may want to develop their own addendum that includes items pertaining specifically to their employees.

Administer Program

(Below are some of the action steps followed by the ADOA when administering the program.)

1. Assistant Directors were briefed and asked to identify their critical function employees and to develop necessary security policies specific to their division.
2. Critical function employees were asked to become trained teleworkers with signed agreements and to request the appropriate connectivity services. The State of Arizona Telework Workbook and Agreement as well as the training video can be found at <http://www.teleworkarizona.com/training/index.htm>.
3. Critical function employees were asked to practice performing their essential functions from home on a regular basis to remain prepared to work remotely in the event of an emergency. Employees were instructed to work with their managers to identify and resolve any barriers they found to working remotely.
4. All critical function employees were instructed to utilize code 110 on their timesheets to record telework hours.
5. Critical function employees were tracked through the training and connectivity process to assure that each employee was successfully prepared. The agency also used HRIS pay code 110 on demand reports to track the telework frequency of critical function employees.

Create a Critical Function Website (Optional)

Your agency may want to consider creating a one-stop shop with all the information and resources a critical function employee may need. ADOA created an Intranet site for such purposes. Selected employees were sent an email describing the program with a link to the website. ADOA's Intranet site includes:

- Steps all critical function employees are to follow with links to pertinent documents
- A training module, including workbook and video
- The telework agreement, agency telework policies, security policies, and the remote connectivity request form
- A section describing ADOA's connectivity services with video tutorials
- Questions & Answers

A basic template of this site is available upon request for agencies to personalize with agency-specific information.

MANAGING EMPLOYEES

TRAVEL

It is possible that once efficient human-to-human transmission of an influenza pandemic occurs transportation may be disrupted and certain countries may close their borders sporadically. Screening (with quarantine measures) could be established at borders.

Agencies should consider postponing non-essential travel if travel restrictions are implemented. Arrangements may also be necessary for employees who are stranded because borders are closed. If your employees travel for agency reasons, your pandemic response plan will need to include these considerations in the event of a pandemic.

WHEN EMPLOYEES SHOULD STAY HOME

State agencies should advise all employees to be alert to any signs of fever and any other signs of influenza-like illness before reporting to work each day, and if ill, notify their supervisor and stay home. Employees should remain at home until such time as they are considered well enough to return to work (see Return To Work Authorization guidance).

Employees who are well but who have an ill family member at home with influenza can report to work as usual.

SENDING ILL EMPLOYEES HOME

The CDC strongly recommends that employees who become ill with symptoms of influenza-like illness at work during a pandemic leave the workplace. Advising workers exhibiting influenza-like symptoms to go home is permitted.

Supervisors are not to make judgments as to medical diagnosis but may rely on observations of an employee's symptoms in making a determination to send an employee who appears ill home. Supervisors should first seek the approval of the appropriate approved authority prior to sending an ill employee home.

RETURN TO WORK AUTHORIZATION

Employees should not return to work until they are healthy and no longer infectious using the current CDC definition of the infectious period for pandemic influenza. The CDC urges people with influenza-like illnesses to stay home at least 24 hours after they are free of a fever (in the absence of fever-reducing medication), defined as 100 degrees Fahrenheit, typically ranging 3 to 5 days.

The return to work of an employee with a suspected or confirmed case of pandemic influenza is at the discretion of each agency. State agencies are encouraged to not require a physician's note for employees who are ill with influenza-like illness as doctors' offices and healthcare facilities may be extremely busy and unable to provide such documentation in a timely manner.

MANAGING THE WORK ENVIRONMENT

HAND HYGIENE AND RESPIRATORY ETIQUETTE

Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual. By frequently cleaning your hands, you eliminate germs that you have picked up from other people or from contaminated surfaces. In general, hand washing is required whenever significant hand contamination occurs and cross-contamination may occur. Hand washing is defined as the vigorous, rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water. Some hand hygiene and respiratory etiquette tips follow:

- Hand washing should occur frequently.
- The fundamental principle of hand washing is removal, not killing, of viruses.
- Proper hand hygiene involves the use of soap and running water, rubbing all surfaces of the hands vigorously for at least 20 seconds. The amount of time spent washing hands is important to reduce the transmission of pathogens to food, water, people, and inanimate objects.
- The use of a nail brush is not necessary or desired, but close attention should be paid to the nail areas, as well as the area between the fingers and under rings.

