Pandemic Influenza Preparedness and Response Planning: Guidelines for Community Corrections

Patricia Bancroft

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American Probation and Parole Association
2760 Research Park Drive
Lexington, KY 40511
pbancroft@csg.org • 859-244-8197

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FOREWORD

Influenza pandemics have occurred throughout history. They are caused by viruses that have not previously infected humans and to which people have little or no immunity. Pandemics happen when a virus mutates so that it is able to infect humans and spread rapidly and sustainably from person to person. During the 20th Century, the world experienced three influenza pandemics and several threatened pandemics. (For a brief description of these events, see the *Timeline of Human Flu Pandemics* compiled by the National Institute of Allergy and Infectious Diseases on its Web site: http://www3.niaid.nih.gov/topics/Flu/Research/Pandemic/TimelineHumanPandemics.htm.) The Spanish Influenza pandemic of 1918-1919, the most severe pandemic in recent history, infected an estimated 20-40% of the world's population, and over 50 million people died of the disease or related complications. In the United States, approximately 675,000 lives were lost to the Spanish Flu between September 1918 and April 1919.[1] This catastrophic pandemic is the benchmark against which other pandemics are measured today.

On June 11, 2009, the World Health Organization (WHO) raised its pandemic alert level to Phase 6, officially declaring the first pandemic of the 21st Century. Beginning in mid-March 2009, when respiratory illness caused by the novel H1N1 influenza virus, the "Swine Flu," occurred in the Mexican State of Veracruz, the outbreak quickly spread to the United States and the rest of the world.[2] For the week ending June 20, 2009, the Centers for Disease Control and Prevention (CDC) reported 27,717 confirmed cases of H1N1 influenza and 127 deaths, with illness reported by all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.[3] As of June 26, 2009, WHO reported a total of 59,814 confirmed cases and 263 deaths worldwide[4]–a fatality rate of less than one half of one percent. Although WHO has assessed this pandemic to be of moderate severity,[5,6] it nonetheless raised its alert to Phase 6, the highest level, due to ongoing community-level outbreaks in multiple regions around the world.[7] Thus, the pandemic was declared in response to the size of the area affected by the H1N1 virus, rather than to the severity of the illness it has caused to date.

The CDC cautions that the course and impact of this pandemic is uncertain; the novelty of the H1N1 virus means that most people have no immunity to it, and, although the virus responds to some antiviral medications, as yet there is no vaccine.[3] Scientists and medical professionals are watching the progression of the pandemic, conducting research, and attempting to develop an effective vaccine in time to minimize the impact of succeeding waves of H1N1 outbreaks. The ultimate toll of this pandemic remains to be seen.

History and science suggest that the world will inevitably experience pandemics, some of which will be severe. Based on the three pandemics of the 20th Century, experts estimate that a severe pandemic could cause very high infection and mortality rates in the United States. About 30% of the U.S. population (90 million people) could become infected and the number of deaths could range between 209,000 and 1.9 million, depending upon the severity of the pandemic.[8] Most worrisome of all known influenza viruses, the highly pathogenic avian influenza A/H5N1 virus has been monitored by scientists and health professionals around the globe for over a decade as it continues to infect migratory birds and domestic poultry in Africa; Asia; Indonesia; the Middle East; and, in smaller numbers, Europe, England, and Canada. H5N1 has already crossed the species barrier to infect mammals, including pigs, dogs, cats, and humans, affording it the

opportunity to mutate and/or reassort its genetic composition to acquire the ability to efficiently infect and be transmitted by people. If and when it gains that capacity, H5N1 will threaten people to the extent that a) it remains virulent as it mutates and b) it becomes easily transmissible from person to person. Today, 60% of the people who have been infected by H5N1 have died. According to WHO, between 2003 and June 2, 2009, a total of 433 laboratory-confirmed human H5N1 cases have been reported in 15 countries, of which 262 proved fatal.[9] Most of these cases have been attributed to the victims' having been in contact with living and/or dead infected birds. However, in some instances, multiple people in the same locality contracted the virus within a short timeframe. These "clustered" cases mostly involved members of the same household and may be attributable to the victims having been in contact with the same infected birds. However, experts have not ruled out the possibility that clustered cases may represent human-to-human transmission of the virus.[10]

The H5N1 virus continues to circulate and no one can predict with certainty whether or when it will develop into a virus that can cause a pandemic. In response to the threat posed by the evolving H5N1 virus and the potentially devastating consequences of a pandemic, President George W. Bush promulgated the *National Strategy for Pandemic Influenza*[11] in November 2005, laying out a national approach to addressing this threat. In May 2006, the Homeland Security Council released the *National Strategy for Pandemic Influenza: Implementation Plan*,[12] defining responsibilities and directing actions across the U.S. government. The Implementation Plan calls on Federal departments and agencies to develop plans that state how their defined responsibilities will be discharged and that address employee safety, continuity of essential functions, and stakeholder communications. Accordingly, the U.S. Department of Justice's Bureau of Justice Assistance (BJA) began a broad initiative encompassing law enforcement, the judiciary, and institutional and community corrections to ensure that America's justice system will continue to function and the rule of law will be upheld during public health emergencies, whether caused by pandemic or epidemic disease outbreaks, bioterrorism, or other man-made or natural disasters. As a part of that initiative, BJA awarded a grant to the Council of State Governments/American Probation and Parole Association (CSG/APPA) to conduct the *Community Corrections' Response to Pandemic Flu and Other Crises* project, the goal of which is to increase awareness and provide guidance to community corrections for developing preparedness and response plans for pandemic flu and other crises. The Association of State Correctional Administrators (ASCA) is conducting a similar project, also funded by BJA, to develop pandemic preparedness and response planning guidelines for institutional corrections. In sum, ASCA and APPA are working in collaboration to provide the corrections sector, both institutional and community, with compatible planning guidelines.

