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**Napa Valley COAD**

**Pandemic Influenza Plan/Annex**

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# Overview and How to Use this Annex

Pandemic influenza can have a different impact on your organization than other emergencies addressed in your Emergency Operations Plan and/or Continuity of Operations Plan (COOP). Elements of your EOP and COOP will be applicable to a pandemic activation and you are encouraged to utilize this Annex in conjunction with your EOP and COOP. In a pandemic outbreak, here are some things to anticipate:

1. Staff and volunteer absence can likely occur at the rate of 30-60% during pandemic peaks.
2. Health care systems and\ critical infrastructure (transportation, commerce, utilities, public safety, and communications) will be overwhelmed
3. Decreased or no assistance from partner organizations or agencies.
4. Pandemics typically last 12-24 months and may occur in several waves.
5. Experts estimate that a pandemic influenza virus could spread around the world in 30 to 60 days possibly causing the World Health Organization to declare a global pandemic.

# Situation

Certain groups of people will experience a greater impact on health and daily living than the population as a whole as a result of an influenza pandemic, especially our most vulnerable populations. In a pandemic, these groups will bear a disproportionate burden of illness and hardship unless the government, nonprofits, faith-based organizations and the private sector partner together to plan ahead to address these vulnerabilities. Effective planning for a pandemic is truly a whole community approach to address Napa’s most vulnerable populations. Implementation of “Social Distancing,” “Social Isolation” and “Quarantine” may cause fear to our most vulnerable populations. Nonprofit and Faith-based agencies have the opportunity to lend an incredible amount of support and education as trusted providers in Napa’s communities.

For current guidance from California’s Office of Emergency Services, see Attachment 10.3 –*Public Health Guidance for Individuals with Access and Functional Needs.*

## Impact on Health

* People who live in or spend the night in group quarters, such as convalescent homes and homeless shelters, are especially vulnerable to exposure.
* People who depend on public transportation are especially vulnerable to exposure. They include people with disabilities and people of low income who do not own cars.
* People with immature or compromised immune systems are especially vulnerable to viruses and infections. These include infants, the elderly, people infected with HIV, and patients receiving chemotherapy or immunosuppressive medications.
* People of limited English proficiency and people so do not use the major news media are at high risk of missing important public information related to disease prevention and control.

## Impact on Daily Living

* People who depend on urgent or emergency care facilities for primary health care, such as people of very low income, risk losing these services for the duration of a pandemic.
* People who depend on caregivers who may be impacted and are potentially at risk of losing vital health care services.
* People who depend on frequent appointments for medical care or mental health services are vulnerable to the loss of these services during a pandemic due to potential limitations on or lack of service.
* People such as those with chronic physical or mental illness and others, who require frequent refills of prescription drugs, are vulnerable to disruption in pharmacy services.

# Activation

The activation of this Annex/Plan assumes that there is a pandemic-related disruption of the workforce that is indiscriminate, and that infrastructure is affected to the extent of multiple impacts; from a severely depleted workforce, the reduction of service delivery, altered means of service delivery, limited equipment/supplies and a need to explore alternate methods of serving clients.

This Annex may be activated for any of the following reasons or other deemed necessary by your organization’s leadership:

* A local, state or federal declaration of a public health emergency or general state of emergency
* A request by the local government or the Napa Valley Community Foundation to activate
* A decision to self-activate based on actual or perceived client and consumer needs

# Personal and Family Preparedness

## Family Plan

Depending on the severity of the outbreak, public health officials may recommend community actions designed to help keep people safe, reduce exposure, and limit the spread of the disease. Creating a household plan can help protect your health and the health of those you care about in the event of an outbreak. A household plan should be based on the needs and routines of your household members. A plan of action should include:

* **Talk with the people who need to be included in your plan**. Meet with household members, other relatives, and friends to discuss what should be done if a pandemic occurs and what the needs of each person will be.
* **Ask your neighbors what their plan includes.**
* **Plan ways to care for those at greater risk for serious complications.** Certain people are at greater risk for serious complications if they get the flu, including during a flu pandemic. Flu can worsen their health conditions, and services they rely on may not be available. CDC will recommend actions to help keep people who are at high risk for flu complications healthy if a pandemic occurs.
* **Identify organizations in Napa Valley that can offer assistance.** Create a list of local organizations you and your household can contact in case you need access to information, healthcare services, support, and resources.
* **Create an emergency contact list**. Ensure your household has a current list of emergency contacts for family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.
* **Stay informed about the local pandemic situation**. Get up-to-date information about local activity from [public health officials.](https://www.naccho.org/membership/lhd-directory)
* **Be aware of any temporary and/pr prolonged school dismissals in your area.** This may affect your household’s daily routine.