- If soap and running water are not available, use an alcohol-based hand sanitizer (> 60% alcohol content) to clean your hands. Alcohol-based hand sanitizers significantly reduce the number of germs on skin and are fast-acting.
- Hands should be rubbed until the surfaces of the hand are dry. Hand drying after washing with soap and water should be achieved by use of single use disposable paper hand towel. Turn off the faucet by using the disposable hand towel to reduce recontamination of the hands by the faucet handle.
- If forced air dryers are used, use the lower portion of the arm or elbow to turn off the water faucet after hand washing.
- Repeated drying of hands with reusable cloth towels is not recommended and should be avoided.
- A good infection control practice to avoid self contamination is to avoid touching your eyes, nose, and mouth with gloved or ungloved contaminated hands, placing pens, pencil caps, or your fingers in your mouth, or licking your finger to turn a page.
- Wash your hands to minimize contaminating your work environment by touching door knobs, light switches, and telephones with contaminated, gloved, or ungloved hands.

Agencies should:

- Emphasize good hand hygiene as an important step in preventing the spread of infectious diseases, including influenza.
- Emphasize good respiratory hygiene and cough etiquette including covering sneezes and coughs with a tissue or coughing/sneezing into a sleeve. Afterwards, clean hands with soap and water or an alcohol-based hand rub.
- Provide employees with adequate supplies of hand hygiene products (e.g., soap and water, paper towels), tissues, and cleaning supplies.
- Ensure that the workplace environment is kept as clean as possible.
- If possible, designate a room with a door for ill employees to use if they are unable to go home immediately. The room should have at least a chair, phone, tissues, and alcohol-based hand rub.

Employees should:

- Practice good hand hygiene with soap and warm water or by using waterless alcohol-based hand sanitizer.
- Keep tissues and alcohol-based hand rub available for personal use in workstation.
- Avoid the use of handkerchiefs to reduce the opportunity for transferring germs to others.
- Dispose of tissues in the nearest waste receptacle after use.
- Carry baggies or zip lock type bags to dispose of tissues or dispose of tissues in the nearest waste receptacle after use.
- Practice good respiratory hygiene and cough etiquette including covering sneezes and coughs with a tissue or coughing/sneezing into a sleeve. Afterwards, clean hands with soap and water or an alcohol-based hand rub.
- Ensure that workstations are kept as clean as possible.

SOCIAL DISTANCING

Agencies should develop or enhance current pandemic response plans to include social distancing strategies where possible. It is recommended that agencies consider the following social distancing strategies if the severity of the pandemic increases or state officials suggest implementing similar measures:

- Set up systems where customers can request information via phone, email, and fax and have information ready for fast pickup or delivery.
- Arrange for employees to work from home (e.g., telecommuting), as possible.
- Encourage the use of flexible work schedules for employees who must be in the workplace to minimize contact with other employees.
- Minimize face-to-face contact with other people by using the telephone, video conferencing, and the Internet to conduct business even for employees located in the same building.
- Separate employees into different work locations, as possible.
- Stagger work shifts to minimize contact between employees.
- Avoid unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops, and training sessions.
- Bring lunch from home and eat away from others – avoid the lunchrooms, cafeterias, and crowded restaurants.
- Introduce staggered lunchtimes so that numbers of people in the lunchrooms and kitchens are reduced.
- Limit congregating in areas where employees may socialize. Employees should be instructed to do what needs to be done and then leave the area.
- If a face-to-face meeting is unavoidable, minimize the meeting time, use a large meeting room, and instruct employees to sit as far away from other people as possible (3-6 feet).
- Avoid shaking hands or hugging other people.
- Use the stairs rather than crowded elevators.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is any type of specialized clothing, barrier product, or breathing (respiratory) device used to protect employees from serious injuries or illness while doing their jobs. Examples of PPE include, but are not limited to gloves, gowns, goggles, face shields, and respirators.