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[11] Homeland Security Council (2005). *National strategy for pandemic influenza.* Retrieved June 24, 2007, from the PandemicFlu.gov Web site: http://www.pandemicflu.gov/plan/federal/pandemic-influenza.pdf

[12] Homeland Security Council (2006). *National strategy for pandemic influenza: Implementation plan*. Retrieved October 3, 2006, from the PandemicFlu.gov Web site: http://www.pandemicflu.gov/plan/federal/pandemic-influenza-implementation.pdf

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APPA/ASCA Pandemic Preparedness and Response for Institutional and Community Corrections Working Group

Ronald Burford
Critical Incident Response Coordinator
Ohio Department of Rehabilitation and Corrections

Douglas E. Campbell
Director, Bureau of Central Services
Pennsylvania Board of Probation and Parole

Scott A. Haas, M.D.
Medical Director
Kentucky Department of Corrections

Catherine M. Knox
Health Services
Washington Department of Corrections

Mikel Lovin
Director
Leavenworth County (Kansas) Community Corrections

Capt. Ron McCuan, D.M.D., J.D.
Public Health Analyst
National Institute of Corrections

Jon Ozmint
Director
South Carolina Department of Corrections

Rachel Schwartz, Ph.D.
Senior Research Assistant
St. Louis University
School of Public Health

Robert Sudlow
Director
Ulster County (New York) Probation

Lester N. Wright, M.D., M.P.H.
Deputy Commissioner/Chief Medical Officer
New York State Department of Correctional Services

Staff

Patricia Bancroft
Research Associate/Project Director
APPA

John Blackmore*
Senior Associate
ASCA

Robert L. May, II*
Senior Associate
ASCA

Jennifer Raley
Project Manager
ASCA

Carl Wicklund*
Executive Director/Project Administrator
APPA

*Co-Facilitator

Note: These Guidelines do not necessarily reflect the official policy, views, or endorsement of the organizations represented by the working group.

INTRODUCTION

Pandemic Planning Overview

The overarching objectives of pandemic preparedness and response planning are two-fold:

- To ensure the continuation of mission-critical functions.
- To protect the health and safety of employees and correctional clients while also promoting the community mitigation strategies outlined by the Centers for Disease Control and Prevention (CDC) in its *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (available at: http://www.pandemicflu.gov/plan/community/community_mitigation.pdf).

In order to meet these objectives, pandemic preparedness and response planners must take into account all information currently available about pandemics. Pandemic planning initiatives need to be informed not only by the latest scientific, medical, and disease outbreak data but also by the *Pandemic Planning Assumptions* recommended by the Federal government. Based on past pandemics, a list of planning assumptions has been compiled by the U.S. Department of Health and Human Services (HHS) and is available at (http://www.pandemicflu.gov/plan/pandplan.html). Other useful planning resources are available from the CDC Web site (http://www.cdc.gov/flu/pandemic), including software for estimating the potential impact that pandemic events of varying severity can be expected to have on user-specified localities. Briefly described here, this software may be downloaded from the CDC Web page links provided below:

- **FluWorkLoss** (http://www.cdc.gov/flu/tools/fluworkloss/index.htm) estimates the number of workdays that may be lost due to a pandemic and generates graphic illustrations showing how those lost workdays would be distributed across the pandemic period.
- **FluAid** (http://www.cdc.gov/flu/tools/fluaid/) estimates the numbers of pandemic-related deaths, hospitalizations, and outpatient medical visits that a specific locality may expect.
- **FluSurge** (http://www.cdc.gov/flu/flusurge.htm) estimates the demand for hospital-based services during a pandemic and compares that data with existing hospital capacity in the specified locality.

Community corrections agencies routinely collaborate with law enforcement, the judiciary, correctional institutions, public health departments, and other community-based organizations and entities. In the event of a pandemic, each of these sectors must respond cooperatively to protect the health and safety of the public, ensure that the justice system continues to operate, and defend the rule of law before, during, and after the pandemic. The ability to mount a coordinated, effective response and recovery effort depends on whether pandemic plans are compatible and interoperable across the justice and public health sectors at the Federal, State, tribal, local and, if applicable, international jurisdictional levels. Recognizing that cross-sectoral and cross-jurisdictional collaboration is key to achieving plan compatibility and interoperability, BJA and CDC's Public Health Law Program (http://www2a.cdc.gov/phlp/index.asp) convened the Public Health and Law Enforcement Emergency Preparedness Workgroup in 2007 and 2008

to identify ways to improve cross-sectoral and cross-jurisdictional collaboration. The workgroup's recommendations were compiled by McKing Consulting Corporation and published by BJA and CDC in July 2008. This document, *A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response—Action Steps for Public Health, Law Enforcement, the Judiciary, and Corrections,* is available from the BJA Web site at http://www.ojp.usdoj.gov/BJA/pdf/Framework.pdf.

Purpose of the Guidelines

> *NOTE: Although the Guidelines provide recommendations for pandemic influenza preparedness and response planning for consideration by community corrections agencies, crises threatening the continuity of an agency's operations can arise from many other hazards, such as bioterrorist attacks and natural and man-made disasters. The Guidelines are equally pertinent and applicable to other emergency preparedness and response planning efforts.*

Community corrections agencies differ in organizational structure from State to State and locality to locality. Agencies may have distinctly different operational imperatives as well as varying budgetary and human resources at their disposal. Each agency therefore must construct a pandemic preparedness and response plan that is tailored to its operations and the resources that are (or are expected to be) available.

Regardless of an agency's operational structure and resources, all pandemic preparedness and response plans must include measures that ensure the agency will meet the overarching objectives of pandemic planning: a) to ensure the continuation of mission-critical functions that protect the safety of the community and the health and safety of agency employees, and b) to promote the Federal government's community mitigation strategies aimed at lessening the pandemic's impact.

It is recognized that Continuity of Operations Plans (COOPs) may contain components similar to those recommended here. However, preparing for and responding to a pandemic will pose unique challenges that may not be fully addressed in a COOP. It is therefore recommended that pandemic preparedness and response planning be undertaken separately and that the plan be adopted as a standalone set of policies and procedures.