## Hygiene and Sanitation

It is important to practice good personal health habits and plan for home-based actions to prevent spreading flu. Everyday preventive actions include:

* Washing your hands frequently especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
* Avoid touching your eyes, nose, and mouth
* Avoid sharing personal items
* Cover your cough or sneeze with a tissue, then throw the tissue in the trash
* [Clean and disinfect](https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html) frequently touched objects and surfaces daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using regular household detergent and water
* Choose a room in your home that can be used to separate sick household members from those who are healthy. Identify a separate bathroom for the sick person to use, if possible. Plan to clean these rooms, as needed, when someone is sick.
* Take care of the emotional health of your household members, including yourself

[If someone in the household is sick](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html), separate them into the prepared room. [If caring for a household member, follow the recommended precautions and monitor your own health](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions).

## Supplies

Individuals and families should consider obtaining a 30-day supply of prescription and over the counter medications, food, and other essentials. Know how to get food delivered if possible. Include food and supplies for family pets in your family preparedness plan. Suggested over-the-counter medications and supplies for influenza include:

* Fever/pain reducers
* Cold/flu symptom relief
* Electrolyte drinks
* Allergy medicines
* Thermometer
* Anti-diarrheal medications
* Hand sanitizer
* Disinfectant wipes and sprays
* Disposable gloves

# Health and Safety in the Workplace

To reduce the impact of pandemic outbreak conditions on businesses, workers, customers, and the public, it is important for employers to plan ahead for maintaining safe and healthful working conditions. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement.

Businesses should stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans. Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites.

## Staff Education on Infection Prevention Measures

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. Use health messages and materials developed by credible public health sources, such as your local public health department or the Centers for Disease Control and Prevention (CDC). As appropriate, all employers should implement good hygiene and infection control practices. These include:

* Actively encourage sick employees to stay home if they are sick. Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
* ADAPT LIBERAL LEAVE POLICIES TO ENCOURAGE EMPLOYEES TO STAY AT HOME!
* Promote frequent and thorough hand washing. Providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
* Encourage respiratory etiquette. This includes cough and sneeze etiquette. Instructional posters for this purpose are provided in plan Attachments.
* Discourage workers from using others’ tools and equipment. This includes workers’ phones, desks, offices, or other work tools and equipment, when possible.
* Be prepared to allow workers to stay home if someone in their house is sick.
* Ensure that employees are aware of sick leave policies (see section 9 – *Communications*)

## Workplace and Environmental Sanitation

* Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
* Plan ways to Increase space between people at work to at least 3 feet, as much as possible.
* Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

### Supplies

Provide flu-prevention supplies in your workplace on hand for workers, such as soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks.

Plan to have extra supplies on hand during a pandemic. Note: Disposable face masks should be kept on-site and used only when someone becomes sick at the workplace. Those who become sick should be given a clean disposable facemask to wear until they can leave.

## Gathering/Meeting/Travel Protocols

Focus on decreasing the frequency of contact among people at work. Several ways to do this include:

* Temporarily postpone or cancel non-essential meetings and events
* Discontinue non-essential travel
* Increase space between people to at least 3 feet or limit face-to-face contact between workers and those who come to the workplace
* Create reduced or staggered work schedules
* Allow workers to telework, if feasible (see Section 6.1 *– Telework*)

## Exposure and Illness Protocols

If employees show symptoms, they should follow these procedures:

* Stay home and avoid contact with other people as much as possible except to seek medical care
* Separate themselves from other people and animals in their home
* Call ahead before visiting their doctor
* Wear a facemask, cover their coughs and sneezes, and clean their hands often
* Avoid sharing personal household items and clean all “high-touch” surfaces every day
* Seek prompt medical attention if their illness is worsening (e.g., difficulty breathing)
* Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.
* Send sick workers home immediately. If someone becomes sick at your workplace, separate them from others (particularly from those who are at high risk for flu complications) as soon as possible. Provide them with clean disposable face masks to wear until they can leave. Work with the local public health department and nearby hospitals to care for those who become sick. If needed, arrange transportation for workers and others who need emergency care. Read more about caring for those sick with the flu at [http://www.cdc.gov/flu/ consumer/caring-for-someone.htm](http://www.cdc.gov/flu/)

Note: Providing sick workers with face masks does not replace the need to encourage them to go home and stay home when they are sick. Face masks may be in short supply during a flu pandemic.