During a pandemic, an employer may require its employees to wear PPE designed to reduce the transmission of germs. If an employee with a disability needs a related reasonable accommodation under the Americans with Disabilities Act (ADA) (e.g., non-latex gloves, or gowns designed for individuals who use wheelchairs), the employer should provide these, absent undue hardship.

Proper use of PPE by employees helps prevent the spread of infection because it helps protect wearers from infection or contamination from blood, body fluids, or respiratory secretions; serves as a barrier between infectious materials and the skin, mouth, nose, or eyes (mucous membranes); and reduces the chance that employees will infect or contaminate others. The requirements for personal protective equipment are:

- If the agency determines that PPE is necessary to protect employees, then wearing the PPE by employees is required.
- Employees should be trained to recognize why the PPE is needed, the type of PPE that is required, the limitations of PPE, and the care, storage and the proper use of PPE.
- Single-use devices should never be shared.
- Disposable single-use PPE cannot be washed or reused. Washing medical gloves or disposable masks and gowns will destroy their protective barrier.
- Dispose of PPE carefully and properly after each use if the equipment becomes soiled.
- When disposing of PPE always wear gloves; place used or soiled PPE into a tied plastic bag; carefully clean waste containers with disinfectant or diluted bleach; and wash hands thoroughly with soap and water or alcohol-based hand rub after handling.

Facemasks

Facemasks are primarily used in health care settings (i.e., protecting the patient against infection from the healthcare worker and vice versa) to prevent contamination of a sterile field or work environment by trapping bacteria and respiratory secretions that are expelled by the wearer primarily during coughing, sneezing, or talking. Facemasks are also used as a physical barrier to protect the employee from hazards such as splashes of blood or bodily fluids. In most cases a facemask could be comfortably worn to prevent unexpected splashes from a sneeze or cough reaching the wearer's nose or mouth; however, facemasks are not permitted as a substitute when the agency requires the use of a respirator. Facemasks are designed to cover the mouth and nose loosely and are not sized for individual fit. They are made of soft materials and are comfortable to wear, and may be labeled as surgical, laser, isolation, dental, or medical procedure masks.

Respirators

Respirators are personal protective devices that are worn on the face, cover at least the nose and mouth, and are used to reduce the wearer's risk of inhaling hazardous gases, vapors, or airborne particles (e.g., dust or droplet nuclei containing infectious agents, viruses, fungi, bacteria). Types of respirators should be selected based on the physical demands of the task, the specific work environment, and the protective properties of the respirator. A respirator should be used by employees when direct and close contact or caring for an infectious person or patient is unavoidable (e.g., emergency medical service responders, custodial and patient care staff in institutions, law enforcement).

An Occupational Exposure Risk Assessment (see chart below) should be completed for the potential or expected tasks performed by employees. From those analyses it can be determined if the wearing of a respirator is required or permitted. If determined by the agency that the employee's tasks involve the direct and close contact with influenza (e.g., those in very high or high risk categories), some respirators or facemasks may be required for that job. Most state operations and tasks however, will likely be in the medium to low risk categories and are encouraged to practice good hand hygiene and respiratory etiquette as protective measures. Employees should be fit tested annually on the specific respirator selected for the task, hazard, or exposure.

OCCUPATIONAL EXPOSURE RISK ASSESSMENT CHART

Assessment of each state employee's occupational exposure risk for contracting pandemic influenza can determine the appropriate personal protective equipment and measures recommended by DHS.