Basis of the Guidelines

To compose the Guidelines, the author gathered information from community corrections professionals, literature searches, and online resources. APPA solicited input from the field by disseminating a Web-based Request for Information to community corrections agencies across the country; the purpose was to gauge the status of pandemic preparedness planning initiatives and to obtain information regarding the components of existing pandemic policies and procedures as well as COOPs. (A report summarizing the responses to this Request for Information is available on APPA's Web site at http://www.appa-net.org/eweb/docs/APPA/pubs/PFLU.pdf.) In addition, APPA and the Association of State

Correctional Administrators (ASCA) jointly constituted and convened the Pandemic Preparedness and Response for Institutional and Community Corrections Working Group. Co-facilitated by APPA and ASCA staff, the working group of 10 subject matter experts identified essential information and critical elements to be included in two separate but compatible sets of pandemic planning guidelines: one for community corrections and one for institutional corrections. For information about the pandemic planning guidelines for institutional corrections, contact Robert L. May, ASCA Senior Associate, at rmay@asca.net.

Structure of the Guidelines

The Guidelines are designed for electronic publication and may be viewed online, in print, or downloaded in PDF format (to download the latest version of Adobe Reader, go to http://www.adobe.com/products/acrobat/readstep2.html). Readers are encouraged to explore the Web links provided throughout the Guidelines and Bibliography to obtain additional information and further insight into pandemic planning considerations and recommendations.

The Guidelines are organized into the following sections:

Section I—Pandemic Planning and Decisionmaking
Section II—Prevention and Detection
Section III—Human Resources
Section IV—Communication
Section V—Offender Supervision Strategies

Target Audience

The recommendations contained in this document target community corrections agencies that have sufficient financial and human resources to implement them, some immediately and others over time. It is recognized that agencies with few employees and modest budgets will have narrower options available to them. Such agencies may be able to explore the possibility of combining their resources with other community corrections agencies or perhaps with the local police and sheriff's departments, the public health department, the State emergency services department, or the National Guard.

SECTION I—PANDEMIC PLANNING AND DECISIONMAKING

Guideline I.1

Identify the organizational structure and legal authorities that support the pandemic preparedness and response plan and its implementation.

Key Points

- Establish a command center and specify the chain of command for all internal and external responsibilities.

- Develop delegations of authority and orders of succession for inclusion in the pandemic plan to ensure the smooth transfer of authority and responsibility from primary staff to other pre-designated staff. Ideally, at least three people should be designated in a line of succession to each critical position.

- Assign primary responsibility and authority for developing, coordinating, activating, and deactivating the pandemic plan to specific persons and ensure that they are appropriately trained and kept fully informed of all pertinent matters. Designate lines of succession, ideally consisting of at least three people to assume the role of each primary person, and ensure these designated personnel also are appropriately trained and kept fully informed. (Smaller agencies may wish to consider enlisting assistance from other agencies or departments to ensure these functions are adequately and appropriately staffed.)

- Identify the legal authorities supporting the pandemic plan and its implementation. Specify how and to what extent personnel may legally deviate from standard operating procedures during a pandemic.

Guideline I.2

Assign staff to develop the pandemic preparedness and response plan.

Key Points

- Personnel with experience or training in continuity of operations planning, emergency response, and/or pandemic response planning are ideal candidates. However, other staff persons may be particularly motivated to participate and should be given due consideration. A staff survey may be useful for identifying qualified and motivated personnel as potential candidates.

- Provide training and educational materials to all staff assigned to this task to ensure that they are sufficiently knowledgeable to be able to develop a plan that is both comprehensive and compatible with the plans of those entities your agency might interact with during a pandemic in the public health, law enforcement, judicial, and institutional corrections sectors at the Federal, State, tribal, and local level before, during, and after a pandemic. States and counties that border Canada or Mexico also need to consider how their plan will interoperate with other agencies and jurisdictions at the international level.

Guideline I.3
Identify the mission-critical functions that must continue throughout a pandemic. Specify the positions essential to these functions and develop lines of succession for each position.

Key Points

- Identify the functions that are critical to meeting the agency's essential goals and objectives.

- Obtain input from those entities with which your agency interacts (i.e., public health, law enforcement, the judiciary, and correctional institutions).

- Designate the staff who will assume authority and responsibility for each critical function/position, identifying lines of succession, ideally consisting of at least three people for each function/position.

- Develop detailed descriptions of the roles, authorities, and responsibilities involved for each critical function/position, and ensure that designated successors receive appropriate instruction and training. Where applicable, ensure that designated successors meet all of the licensure/certification requirements for the position(s) to which they are assigned.

Guideline I.4
Identify and prioritize components to be included in the pandemic preparedness and response plan and assign responsibility for developing each component's content.

Key Points

- Solicit input from a wide range of agency personnel and establish a planning committee to identify components that must be included in the pandemic plan to ensure continuation of your agency's mission-critical functions before, during, and after a pandemic. These functions will fall into several categories including human resources/staffing, communications, equipment, and offender supervision. It may be helpful to provide planners with the Continuity of Operations Planning resources available from the Federal Emergency Management Agency (FEMA) at http://www.fema.gov/government/coop/index.shtm, particularly FEMA's *Pandemic Influenza Continuity of Operations (COOP) Annex Template Instructions* (http://www.fema.gov/pdf/government/coop/influenza_coop_annex.pdf).

- Ensure the planning committee is composed of knowledgeable persons and that membership includes not only community corrections practitioners but also personnel who are responsible for providing agency support services (e.g., human resources and information technology).

- Designate staff persons to be responsible for developing the content of each component of the plan.

- Review your agency's existing COOP and/or Disaster Preparedness and Response Plan and use these documents as guides for developing a standalone pandemic preparedness and response plan.

- Prioritize the plan components according to a) the criticality of each and b) the resources available. Immediately incorporate those components deemed most critical and establish a timetable for integrating the remaining components in priority order, taking into account the projected availability of resources. Regularly review and reprioritize components and update the timetable to reflect changes, for instance, when additional resources are made available or when the pandemic situation changes.