## Mental Health Support

Fear and anxiety during a pandemic can be overwhelming and cause strong emotions in employees. Helping your staff cope with stress is an important part of a company’s role. Your Human Resources Manager and/or agency leadership is encouraged to review the current Employee Assistance Program (EAP) if available to your organization to access needed emotional and mental health services during and after a pandemic. Napa nonprofits and the County may also provide mental health resources. Encourage employees to:

* Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
* Take care of themselves physically. Take deep breaths, stretch, or meditate. Encourage them to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
* Get outside in the fresh air as often as possible.
* Make time to unwind and take part in other activities they enjoy.
* Connect with others and talk with people they trust about their concerns and how they are feeling.

# Personnel Policies

## Telework

Pre-planned or ad hoc telework arrangements can be used to promote social distancing and can be an alternative to the use of sick leave for exposure to a quarantinable communicable disease for an employee who is asymptomatic or caring for a family member who is asymptomatic. An employee’s request to telework from home while responsible for such a family member may be approved for the length of time the employee is free from care duties and has work to perform to effectively contribute to the agency’s mission. But perhaps the most important thing your agency should do is take the time to develop a remote work policy if you do not have one in place or review and update your existing policy as it relates to this specific situation.

### Supplies & Equipment

What equipment is needed to effectively telework? Typically, it includes a laptop with a webcam, good earphones/headset and a cellular phone. Discuss with staff if they are willing to use personal equipment to telecommute or if it needs to be issued by the organization.

* Take an inventory of the types of equipment you would need to get the job done and consider factors related to access. This could include laptops, desktop computers, monitors, phones, printers, chargers, office supplies, and similar materials.
* Encourage staff to prepare for the possibility of an immediate instruction to work at home. Develop a “ready bag” that they take home with them at the end of each day that would allow them to begin working remotely at a moment’s notice. This would obviously include laptops, smartphones, and other related technology, but could also include physical items (such as binders, documents, materials).
* Make sure you consider and clearly communicate with your workers about which physical items are acceptable to be taken from the workplace and which need to stay in your location at all times.

List policies related to supplies and equipment for telecommuting:

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### Off-site Access to Vital Systems & Records

What vital records or access to systems are needed to telecommute? Does your organization store critical information in the cloud and do all staff have the appropriate passwords to access this information? Does your organization utilize a Virtual Private Network (VPN)? A VPN is a network of computers securely connected to each other via the internet via encryption.

* Take time to digitize any relevant physical materials to make remote working easier.
* Address whether staff can or should take digital photos of physical calendars, whiteboards, Kanban boards with post-it notes, or similar items, or whether they are prohibited from doing so.

List critical systems and records needed and how to access (including passwords): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Sick Leave and Paid Time Off

Community-based and faith-based organizations should plan for liberal and extensive paid sick leave policies in the event of a pandemic. Public safety and limiting the spread of the disease are critical to containment and if employees are concerned about paying rent and bills, they may not take the necessary precautions to self-isolate and quarantine.

Agencies should consider planning for and setting aside reserves to meet these needs in the event of a pandemic. Local, state and government aid may become available; however, organizations should not rely on this aid as the only form of covering paid leave. Additionally, this aid might not come fast enough to make rent payments and meet immediate bills. Additionally, some vulnerable populations may not want to take advantage of this aid.

California's paid-sick-leave law includes the following basic requirements:

* Covered employees include full-time, part-time, temporary or seasonal workers who work in California for 30 or more days in a 12-month period for the same employer.
* Covered employees must accrue at least one hour of sick leave for every 30 hours worked. Alternative accrual methods are acceptable if they comply with the law.
* An employer may limit the amount of paid sick leave an employee can use in one year to 24 hours or three days.
* An employer must allow accrued unused paid sick leave to be carried over to the next year, but a cap on carryover hours of no less than 48 hours or six days is permitted.

For more information, visit: [https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/htg---how-to-comply-with-california’s-paid-sick-leave-requirements.aspx](https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/htg---how-to-comply-with-california%E2%80%99s-paid-sick-leave-requirements.aspx)

### Childcare

School closures, social distancing, and isolation can present tremendous challenges for organizations trying to provide service delivery. Consider some of the following strategies to manage childcare in a pandemic:

* In your household, determine who needs to work to provide essential services to the community and if one spouse/partner can be a primary caretaker to free up essential personnel.
* If both parents need to work, consider working a staggered shift with spouse/partner to cover care for young children.
* Consider if there are any young and healthy people in your primary circle who may be able to assist with childcare without putting that person at risk based on the nature of the pandemic and CDC guidelines.
* Stock up on activities, books, games, craft supplies, home learning programs appropriate for the age of the children in your home.
* Screen time can help with connection to family and friends - while most parents try to limit screen time with their children, this is a time where lenient policies may actually help children cope with social isolation.
* Help your children think of how they can help others, such as writing letters or drawing pictures for elderly relatives, family friends, neighbors or even individuals they do not know in assisted living centers, etc.