Work Environment	Job Duties	Occupational Risk Category	Personal Protective Equipment & Measures
Healthcare Setting	*Provide direct patient care if routinely performing aerosol-generating procedures (see definitions)	Very High	<ul style="list-style-type: none"> ◆ N-95 Respirator (fit-tested and following OSHA regulations) or Powered Air Purifying Respirator (PAPR) ◆ Standard precautions (see definitions) ◆ Practice good hand hygiene and respiratory etiquette ◆ Stay home when sick ◆ Do not return to work for at least 24 hours after fever resolves without fever-reducing medication ◆ **H1N1 vaccine when available
	*Provide direct patient care or collect/handle specimens from known or suspected pandemic patients or work in EMS	High	<ul style="list-style-type: none"> ◆ Surgical mask within 6 feet of a patient with a febrile respiratory illness ◆ Standard precautions (see definitions) ◆ Practice good hand hygiene and respiratory etiquette ◆ Stay home when sick ◆ Do not return to work for at least 24 hours after fever resolves without fever-reducing medication ◆ **H1N1 vaccine when available
	Do not provide direct patient care	Moderate	<ul style="list-style-type: none"> ◆ Practice good hand hygiene and respiratory etiquette ◆ Stay home when sick ◆ Do not return to work for at least 24 hours after fever resolves without fever-reducing medication ◆ **H1N1 vaccine when available
Non-Healthcare Setting	N/A	Low	<ul style="list-style-type: none"> ◆ Practice good hand hygiene and respiratory etiquette ◆ Stay home when sick ◆ Do not return to work or other activities for 24 hours after fever resolves without fever-reducing medication ◆ **H1N1 vaccine when available

Definitions:

- **Aerosol-Generating Procedures** include endotracheal intubation, suctioning (if not using a closed system), bronchoscopy, nebulized treatments, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation.
- **Direct patient care** is care involving close (within six (6) feet) face-to-face contact for all patients with a febrile respiratory illness.
- **Healthcare Settings** include, but are limited to, any licensed or correctional healthcare facility including acute care, hospitals, outpatient, inpatient, long-term care, assisted living, hemodialysis, and behavioral health facilities. If an employee works in an office setting but visits healthcare settings to conduct business and falls into one of the job duty categories, please count this employee as working in a healthcare setting.
- **Standard Precautions** – for all patient care, use nonsterile gloves for any contact with potentially infectious material, followed by hand hygiene immediately after glove removal; use gowns along with eye protection for any activity that might generate splashes of respiratory secretions or other infectious material.

*Based on recommendations from the *ADHS Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected 2009 H1N1 Influenza (Swine Flu) Virus Infection in a Healthcare Setting*. These recommendations may change as new information becomes available.

**Refer to Advisory Committee on Immunizations Practices (ACIP) Recommendations for H1N1 Vaccine Administration.

WORKPLACE CLEANING

During a pandemic, thorough workplace cleaning measures will be required to minimize the transmission of the influenza virus through hard surfaces (e.g., door knobs, sinks, handles, railings, objects, and counters).

When a person with suspected influenza is identified and has left the workplace, it is important that their work area, along with any other known places they have been, are thoroughly cleaned and disinfected. Cleaning is the removal of visible dirt or soil and is usually accomplished by physical scrubbing using detergent and water.

Influenza viruses are inactivated by many EPA-approved disinfectants including alcohol and chlorine. Surfaces that are frequently touched with hands should be cleaned and disinfected often, preferably daily. Clean the surface to remove the dirt and soil with a cleaning agent and disinfect following manufacturers recommendations. The person cleaning and disinfecting should wear a mask and gloves and should discard them afterwards. Hands should be washed or sanitized at the completion of the procedure.

SECTION THREE: PANDEMIC RESPONSE POLICIES

These policies are intended to provide agencies within the ADOA Personnel System with procedures for developing pandemic related preparedness and response actions. Agencies outside the ADOA Personnel System are encouraged to adopt similar policies and procedures.

EMPLOYEE LEAVE

The Personnel Rules provide for a several types of leave available in the event of an influenza pandemic. Leave options include:

- Sick Leave – for use by the employee.
- Family Sick Leave – allows for the employee to take 40 hours of sick leave to care for a child, spouse, or parent.
- Annual Leave – personal leave that may be used for any purpose.
- Compensatory Leave – leave that may be used for any purpose.
- Donated Annual Leave – if an employee exhausts all available leave, whether for the himself/herself or an immediate family member, the employee may request donations of annual leave from other employees.
- Leave Without Pay
- Medical Leave Without Pay

Any questions about the usage of leave should be directed to the agency Human Resources Office or the ADOA Human Resources Office at 602.542.7290.

RESCISSION OF LEAVE

A pandemic emergency has the potential to cause significant staffing shortages thereby causing previously approved annual leave and compensatory time off to be rescinded in order to provide staffing coverage for state agencies. While employees who have accrued compensatory time off have a right to use it within a reasonable time of their request, such may not be the case in the event of an emergency – such as the Pandemic Influenza – where an employee’s absence would disrupt state agency operations.