Guideline I.5
Develop a strategy for activating and deactivating the pandemic plan such that the level of response will be appropriate to the pandemic as it evolves, with normal operations resuming in stages as the pandemic recedes and resolves.

Key Points

- Specify the triggering events that will prompt the activation and deactivation of the pandemic plan. For example, the plan might be activated with the confirmation of the first human case in North America, then fully implemented when the virus begins to spread throughout the United States, and ultimately deactivated when the Federal government officially declares the end of the pandemic.

- Ensure that triggering events correspond to the Stages of Federal Government Response model, which correlates with and expands upon the World Health Organization's (WHO) Pandemic Alert Phases and also identifies the Federal government's goals, actions, and policy decisions applicable to each response stage. (More information about WHO's alert phases and the Federal response stages is available at http://pandemicflu.gov/plan/federal/fedresponsestages.html.)

Guideline I.6
Ensure your agency's pandemic preparedness and response plan complies with the requirements of the FEMA National Incident Management System, and that it is compatible and interoperable with the plans of the public health, law enforcement, judicial, and corrections (community and institutional) sectors at the Federal, State, tribal, and local levels as well as international levels if your State or county borders Canada or Mexico.[13]

Key Points

- Determine whether your agency's plan meets the requirements of the FEMA National Incident Management System (http://www.fema.gov/emergency/nims/nims_compliance.shtm). Revise the plan as necessary to achieve compliance.

- Obtain and review the pandemic plans developed by public health departments, law enforcement agencies, the judiciary, and correctional institutions with which your agency

would interact at the Federal, State, tribal and local levels, as well as international levels if your State or county borders Canada or Mexico.[13]

- Establish a multidisciplinary planning team composed of representatives from each sector and jurisdiction with which your agency will interact before, during, and after a pandemic.[13]

- Assign a fully informed and trained staff person to represent community corrections at State, tribal, local and, if applicable, international pandemic planning efforts for public health, law enforcement, the judiciary, and institutional corrections.

- Circulate your plan to other agencies for review and feedback—not only other community corrections agencies but also public health, law enforcement, the judiciary, and institutional corrections within your jurisdiction at the Federal, State, tribal, local and, if applicable, international levels. Work across sectors and jurisdictions as needed to jointly address and resolve issues that can impede an effective, coordinated response to a pandemic (e.g., mission incongruities and incompatible communications equipment or systems).[13]

- Conduct and participate in cross-sectoral and cross-jurisdictional trainings, drills, and exercises to identify problem areas; work together to improve protocols to ensure a coordinated and effective pandemic response.[13]

Guideline I.7
Compose and circulate interim drafts of the pandemic preparedness and response plan to members of the planning committee and other staff for feedback; revise as appropriate.

Key Points

- Disseminate interim drafts of the plan to all members of the planning committee for feedback; revise components.

- Keep all staff informed and involved as development of the plan progresses. Use interim and final drafts as educational tools to ensure staff are fully aware of the plan's components.

- Circulate the final draft to all personnel for review and feedback to the planning committee so that revisions may be made before the plan is submitted through the chain of command for final approval and adoption.

Guideline I.8
Test and evaluate the pandemic preparedness and response plan, and revise as necessary.

Key Points

- Test, evaluate, and revise the plan before submitting it for final approval and adoption, and also periodically thereafter to ensure it remains viable.

- Develop and conduct discussion-based (i.e., tabletop) simulation exercises and drills to detect and remedy planning omissions; to observe the operability of the plan for obstacles to achieving an effective and coordinated response (e.g., communication problems and procedural gaps or inconsistencies); and to determine whether the plan needs to be updated to reflect changes that may have occurred (e.g., modifications to organizational mission or structure and technological advances).[13]

- Participate in cross-sectoral and cross-jurisdictional drills and exercises, and work together to revise plans as needed to ensure incompatibilities are remedied.

Guideline I.9
Adopt and disseminate the final pandemic preparedness and response plan.

Key Points

- Submit the final plan through the chain of command for approval and formal adoption.

- Disseminate the formally adopted plan to all employees, including new hires, and to appropriate entities across the public health, law enforcement, judicial, and institutional corrections sectors at the Federal, State, tribal, local and, if applicable, international jurisdictional levels.

- Designate a point (or points) of contact to authoritatively answer questions and address concerns raised by employees about the plan and their role(s) and responsibilities.

[13] McKing Consulting Corporation. (2008). *A framework for improving cross-sector coordination for emergency preparedness and response: Action steps for public health, law enforcement, the judiciary, and corrections* (NCJ Publication No. 223342). Report prepared for the Public Health and Law Enforcement Emergency Preparedness Workgroup convened by the Centers for Disease Control and Prevention and the Bureau of Justice Assistance. Retrieved September 22, 2008, from the BJA Web site: http://www.ojp.usdoj.gov/BJA/pdf/Framework.pdf

SECTION II—PREVENTION AND DETECTION

Guideline II.1

Define a process for regularly obtaining and disseminating up-to-date pandemic information to all agency personnel.

Key Points

- Designate a staff person to monitor news outlets and Internet resources for pandemic information, prevention and mitigation strategies, outbreak updates, and alert status changes. Internet resources include: a) PandemicFlu.gov (http://www.pandemicflu.gov), the Federal government's official pandemic information Web site, managed by the U.S. Department of Health and Human Services (HHS), and b) the Web sites of the Centers for Disease Control and Prevention (http://www.cdc.gov) and the World Health Organization (http://www.who.int/topics/influenza/en/). Designate a line of succession for this position..

- Designate a staff person to disseminate pandemic information to agency personnel, including outbreak updates, alert status changes, and prevention and mitigation recommendations. Ensure that the designee has been fully trained in crisis and emergency risk communication theory and techniques. (See Section IV–Communication). Establish a line of succession for this position, ensuring that trained and fully informed staff will assume this responsibility. (Note: Prior to distribution, new information may need to be reviewed and distilled to eliminate material that is not relevant to agency operations; it may be appropriate to add explanatory notes to clarify the overall pandemic situation and local risk levels.)