# Planning for Service Continuity

## Key Personnel: Pandemic Coordinator and/or Response Team

If your organization has an EOP and/or COOP it has implemented for this event, the activation of those systems will address your organizational response. If you do not, please reference Attachment 10.1 to quickly put in place an Emergency Response Team utilizing the Incident Command System OR clearly delineate a Pandemic Coordinator and/or Pandemic Response Team to address your agency’s response to this event. Please list the person or team responsible for your organization’s response to a pandemic (or refer to your Emergency Coordination Team/ICS Structure established in your EOP/COOP):

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## Identification of Essential Services

Determine the essential services you will need to continue during a pandemic.

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| --- | --- |
| Essential Program or Service: | Resources for maintaining essential service: |
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Determine the potential impact of a pandemic on your organization’s usual activities and services. (e.g. meal programs: Staggered hours, drop off rather than taking food inside)

|  |  |  |
| --- | --- | --- |
| Services, functions or tasks to be altered: | How programs will be altered: | Resources needed |
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Develop a plan for altering services. Consider staffing changes, redirection of resources, potential substitutions for altered services.

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## Auxiliary Staff for Essential Services and Partner Agreements

How can your organization staff the most essential services you need to provide to clients? What skills do essential personnel need to have?

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What resources can you draw upon?

* Staff
* Volunteers
  + - Those Already Affiliated with Your Organization
    - Spontaneous Volunteers
* Contractors
* Vendors
* Board Members
* Sister/Partner Agencies
* Neighborhood Associations
* Service Clubs (Rotary, Lions, etc.)
* Others? Please List:

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How can you provide “Just-in-Time” training for new staff and volunteers? For example, pair them up to shadow existing staff, create a training video, train in groups at the beginning of each shift, etc.

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## Succession Planning: Orders of Succession and Delegations of Authority

If you have designated orders of succession and delegations of authority in your COOP, review them and determine if they are the essential personnel you need for a pandemic response. You may need to adapt, such as designating a liaison to work with Public Health, determining a staffing coordinator to implement alternate service delivery strategies, etc. Insert your Orders of Succession and Delegations of Authority for a pandemic in the chart below.

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| Key Position | Designated Successors | Authorities Granted | Limitations on Delegated Authority |
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# Service Sector Strategies

Beyond immense efforts and planning taking place within individual service providers, assistance to Napa’s most vulnerable populations will be coordinated through Napa Valley COAD, in alignment with local government Emergency Operations Centers and Public Health. A primary goal of communicating and coordinating service delivery through COAD is to identify emerging and unmet needs, gaps and duplication in service delivery. One strategy to address this is to designate a lead agency for each service sector to help coordinate the distribution of services.

Consider identifying ways to minimize social contact while providing services. General examples include:

* Stagger food distribution pick-up times rather than group distribution pick-up time.
* Consider service delivery and drop off rather than picking up at congregant sites - possibly engage young healthy people, such college students, to assist.
* Determine alternate and creative ways to distribute financial assistance rather than in person - via snail mail, electronic distribution or even establishing P.O. Boxes. If an in-person distribution is necessary, stagger the times to deliver services to clients.
* Meals on Wheels/food services drop-off on front porch rather than taking food inside.
* Shelters line up beds head to toe instead of head-to-head and increase distance between beds whenever possible to limit the spread of disease. Also, consider sleeping shifts to stagger the number of people in the shelter at one time.
* Shelters offer supply kits (hygiene, blankets, etc) for those who don’t want to risk staying in a shelter.

## Family Resource Centers/Community Based Organizations

Family Resource Centers (FRCs) and Community Based Organizations bring a wealth of resources, understanding, and knowledge about vulnerable populations to the response and recovery efforts of any major disaster. They are the trusted providers and critical partners for delivering services to many segments of vulnerable populations, especially in a pandemic outbreak.

***Suggested Strategies for FRCs & CBOs:***

1. Bring CBOs who serve immigrant populations and immigrant groups themselves to the table to dialogue and discuss how to best serve these populations in a pandemic.
2. Organize cultural proficiency training to help the community better understand how different immigrant groups may approach pandemic influenza issues.
3. Create public information materials that are simple and at a 5th grade or below reading level and which utilize pictorial messages for pre-event and just-in-time risk communications
4. Provide outreach and communication messages to CBO service providers who regularly interact with these populations.
5. Provide translated and bilingual key messages.
6. Distribute messages to ethnic media outlets, including newspaper, radio, television and social media.
7. Distribute material on buses and other forms of public transportation.
8. Distribute material to places of worship that serve different ethnic populations.