Agency management should note the following:

1. Managers and supervisors should keep an updated calendar of all approved time off and provide access of that calendar to those in their line of succession.
2. Annual leave and/or compensatory time off should only be rescinded when the supervisor is unable to adequately staff a work unit or project.
3. Annual leave and/or compensatory time off should be rescinded as soon as the supervisor believes that a potential staffing shortage will require that the employee report to work.
4. Prior to rescinding previously-approved annual leave or compensatory time off, the supervisor should attempt to staff the unit or project through other available means.
5. Rescission of an employee’s leave which is already in progress should be reasonably based upon the employee’s ability to report to work. For example, it may be reasonable to require an employee who is on vacation at home report to work but

unreasonable to require that an employee who is on vacation out of the country report to work immediately.

6. When rescinding annual and/or compensatory time off, the supervisor should have actual contact with the employee to ensure that the employee received the directive to report to duty. Rescission should be made in writing, if possible. For example, an email exchange between the employee and the supervisor or a memo or letter from the supervisor to the employee is acceptable contact.

ALTERNATE STAFF

Agencies should train and prepare a back-up workforce to fill in during periods of high absenteeism that may occur due to a pandemic. This might include training current employees in several service areas of the agency or ensuring there is a pool of available workers outside the agency to call upon if the need arises.

The existing State of Arizona Personnel Rules already provide for options and flexibility for filling covered positions quickly and on a temporary basis. a contingency workforce which will provide flexibility during a pandemic. For example, if employees are absent from work, options are available to fill their positions on a temporary basis quickly. These options include:

- Temporary Appointment – allows an individual to be appointed and work for a maximum of 1500 hours per calendar year. Agencies must request a hiring list from their agency Human Resources Office and interview three candidates.
- Emergency Appointment – allows an individual to be appointed without regard to the recruitment, evaluation, referral, or selection requirements of the Personnel Rules with the approval of the ADOA Human Resources Director. These appointments cannot exceed 240 hours (pursuant to Personnel Rules) or 30 working days (pursuant to Arizona Revised Statute 41-783).
- Clerical Pool Appointment – allows an individual from the clerical pool to be hired non-competitively for up to six months by an agency head. The appointment may be extended for not more than three months by the ADOA Staffing Manager.
- Short-Term Special Detail – allows an agency head to assign a permanent status employee, non-competitively, to a short-term special detail in a covered positions within the agency for a maximum of six months. The employee placed on a special detail need not fully meet the position qualifications at the time of appointment.
- Transfer – allows an agency head to transfer an employee to a position in the same pay grade, in the same agency, provided the employee possesses the knowledge, skills, and abilities required for the position.
- Mobility Assignment – allows a permanent status employee to accept an uncovered position (either in his/her current agency or another agency) or a covered position in another agency for not more than 36 months with the concurrence of the ADOA Director, the employee, the agency in which employed, and the agency to which the employee will be assigned.
- Uncovered Appointments – allows individuals to be appointed to uncovered positions non-competitively; the individual serves at the pleasure of the appointing authority. A permanent status employee may accept an uncovered appointment by either mobility assignment or by waiving his/her permanent status rights to accept the uncovered appointment.

Note: The Personnel Rules have specific, detailed requirements regarding using specific types of alternate staffing options. Employees have certain rights or privileges as outlined in federal or state laws or rules. Employees wishing to pursue any of the available options should consult with their agency Human Resources Office.

Agencies may also contact contractors that are available under the Temporary Staffing Services State Contract or the IT Consultant/Staffing State Contract. To view available contractors and the specific types of positions and pricing available, please reference the State's e-procurement system - ProcureAZ at <https://procure.az.gov>. A quick reference guide to contract ordering and searching can be accessed at <http://azdoa.gov/userfiles/file/SPO/ProcureAZ/Quick%20Reference%20Guide%20-%20Contract%20Ordering.pdf>. You may also contact the ProcureAZ Help Desk at 602.542.7600.