- Provide all staff with links to reliable Internet sites where they may independently obtain pandemic information, including those mentioned above (http://www.pandemicflu.gov, http://www.cdc.gov, and http://www.who.int/topics/influenza/en/), the HHS home page (http://www.hhs.gov), and HHS's pandemic influenza page (http://www.hhs.gov/disasters/emergency/manmadedisasters/panflu/pandemicflu.html). Each agency should provide links to state and local pandemic resources.

Guideline II.2

Develop and disseminate educational materials about seasonal and pandemic influenza to all staff, including new hires. Require staff to certify that they have received this information, have been given an opportunity to ask questions, and fully understand it.

Key Points

- Provide fundamental information about influenza to all personnel. Include, at a minimum: a) an explanation of the differences between seasonal and pandemic flu (http://www.pandemicflu.gov/general/season_or_pandemic.html); b) a summary of flu symptoms; c) information about how flu viruses may be transmitted (http://www.cdc.gov/flu/); d) estimations of the likely impact of a pandemic (http://www.pandemicflu.gov/impacts/); and e) pandemic preparedness strategies for

individuals, families (http://pandemicflu.gov/plan/individual/familyguide.html), and the community at large (http://www.pandemicflu.gov/plan/community/mitigation.html).

- Provide information about the WHO pandemic alert phases (http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) and the Federal government's correlated response stages (http://pandemicflu.gov/plan/federal/fedresponsestages.html).

- Provide educational materials to all staff explaining recommended influenza mitigation strategies for minimizing the risk of contagion and contamination in the workplace, in the field, and in home environments. Include basic hygiene and cleanliness recommendations (e.g., hand washing techniques, cough/sneeze etiquette, and effective disinfection techniques for surfaces such as desktops and telephones), as well as other non-pharmacological strategies for minimizing contagion, such as social distancing and the appropriate ways to use personal protective equipment (PPE) (e.g., gloves, respirators, and surgical masks). Further information on mitigation strategies and environmental management (including cleaning and disinfecting guidance) may be found at:
  - www.pandemicflu.gov/plan/community/community_mitigation.pdf
  - www.pandemicflu.gov/plan/healthcare/influenzaguidance.html
  - www.pandemicflu.gov/travel/cleaning_port.html
  - www.cdc.gov/flu/protect/stopgerms.htm
  - www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

- Obtain or develop instructional posters and brochures. Display these prominently in restrooms, offices, waiting and detention rooms, and agency vehicles. Provide the brochures to all personnel for home use and display them within the agency where clients and visitors may read them and take copies. Provide staff with pocket- or wallet-size versions for ready reference. (See the CDC Web site for factsheets, posters, and other resources: http://www.cdc.gov/germstopper/.)

- Revise educational materials as new information becomes available and redistribute to all staff; require them to formally certify their receipt and understanding of the information.

Guideline II.3
Develop and participate in formal training programs to ensure all personnel are fully cognizant of the agency's preparedness and response plan and understand their roles in the plan.

Key Points

- Designate staff person(s) to develop curricula and coordinate the delivery of training programs. In most areas, the public health department can offer its assistance with developing and delivering training programs, and can furnish contact information for obtaining appropriate resources.

- Consider structuring training programs for delivery in classrooms and via distance learning technologies such as online Webinars and CD-ROMs.

- Require all staff, including new hires, to participate in the training.

- Develop and conduct exercises and drills to evaluate the effectiveness of the training, to reinforce the learning experience, and to identify staff skills and competencies as well as areas where additional training is needed.

- Designate staff person(s) to maintain training records to ensure all personnel complete the program and that they participate in regularly scheduled refresher training.

- Establish a timetable for reviewing and updating the content of all educational materials and training curricula.

Guideline II.4
Develop policies and procedures outlining the actions staff must take when flu-like symptoms are identified or suspected in themselves or in others.*

Key Points

- Train staff to identify the physical symptoms of the flu, whether in themselves, family members, coworkers, offenders, offenders' relatives or associates, or general workplace and field contacts. (See flu symptoms at http://www.cdc.gov/flu/symptoms.htm.)

- Develop and disseminate policies and procedures stating the actions to be taken when an employee suspects he or she has contracted the flu or has been exposed to an infected person (e.g., family members, offenders, and visitors to the workplace).

- Develop and disseminate policies and procedures for reporting flu-like symptoms that staff identify in coworkers, offenders, or others in the workplace or field.

- Identify the circumstances under which people with flu-like symptoms will be required to leave the premises (including staff, offenders, and visitors).

- Specify the person(s) and position(s) with the authority to approve and enforce the involuntary removal of ill employees or other infected people who refuse to leave the premises.

* See the U.S. Office of Personnel Management, *Agency guidance–Human capital management policy for a pandemic influenza*: *What a supervisor should do if an employee appears ill during a declared pandemic influenza or has been exposed to pandemic influenza* http://www.opm.gov/pandemic/agency/decisionchart.asp.

SECTION III—HUMAN RESOURCES

Staff Shortages

The U.S. Department of Health and Human Services (HHS) has compiled and placed a list of *Pandemic Planning Assumptions* at http://www.pandemicflu.gov. The full list of these assumptions may be found at http://www.pandemicflu.gov/plan/pandplan.html; those particularly related to human resources planning are summarized below.

- Past pandemics have occurred in waves lasting two to three months, with outbreaks of illness in affected areas lasting six to eight weeks. The largest waves have occurred during the fall and winter; however, pandemics are not necessarily seasonal and can occur at any time of year.
- The typical interval between infection and the onset of flu symptoms is two days. Infected persons may be contagious for up to 24 hours before symptoms appear, and they are most contagious during the first two days of illness. On average, each infected person spreads the disease to two other people.
- An average of 20% of working adults in affected communities will become ill during an outbreak. For planning purposes, the Federal government recommends assuming that up to 40% of workers could be absent for as long as two weeks at the peak of each pandemic wave due to personal illness, the need to care for ill family members, fear of becoming infected or of spreading infection, or other factors such as school closings or quarantines.
- Rates of absenteeism depend on the pandemic's severity; however, planning should be based on the most severe scenario.