## Faith-Based Organizations

Faith-based organizations serve a variety of cultural, economic and socially diverse populations in Napa Valley. A primary role they can play in preparedness and planning is to educate congregations about pandemic influenza and appropriate measures they can take for disease prevention and control. Faith-based organizations very often mobilize resources to assist disadvantaged populations in their communities, especially homebound populations. They can help fill a gap by providing food and care to people who may not be able to access regular services in a pandemic. Faith-based organizations also play a critical role in providing spiritual care and helping to spread a sense of calm during a pandemic outbreak.

Faith-based organizations may also provide a variety of services for a pandemic response, including, but not limited to:

* Risk communications
* Food preparation and distribution
* Transportation for homebound or frail populations
* Spiritual support and counseling
* Financial assistance due to job loss or shutdowns
* Translation resources
* Childcare
* Volunteer mobilization
* Facilities and resources for serving segments of vulnerable populations in their congregations and communities

FBOs vary in their ability to serve the community. Although most services are provided by congregation members, there may be some limitations due to a small number of paid staff. A small staff can also pose challenges for efficient communication and coordination.

## Immigrant Populations

Immigrants and their US-born children make up a significant portion of Napa’s populations. Immigrant populations are potentially at risk in a pandemic due to a variety of factors such as limited language competencies, cultural barriers related to healthcare approaches, possible limited trust in traditional channels of communication and providers, and a variety of factors related to culture, values, and communications.

***Suggested Strategies:***

1. Bring CBOs and FBOs who serve immigrant populations and immigrant groups themselves to the table to dialogue and discuss how to best serve these populations in a pandemic.
2. Organize cultural proficiency training to help our community better understand how different immigrant groups may approach pandemic influenza issues.
3. Create public information materials that are simple and at a 5th grade or below reading level and which utilize pictorial messages for pre-event and just-in-time risk communications
4. Provide outreach and communication messages to CBO service providers who regularly interact with these populations.
5. Provide translated and bilingual key messages.
6. Distribute messages to ethnic media outlets, including newspaper, radio, television and social media.
7. Distribute material on buses and other forms of public transportation and at sites that distribute services, provide childcare, etc.
8. Distribute material to places of worship that serve different ethnic populations.

## Food Service Providers

People who depend on meal sites for proper nutrition are extremely vulnerable to closures. They include people of very low income, the elderly, people who are homeless and people with disabilities. People who depend on home nutrition services such as Meals on Wheels are vulnerable to delays in service or the loss of service. They include the homebound, most of whom are very frail elders and disabled adults who live alone.

***Suggested Strategies:***

1. Procure and deliver 3-day shelf-stable kits of food to homebound and at-risk clients. Replace kits on an annual basis.
2. Develop new “drop and leave” protocols for food delivery in a pandemic -- Meals on Wheels typically checks on clients when they drop off food. While they are open to developing new strategies, it will be a challenge with some clients who have limited mobility.
3. Develop a roster of former/potential drivers to maximize the number of substitute drivers available when volunteer drivers are unavailable due to illness or fear of risking exposure
4. Consider recruiting young healthy adults to assist with food delivery if they are at the least risk in a pandemic (outbreaks can vary in the types of populations most at risk).
5. Develop a protocol for use of 2-day meal packages instead of daily deliveries to leverage driver resources in a pandemic.
6. Distribute educational information every other month with deliveries to educate consumers and family members initiate dialogue and planning efforts with other service providers.

## Homeless and Housing Service Providers

People who live in group quarters are especially vulnerable to exposure. They include people who spend the night in homeless shelters, residential care facilities, board and care homes, nursing homes, and any other dormitory-style living. Agencies that provide services to the homeless are very diverse and have different ways of providing clients with a place to stay. For example, some provide services in congregate shelters, others in apartment-style shelters, while still others utilize voucher programs. Other services include hygiene centers, employment agencies, drop-in centers, mental health programs, and meal programs.

***Suggested Strategies:***

1. Develop a program model for clients & consumers to help with prevention and train other consumers as they come through the door – focus efforts on strategies for prevention.
2. Develop different protocols for check-in during a pandemic (some shelters only require it the first time) that address clients with symptoms entering the shelter.
3. Develop protocols for sending sick clients to Emergency Care as soon as possible (including transport).
4. Arrange mass shelter clients head to foot on sleeping mats/cots and assure maximum spacing of clients to decrease social density.
5. Separate sick and healthy consumers.
6. For family shelters, transitional housing programs and low-income housing sites, think about ways to minimize interactions and gatherings in common areas.
7. Develop a strategy for childcare when parents are sick.
8. Create an exit package for people who do not want to stay in the shelter during a pandemic – it would include items such as a sleeping bag, packaged food, and personal necessities
9. Communications - develop strategies for coordination and communication among service providers using the internet to implement policies and protocols during an outbreak