INTERNAL AUTHORITY

In the event of a pandemic, a delegation of authority for agency heads or the agency head's designee for certain employment and compensation activities has been established by the ADOA Director. This policy will only become effective when activated by the ADOA Director, and agency Pandemic Coordinators and Human Resources Managers will receive notification of activation from the ADOA Statewide Pandemic Preparedness Coordinator.

REASSIGNMENTS

Reassignments of covered, permanent status employees may be made by special detail - to another covered position in the same agency – or mobility assignment – to an uncovered position in the same agency or a covered or uncovered position in another agency. Special details and mobility assignments provide for pay increases and return rights so refer to the applicable Personnel Rules for more specific information.

PROCUREMENT

Agencies should take necessary measures to ensure that all contracts include a provision for addressing relationships with suppliers, shippers, etc. about what will be available during a pandemic. Agencies should identify essential supplies and the vendors that provide those supplies and ensure that contracts address the effect of pandemic related human resources issues on the contract workforce, including pandemic plans, telework capabilities, 3-deep for essential functions, etc. In certain instances, it may be necessary for agencies to identify other businesses or organizations that can provide critical services and supplies in the event that the regular vendor is unable.

All State of Arizona vendor contracts must include language requiring the vendor or contractor to have a pandemic plan in place that ensures continuation of service, supplies, etc. to support the State's essential functions. The State Procurement Office (SPO) has assumed responsibility for ensuring that all statewide contracts include the required language.

Agencies with delegated procurement authority must include the following language in all contracts:

1. The State shall require a written plan that illustrates how the contractor shall perform up to contractual standards in the event of a pandemic. The state may require a copy of the plan at anytime prior or post award of a contract. At a minimum, the pandemic performance plan shall include:

- a. Key succession and performance planning if there is a sudden significant decrease in contractor's workforce.
 - b. Alternative methods to ensure there are products in the supply chain.
 - c. An up to date list of company contacts and organizational chart.
2. In the event of a pandemic, as declared by the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this contract impossible or impracticable, the State shall have the following rights:
 - a. After the official declaration of a pandemic, the State may temporarily void the contract(s) in whole or specific sections if the contractor cannot perform to the standards agreed upon in the initial terms.
 - b. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the ADOA Director as per § 41-2537 of the Arizona Procurement Code.
 - c. Once the pandemic is officially declared over and/or the contractor can demonstrate the ability to perform, the State, at its sole discretion may reinstate the temporally voided contract(s).
3. The State, at any time, may request to see a copy of the written plan from the contractor. The contractor shall produce the written plan within 72 hours of the request.

SECTION FOUR: EMPLOYEE COMMUNICATION

EDUCATION

It is important that information provided to employees regarding a pandemic be factual, timely, and consistent with other state communications so as not to cause unnecessary worry or confusion. Technical information intended for employees and regarding the outbreak will be communicated to agency Pandemic Coordinators by ADOA. ADHS will serve as the subject matter expert agency for issues and information related to the disease. ADOA will also utilize the Your Employee Services (YES) website to post pandemic related information and keep employees up-to-date on the latest information.

Coordination, logistics, and other types of information for employees will be communicated to agencies by ADOA. Agencies can communicate official information to employees, and provide agency-specific information on their internal planning processes and continuity procedures.

INFORMATION DISSEMINATION

Agencies should establish and incorporate into their pandemic response plans a communication plan – including redundancy – for providing key pandemic related information to employees, vendors, customers, etc. throughout the various Pandemic Stages. Agencies should consider the use of telephone systems, electronic systems, hard copy, interpersonal discourse, and media when developing the communication plan. A phone-tree is particularly useful for relaying simple and short messages by phone but should be updated regularly to ensure the accuracy of the contact information.

COMMUNICATION SYSTEMS

Face-to-face communication may not be desirable at certain pandemic stages and exclusive use of communication systems may be advised. Agencies should ensure that communication systems (e.g., teleconferencing abilities, telecommuting, facsimile services, laptops, radios) are operational, interoperable with other systems, secure, and able to handle increased and constant use. It is necessary to build in layers of redundancy so that if failure occurs within one system, others can stand in. Agencies should test all systems regularly.