Guideline III.1
Estimate the impact of a pandemic on your agency's workforce.

Key Points

- Develop multiple scenarios using software such as FluWorkLoss and FluAid to estimate rates of employee illness and absenteeism during outbreaks of varying severity. These software programs and instructions for using them are available free of charge at http://www.pandemicflu.gov/plan/tools.html.

- Identify staff who are members of the National Guard or military reserves and therefore may be called into service during a pandemic, and designate and train alternate staff to assume their responsibilities.

- Develop and conduct a survey* to estimate the number of employees who may be unable to work during a pandemic, whether due to personal illness or other factors (e.g., caring for ill family members or providing child care when schools and day care facilities are closed). Such a survey is useful to pandemic planners as they develop policies addressing emergency staffing, such as flexible work schedules and telecommuting, and helps them identify the extent to which additional resources may be needed to mitigate staff shortages.

*NOTE: When developing surveys of this nature, planners should work with the agency's legal and human resources departments to ensure compliance with the Americans with Disabilities Act (ADA) (http://www.eeoc.gov/policy/ada.html). Asking employees to disclose personal information about medical conditions that could include disabilities (e.g., heart disease or immunodeficiency) in order to identify those at greater risk of infection violates the ADA. Fortunately, such specificity is not necessary to estimating potential absenteeism during a pandemic. To be ADA-compliant, a questionnaire must not ask respondents to disclose personal medical information or other information that could reveal their identity (e.g., phone number or division/location); however, by asking anonymous respondents to answer "yes" if ANY of several factors would prevent them from working, and by NOT asking them to specify which factor(s) apply to them personally, planners can estimate the number of employees likely to be absent without violating the ADA. An example of an ADA-compliant questionnaire is available at http://www.pandemicflu.gov/faq/workplace_questions/equal_employment/i3.html. Additional information related to equal employment and privacy issues may be found at http://www.pandemicflu.gov/faq/workplace_questions/equal_employment/index.html.

Guideline III.2
Designate and train personnel to assume additional or alternate responsibilities to mitigate the effects of staff absenteeism during a pandemic.

Key Points

- Develop cross-training programs to prepare staff to perform the functions of others who are absent due to personal illness or other circumstances such as needing to care for ill family members or for children whose schools and/or childcare facilities have closed. It is recommended that at least three staff persons be trained to back up each position.

- Keep in mind that people who contract and recover from the virus will be vital resources for meeting the agency's staffing needs as the pandemic progresses and resolves. Provided the virus does not mutate, these persons will be immune to infection during subsequent waves of the pandemic.

Guideline III.3
Identify multiple resources for remedying staff shortages.

Key Points

- Where appropriate, consider temporarily rehiring retired employees.

- Use outside contractors and temporary personnel agencies to the extent practicable.

- Explore the possibility of using law enforcement and National Guard personnel.

Personnel Policies and Procedures

Guideline III.4

Review and revise personnel policies and procedures to address the unique circumstances of a pandemic.

Key Points

Employee Assistance/Wellness

- Make seasonal flu vaccinations available to all staff and encourage full participation. If a vaccine specifically targeting the pandemic virus is made available, encourage all staff and their families to be vaccinated.

- Encourage employees to seek professional medical care as soon as possible after onset of flu symptoms and to take the antiviral medication that may be prescribed. (Note: If the stock of antiviral medications is inadequate to meet demand, available quantities will be dispensed according to a prioritization system (http://www.hhs.gov/pandemicflu/plan/sup7.html). More information is available at http://www.hhs.gov/pandemicflu.

- Institute an employee assistance plan that offers all personnel access to mental health services, including grief and post-traumatic stress counseling. Provide employees with information on how to access community and social services and faith-based resources.

Employee Absences

- Require symptomatic employees to take leave and advise them to obtain professional medical care immediately. Encourage voluntary compliance by instituting lenient leave and compensation policies that cover absences during an officially declared pandemic.

- Because an infected person may spread the flu before becoming symptomatic (usually two to four days following infection), consult with local public health authorities to define the circumstances under which employees who have been in close proximity to infected person(s) must take leave as a precaution against spreading the virus.

- Develop a mechanism, available 24 hours a day, seven days a week, that enables staff to notify supervisors if they have been a) diagnosed with the virus or b) exposed to another person who is or may be infected. Require staff to use the reporting system; explain how it operates and provide them with step-by-step instructions, including telephone numbers and Web addresses. Instructions should be in a form that is readily available and easily referenced during an emergency (e.g., wallet-sized cards).

- Develop a mechanism that enables staff to contact absent personnel who have not reported to their supervisors; this allows the agency to determine their status (i.e., the reason for the absence and how long they expect to be unable to work) and monitor and respond to shifting workforce levels. This process, however, must safeguard employees' privacy and other legal rights, including those protected under collective bargaining agreements.

- Ensure that leave policies are flexible and do not unreasonably penalize employees who are absent from work due to personal illness or to care for ill family members, attend funerals, or handle other personal obligations.

- Ensure that leave policies and procedures allow for infrastructure breakdowns that make it hard for staff to report to work (e.g., disrupted mass transit and gasoline shortages).

Employee Protection and Safety

- Develop work schedules that stagger peak staffing levels, thereby reducing social contact as much as possible while maintaining operational effectiveness.

- Develop policies and procedures to maximize the social distance between coworkers, clients or visitors, and employees. Identify alternative worksites, including employees' homes, and ensure such sites are properly equipped and supplied to function as workstations during a pandemic.

- Require infected or symptomatic employees not to report to work and prohibit staff from bringing any infected, symptomatic, or potentially exposed person into the workplace.

- Require employees who develop flu-like symptoms while on duty to leave the workplace, and encourage infected staff to seek immediate medical attention and treatment.