## Community and Healthcare Clinics

People who depend on community clinics are vulnerable to the loss of these services for the duration of a pandemic and for several months afterward, because of difficulty in finding appointment slots and reduced staffing. Consider the following planning issues:

* Clinics consider further defining their role and community expectations of them in a pandemic.
* Clinics realize they will get more than their normal patient load. How can they work with Public Health to develop a plan for triage – explore the potential of parking lot triage model to limit the spread of disease.
* Clinics offer ongoing education on pan flu to staff.
* Clinics may be willing to dispense drugs and medications but need to coordinate delivery of supplies with public health and other providers.

***Suggested Strategies:***

1. Work more closely with Public Health to develop protocols for surveillance and detection.
2. Identify and utilize self-directed learning tools – video, web, etc. to educate staff and clients in a pandemic.
3. Utilize simple risk communications materials for clients/patients – both pre-event and during a pandemic.
4. Develop back-up resources for staff who are sick if intending to remain open during a pandemic.
5. Coordinate risk communications with other health providers in Napa Valley.

## Physical and Developmental Disabilities

People who are medically fragile or developmentally disabled face vulnerabilities due to the loss of programs and services that support their daily living.

***Suggested Strategies:***

1. Follow Napa’s Health Officer recommendations for closure (just like schools) for traditional day programs. Funding/staffing issues need to be further explored to minimize the fiscal impact on staff and programs over the course of the pandemic.
2. Develop protocols for care of clients living independently in the community, as they present the greatest challenge if family members become ill and cannot care for them. Limited support resources are available, but these would be quickly overwhelmed in a pandemic.
3. Risk Communications – Promote the use of educational materials in day programs, and at family workshops for independent living consumers. Pandemic influenza education could be added as a training requirement for service providers through current providers.
4. Explore licensing modifications and/or exemptions needed by Community Care Licensing and Healthcare Licensing for identifying isolated care options in a pandemic – County Health Officer and an emergency declaration may be helpful to obtain modifications (room capacity issues, etc.)
5. Establish steps for limiting exposure (handwashing, treating blood spills, etc.) at residential and day care facilities
6. Utilize similar disease prevention protocols based on experience with chickenpox, TB and other outbreaks with their consumer populations for a pandemic.
7. Education – Pan flu preparedness questions could be added to site visits for all types of programs.

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| The comprehensive guidance from the CDC, *Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities,* applies to all who anticipate close contact with persons with possible or confirmed COVID-19 in the course of their work. This guidance discusses prevention steps for: 1) People with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized. 2) People with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home. 3) Recommended precautions for household members, intimate partners, and caregivers in a non healthcare setting. For more information, visit: [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/guidance-for-individuals-with-access-and-functional-needs-03122020.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/guidance-for-individuals-with-access-and-functional-needs-03122020.pdf) |

## Transportation

People who depend on public transportation and/or paratransit services are especially vulnerable to exposure. They include people with disabilities, the elderly and people of low income who do not own cars, including many students.

***Suggested Strategies for Transportation:***

1. Develop Continuity of Operations plans for public transportation services and paratransit services.
2. Spacing – run additional buses on crowded runs (routes/times) and try to schedule additional disaster/emergency transit services during non-peak times to reduce the impact on regular paratransit clients.
3. Emergency schedules – develop emergency schedules to balance the needs of riders with the loss of drivers.
4. Substitute drivers – develop a roster of former drivers; provide them with refresher training in a variety of vehicles on a variety of routes to maximize the number of substitute drivers immediately available for duty during an influenza pandemic.
5. Anticipated maintenance – at the earliest signs of an influenza pandemic, accelerate vehicle maintenance to minimize the need for regularly scheduled maintenance during a pandemic, when the loss of maintenance workers is anticipated.
6. Explore the use of other public and private transit resources in pandemic influenza planning and educational outreach such as cab companies, ambulance drivers, school buses, Department of Corrections fleet, private paratransit vehicles, etc.

## Animal Care

Animal care providers can provide critical care services to residents with service animals, emotional support animals and pets who are infected and need to seek hospitalization for treatment. Most hospitals will not even allow service animals, so establishing a system to care for these animals while individuals are being treated is extremely important for the recovery of affected individuals. In the unfortunate event of deaths due to a pandemic, animal care providers can help to find a home if arrangements have not already been made by the individual or within the family.