- Develop specific guidelines listing the circumstances under which ill staff, offenders, and visitors are required to leave the premises. These guidelines should include the procedures to be followed in the event that an ill person refuses to voluntarily leave, and should specify the person(s) and position(s) that can authorize the forced expulsion of ill personnel and visitors.

Staff Protection and Safety

Guideline III.5

Identify, purchase, allocate, and store supplies and equipment essential to the continuation of mission-critical functions and to meeting the needs of staff who must shelter-in-place.

Key Points

- Identify a) supplies and equipment ordinarily stocked in the workplace (e.g., office supplies, paper goods, and cleaning and disinfecting products) and b) items necessary to maintaining operations during a pandemic. For example, if electrical power is lost, the agency will need equipment such as power generators, space heaters, batteries,

flashlights, and lanterns. Staff who shelter in the workplace during a pandemic will need drinking water, food, blankets, and personal hygiene and basic medical supplies.

- Using pandemic scenarios of varying intensity, estimate the quantities needed of each supply and equipment item (http://www.pandemicflu.gov/plan/tools.htm).

- Collaborate with other agencies to identify the supplies and equipment that can be purchased at a volume discount and shared.

- Establish a timetable for purchasing emergency equipment and supplies in accordance with current and projected budgetary resources. Incorporate a replacement schedule for items with a shelf life so that purchases are made prior to expiration dates.

- Devise a mechanism to track usage and remaining quantities of emergency supplies and equipment. Include a means of tracking the shelf life of perishable items (e.g., respirators, medical supplies, and food) and replacing these items prior to their expiration dates. In addition, the mechanism should flag those items that also can be used or consumed in the course of routine operations so that they may be rotated into general inventories for use before expiration.

- Establish an allocation plan for distributing equipment and supplies across agency facilities, ensuring that each location is adequately stocked.

- Assess the adequacy of existing storage space and add additional facilities as necessary.

- Ensure that stored equipment and supplies are appropriately secured so that only authorized personnel have access to them.

- Identify the agency vehicles that will be needed to a) maintain agency operations and b) assist with other law enforcement and emergency response efforts. Ensure that they are equipped to protect staff and meet the challenges of operating during a pandemic (e.g., they have redundant communications capabilities, emergency contact lists, first-aid kits, personal protective equipment, and disinfectant supplies).

Guideline III.6
Assess the need to purchase personal protective equipment (PPE) such as gloves, surgical masks, respirators, and protective clothing.

Key Points

- Use available resources to inform decisions regarding PPE needs and purchases. For example, the Occupational Safety and Health Administration Web site (http://www.osha.gov) offers many resources, including *Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza* (http://www.osha.gov/dsg/guidance/proposedGuidanceStockpilingRespirator.pdf). This document is intended to help employers assess what types of facemasks and respirators

are best suited to the needs of workers at various exposure risk levels. It also provides guidance on estimating quantities needed and offers cost comparisons.

- In assessing PPE requirements, consider both the current duties and the alternate/additional functions and responsibilities that personnel will be expected to assume during a pandemic.

- When purchasing PPE, consider each type's function, purchase price, shelf life, durability, and reusability (i.e., ability to be decontaminated), as well as the procedures and costs involved in storing and disposing of used or expired PPE.

- Train staff in the appropriate use and care of PPE, including how to correctly put on and remove PPE without self-contamination and how to safely dispose of used PPE. CDC provides educational and training resources (http://www.cdc.gov/ncidod/dhqp/ppe.html), including a PowerPoint slide set with a trainer's guide and posters depicting the sequence for putting on and removing PPE. Although these resources target healthcare, the information and training materials have broad applicability.

- Test respirators to ensure they properly fit the individuals who will wear them.

SECTION IV—COMMUNICATION

Crisis and Risk Communication

The CDC defines crisis and emergency risk communication as "the effort by experts to provide information to allow an individual, stakeholder, or an entire community to make the best possible decisions about their well-being within nearly impossible time constraints and help people ultimately to accept the imperfect nature of choices during the crisis. . . . Crisis and emergency risk communication represents an expert opinion provided in the hope that it benefits its receivers and advances a behavior or an action that allows for rapid and efficient recovery from the event." (CDC, *Crisis and Emergency Risk Communication: Pandemic Influenza,* 2006/Rev. 2007, p. 6)

An influenza pandemic will create a social and public health crisis of huge proportion. It is therefore critical that the agency develop a communication strategy that ensures the timely delivery of accurate, relevant information throughout the pandemic, not only internally to staff but also externally to the community. To be effective, those who will act as agency spokespersons should be fully trained in crisis and emergency risk communication theory and techniques.

As part of its public health emergency preparedness and response effort, the CDC offers Crisis and Emergency Risk Communication (CERC) training programs, course materials, and other resources that are based on best practices identified by experts in the fields of crisis and risk communication and that also reflect lessons learned during public health emergencies. More information is available at http://emergency.cdc.gov/cerc/.

Guideline IV.1
Identify an agency spokesperson and, ideally, designate at least three additional staff to succeed to the position in the event that the primary spokesperson is unable to perform this function; ensure that each designated person is fully trained to assume this responsibility.

Key Points

- Ensure that the primary spokesperson (in larger agencies, this role usually is assumed by the Public Information Officer) and each designated successor has been fully trained and is well versed in applying risk communication theory and techniques, including conveying accurate, up-to-date information as frequently as possible using easily understood terminology; answering questions candidly and confidently; and refraining from making predictions or promises.

- Ensure that all agency spokespersons have the same information about the pandemic as other credible sources, and that agency communications are coordinated with those other sources so that consistent messages are delivered.

Guideline IV.2
Ensure that all agency spokespersons are able to obtain expert advice and timely situational updates throughout the pandemic.

Key Points

- Provide a list of persons to be contacted for insight into the situation, such as the state department of corrections medical director, the directors of state and local departments of emergency management, and the director of the local public health department.

- Provide a list of pandemic-related Web site addresses where updated information can be obtained readily, such as http://www.pandemicflu.gov, http://www.cdc.gov/flu/pandemic/, and http://www.who.int/csr/disease/avian_influenza/.

Internal Communication

Guideline IV.3
Define lines of communication through the agency's chain of command.

Key Point

- Ensure that all staff know who will be communicating with them and who they should contact for information.

Guideline IV.4
Develop a process whereby employees participate and assist in the internal dissemination of information.

Key Points

- Ensure every employee is provided with contact information for each staff person, including current office, cell, and home telephone numbers and email addresses.

- Consider establishing a "call tree" system whereby each staff member is specifically assigned to contact certain coworkers to convey urgent information. For example, the human resources director could call the head of each department, each of who could call six people within their department, who then call six other people in the department, and so on. This method enables messages to be communicated quickly; however, agencies should ensure that all staff have received complete and accurate information by disseminating it through regular channels as soon as practicable.

Guideline IV.5
Expand internal communications systems as necessary to accommodate an employee reporting system.

Key Points

- Develop an employee reporting system that provides the information the agency needs to monitor and respond to changing workforce levels.

- Develop a communications system enabling employees to notify supervisors that they will not be reporting to work and how long they expect to be absent. The system should be available 24 hours a day, seven days a week, and all staff should be required to use it. (See Guideline III.4: Employee Absences.)

- Develop a mechanism for determining the status of personnel who have not reported to supervisors.

- Ensure that the system safeguards the privacy and other legal rights of employees, including rights protected under collective bargaining agreements.

- Ensure that alternative communication equipment (e.g., battery-operated CB radios and remote radio transceivers) is available in the event that telephone, electrical, or Internet services are interrupted during a pandemic.

External Communication

Guideline IV.6
Develop a process for notifying offenders of pandemic-related changes in agency operations, reporting requirements, and other supervision conditions.

Key Points

- Agencies may alter hours of operation or be closed to the public.

- Agencies may implement alternative supervision practices that need to be explained to offenders.

Guideline IV.7
Ensure that offenders are provided information regarding how to contact agency staff during a pandemic.

Key Points

- Provide offenders with instructions for calling or emailing staff who are working from another location.

- Provide a means for offenders to notify staff when the pandemic prevents them from meeting their supervision conditions (e.g., personal or family illness; infrastructure problems such as suspended mass transit and gasoline shortages; and isolation or quarantine orders.)

SECTION V—OFFENDER SUPERVISION STRATEGIES

The overarching objectives of pandemic preparedness and response planning are to ensure the continuation of mission-critical functions and to protect the health and safety of employees and correctional clients while promoting the community mitigation strategies outlined by the Centers for Disease Control and Prevention in *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (http://www.pandemicflu.gov/plan/community/community_mitigation.pdf).

One mission-critical function is offender supervision, which must continue during a pandemic to the extent possible and practicable. However, the way in which offenders are supervised may change during a pandemic in order to accommodate a diminished workforce and the compromised ability of offenders to comply with normal supervision conditions. Additionally, some standard supervision practices, such as face-to-face contacts between offenders and staff during field visits and in-office reporting, may jeopardize the health and safety of employees.

It is recommended that appropriate legal authorities participate in all aspects of developing this component of the pandemic plan, for example, the legal counsel for the agency, the judiciary, and the releasing authority. At a minimum:

- Determine how and to what extent personnel may legally deviate from standard operating procedures.
- Ensure that alternative operating procedures comply with legal requirements and lie within the agency's scope of authority during a state of emergency declared by the Governor or the Federal government.
- Review and approve this component's content before it is incorporated into the pandemic plan.

Developing alternative offender supervision strategies for implementation during a pandemic is a complex task, and the process differs from agency to agency depending upon organizational structure, available resources, and operational imperatives. Agencies are therefore expected to tailor the guidelines in this section to fit their particular circumstances.

Guideline V.1
Estimate the impact of a pandemic on the agency's workforce and use that estimate to determine the approximate number of offenders the agency will be able to supervise.

Key Points

- Using the agency's estimate of a pandemic's impact on the workforce (see Guideline III.1), approximate the number of officers who will be available to supervise offenders during a pandemic.

- Determine a) the average number of offenders the agency has supervised at each risk level during the past few years and b) the number of officers that have handled the workload (i.e., offenders) at each level.

- Compare these data to estimate the workload reductions needed to enable the projected number of working officers to supervise offenders at each level.

Guideline V.2
Assess standard supervision practices and procedures and identify alternative strategies for supervising offenders at each level of risk.

Key Points

- Curtail, suspend, or otherwise modify supervision functions, to the extent appropriate and practicable, so that on-duty staff can focus on maintaining mission-critical functions.

- Consider implementing alternative strategies that promote social distancing and protect the health and safety of employees and correctional clients. For example:
  - Minimize the number of face-to-face contacts.
  - Restrict or eliminate field visits within the geographic areas of pandemic outbreak, giving consideration to the risk to public safety.
  - Increase the use of offsite/remote reporting and monitoring (e.g., kiosks, voice mail, email, Web sites, GPS/electronic monitoring, and voice recognition systems).
  - Enable worksite and schedule flexibility by providing staff with cell phones, BlackBerries®, and laptop computers.

Guideline V.3
Ensure that alternative supervision strategies are compatible with the pandemic plans of public health, law enforcement, the judiciary, and correctional facilities at the Federal, State, tribal, local, and, if applicable, international levels.

Key Points

- Determine whether sanctions and violations will need to be handled differently during a pandemic.

- Identify options for housing offenders in the event that jails, prisons, and other detention facilities stop admitting inmates due to outbreaks of illness within the facility or as a precaution to keep infected persons from carrying the virus into the facility.

Guideline V.4
Develop a timeline, based on the evolving phases of a pandemic, indicating when alternative supervision practices will be implemented and when standard practices will resume.

Key Point

- Ensure that the timeline is based on and corresponds to the events that will prompt the activation and deactivation of the agency's pandemic plan (see Guideline I.5)

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