# Communications

## Pre-event Education

Pre-event communication and education play a critical role in preparing all segments of the population to help control the spread of disease. Teaching cough etiquette, hand washing, staying home from work when ill, and educating parents to keep children home from school, are all simple steps individuals can take to better prepare the community for a pandemic.

Use of simple educational materials in pictorial format is one of the best methods for teaching the non-literate and/or non-English speaking populations. Information can be disseminated via flyers, posters, and handouts distributed with other services that are provided to special populations. For example, materials could be left on Meals on Wheels trays and distributed to homebound populations with food delivery. Posters installed in restrooms in public places, or easily accessible sites such as lunchrooms and break rooms will help spread the message to diverse audiences in Napa Valley.

Consider developing pre-event communication posters that can be utilized to educate special populations about pandemic influenza. See Attachment 10.5 for samples.

* Hand Washing
* Cough and Sneeze Etiquette
* Emergency Supplies
* Isolation and Quarantine
* Social Distancing
* Adults – Stay Home When Sick
* Children – Stay Home When Sick

## “Just-in-Time” Communications

“Just-in-time” communications are materials prepared before an event that are ready to send once a pandemic hits. For example, pre-scripted e-mail messages to clients, phone trees, text message, social media or flyer distribution can be used to disseminate warnings, situational updates and educational information on how to care for oneself and family in a pandemic flu event. In addition, pre-event educational materials can continue to be used for basic messages such as the ones listed here. See Attachment 10.5 for samples.

* Hand Washing
* Cough and Sneeze Etiquette
* Emergency Supplies
* Isolation and Quarantine
* Social Distancing
* Adults – Stay Home When Sick
* Children – Stay Home When Sick

## Community-Wide Communications

It is critical that CBOs and FBOs educate themselves and their clients on concepts around communications in a pandemic flu event. Because of the need to limit social and face-to-face contact, meetings and other types of in-person communication will need to be limited or eliminated and agencies will need to incorporate the concepts of “social distancing’ and “isolations and quarantine” into their planning for service delivery. Examples to consider include:

**Agency to client communication** – Agencies should consider how they will communicate with and continue to provide services to clients in an influenza pandemic. GIS mapping capabilities, phone, e-mail, regular mail, and other methods will facilitate contact and help limit the spread of disease. For example, a Meals on Wheels program may need to adapt their drop-off strategy and leave food at the front door rather than bringing it into a client’s home. Limiting person-to-person contact will help control the spread of disease.

**Agency to agency communication** — CBOs should think about ways to coordinate with vendors, other agencies and service providers in their sector. Operational meetings that normally involve face to face interaction will need to be replaced with seminars, phone conferences, e-mail, text messaging, and other means of communication to limit the possibilities of spreading the disease. One important step for preparedness for agencies planning to respond in a pandemic is to identify and procure resources for these types of communication before a pandemic hits. They should conduct table-top exercises and discuss with staff how communication strategies in a pandemic will be altered.

# Attachments

## Just-in-Time Incident Command Management Worksheet

The organizational structure of an emergency coordination team is based on the Incident Command System (ICS). ICS is utilized by all government agencies in California based on the Standardized Emergency Management System (SEMS) and is widely used by both non-profit and private sectors. The ICS functions allow for the effective staffing of emergency response operations and communication using common terminology and operating procedures. ICS efficiently organizes the agency’s emergency response activities and allows them to more successfully integrate with government emergency response organizations. ICS is scalable and adaptable, allowing for the activation of only those functions needed. One person may serve more than one function in a smaller scale response or in smaller organizations.

Insert names of primary and back-up staff assigned to the different functions. Every organization is encouraged to identify **at least one alternate** given the nature of a pandemic’s effect on your staff. ICS functions can be activated as needed and/or in a partial capacity. See the following page for definitions of functions.

**![A screenshot of a cell phone

Description automatically generated]()**

**Utilizing the Incident Command System**

These ICS functions allow for the effective staffing of emergency response operations and communicate using common terminology and operating procedures. CBOs are encouraged to utilize the ICS to efficiently organize their own agency emergency response activities and more successfully integrate with government emergency response organizations.

|  |  |
| --- | --- |
| ***Incident Commander***  Identify who within your organization will be responsible for overall management and coordination of your response to the pandemic flu. This individual is in charge! This person will lead your organization’s response, assign staff to the other functions, ensure staff safety, authorize release of information, etc. | ***Planning Team Chief***  This person is responsible for collecting, evaluating and disseminating information regarding the pandemic. This person should try to forecast and anticipate needs and resources for future planning. The Planning Chief should have an overview of “the big picture” and communicate regularly with the Incident Commander. |
| ***Public Information Officer (PIO)***  This person establishes and maintains contact with the media about the role of your organization in the pandemic; what services you are providing to the public and monitoring media emergency information. The PIO can also play an important role transmitting critical information to staff, clients and consumers during a pandemic. | ***Operations Team Chief***  This person is responsible for overseeing the provision of **essential services and/or core activities of your organization in a pandemic.** Operations can request and release resources through the Incident Commander. |
| ***Liaison Officer***  This person is responsible for coordinating your organization’s efforts to support your community’s response to a pandemic and communicating your agency’s role to other organizations, such as what types of activities you will participate in, what resources you have to offer, what role will you play in community coordination, how you can assist local govt., etc. | ***Logistics Team Chief***  This person is responsible for coordinating the provision of logistical needs such as facilities, supplies, materials, food, staff, volunteers, etc. Logistics helps to put in place the things and people needed to provide services in a pandemic. (Note: because of anticipated staff shortages, it is recommended that CBOs utilize volunteers in as many service delivery capacities as possible.) |
| ***Safety & Security Officer***  This person is responsible for planning and executing strategies for the safety of your employees, volunteers, clients and consumers. The Safety Officer should consider safe practices in the workplace, employing social distancing and other strategies to keep everyone as safe as possible. | ***Finance/Administration Team Chief***  This person is responsible for tracking and documenting personnel & volunteer time, operations costs, materials bought and distributed, and all expenses related to providing services in a pandemic. This function is critical for CBOs to possibly be eligible for financial reimbursements. |

***Sources:***

1. Napa Valley Emergency Operations Plan Template 2016
2. Santa Clara County Department of Public Health Community-Based Organizations Pandemic Influenza Preparedness and Response Checklist 2007

## Checklist for Community and Faith Leaders (CDC)

Community- and faith-based organizations are encouraged to prepare for the possibility of a coronavirus disease 2019 (COVID-19) outbreak in their communities. Use this checklist to protect the health of those you serve and staff in your care.

**Plan and Prepare**

* Update your emergency operations plan with the help of your local public health department, emergency operations coordinator or planning team, and other relevant partners to include COVID-19 planning.
* Identify space that can be used to separate sick people if needed.
* Develop an emergency communication plan for distributing timely and accurate information to workers and those you serve.
* Identify actions to take if you need to temporarily postpone or cancel events, programs, and services, especially for groups at greater risk such as older adults or people with chronic health conditions.
* Promote the practice of everyday preventative actions.
* Frequently [wash hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) with soap and water for at least 20 seconds. If soap and water are not readily available use hand sanitizer with at least 60% alcohol
* Cover coughs and sneezes with a tissue or use the inside of your elbow.
* Clean frequently touched objects and surfaces.
* Stay home when sick.
* Provide COVID-19 prevention supplies at your organization (e.g., soap, hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, and a couple of disposable facemasks, just in case someone becomes sick during an event).
* Plan for staff absences by developing flexible attendance and sick-leave policies, plan for alternative coverage, and monitor and track COVID-19 related staff absences.
* Engage with stigmatized groups and speak out against negative behaviors to help counter stigma and discrimination.

**Take Action**

**If there is COVID-19 in your community:**

* Stay informed about local COVID-19 information and updates.
* Put your emergency operations and communication plans into action.
* Communicate with your community members if events and services are changed, postponed, or cancelled.
* Emphasize everyday preventive actions through intensified communications with employees and visitors to your organization.
* Stay home when sick.
* Cover coughs and sneezes with a tissue or use the inside of your elbow.
* Wash hands often.
* Limit close contact with others as much as possible (about 6 feet).
* During an event, if someone becomes sick separate them into an isolated room and ask them to leave as soon as possible.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html>

## Public Health Guidance for Individuals with Access and Functional Needs (State of California Health and Human Services Agency)

## How Californians Can Help Their Communities Information (California Volunteers)



## Pre-Event and Just-in-Time Sample Posters (CDC)

# References

* + 1. Santa Clara County Public Health Pan-Flu Preparedness Kit for Community-Based Organizations
    2. CDC Interim Guidance for Businesses and Employers<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
    3. CDC Checklist for Community and Faith Leaders<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html>
    4. How to Comply with California’s Paid Sick Leave Requirements [https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/htg---how-to-comply-with-california’s-paid-sick-leave-requirements.aspx](https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/htg---how-to-comply-with-california%E2%80%99s-paid-sick-leave-requirements.aspx)
    5. Guidance on Preparing Workplaces for COVID-19<https://www.osha.gov/Publications/OSHA3990.pdf>
    6. CDC [Nonpharmaceutical Interventions (NPIs)](https://www.cdc.gov/nonpharmaceutical-interventions/index.html) Educational Materials  
       <https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/educational-materials.html>