

PRESCOTT VALLEY

**PANDEMIC INFLUENZA RESPONSE
AND
CONTINUITY OF OPERATIONS PLAN**



Prescott Valley Pandemic Influenza Response and Continuity of Operations Plan

Updated: March 11, 2020

Written: December 1, 2006

This plan supplements the Town of Prescott Valley Guides and Plans PVP001 and the Town of Prescott Valley Policies and Procedures. In the event of a conflict in provisions, the Town's Disaster Response Plan and Town Policies and Procedures shall govern.

Provided by:

**Town of Prescott Valley
Risk Management**

Based on the plan provided by San Francisco Department of Public Health

Glossary

- Avian influenza** Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus infected millions of birds and H7N9 avian influenza. Although these are primarily a disease of birds, a small number of people have also been infected after having close contact with birds. Also, see influenza, seasonal influenza, and pandemic influenza.
- Contact** A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.
- EBOLA** CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of Ebola Virus Disease (EVD) in West Africa, which was first reported in late March 2014. As of July 27, 2014, according to WHO, a total of 1,323 cases and 729 deaths (case fatality 55-60%) had been reported across the three affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa. EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%. In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids. The incubation period is usually 8–10 days (ranges from 2–21 days).
- H1N1** Novel H1N1 (earlier referred to as “swine flu”) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus spreads from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of novel H1N1 flu was underway.
- H5N1** H5N1 is an avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.
- H7N9** H7N9 also an avian influenza A virus evidenced itself in China in 2013-14. Even without any ongoing, sustained person-to-person spread the CDC continues to monitor it closely and took routine preparedness actions. The fifth wave of this virus hit in 2017.
- Hand hygiene** Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

Human-to-human transmission

Human-to-human transmission refers to the ability of an infectious disease to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.

Infection control

Infection control is a broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

Infectious disease

An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.

Influenza

Influenza is a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also, see seasonal, avian, and pandemic influenza.

Isolation

Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

MERS

Middle East Respiratory Syndrome (MERS) is an illness caused by a virus (more specifically, a coronavirus) called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS affects the respiratory system (lungs and breathing tubes). Most MERS patients developed severe acute respiratory illness with symptoms of fever, cough and shortness of breath. Health officials first reported the disease in Saudi Arabia in September 2012. Through retrospective investigations, health officials later identified that the first known cases of MERS occurred in Jordan in April 2012. So far, all cases of MERS have been linked to countries in and near the Arabian Peninsula. MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. However, there is no evidence of sustained spreading in community settings.

Pandemic influenza

A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. An influenza pandemic can occur when a non-human (novel) influenza virus gains the ability for efficient and sustained human-to-human transmission and then spreads globally. Influenza viruses that have the potential to cause a pandemic are referred to as 'influenza viruses with pandemic potential.' Examples of influenza viruses with pandemic potential include avian influenza A (H5N1)(<http://www.cdc.gov/flu/avianflu/h5n1-people.htm>) and avian influenza H7N9(<http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>), which are two different "bird flu" viruses. These are non-human viruses (i.e., they are novel among humans and circulate in birds in parts of the world) so there is little to no immunity against these viruses among people. Human infections with these viruses have occurred rarely, but if either of these viruses was to change in such a way that it was able to infect

humans easily and spread easily from person to person, an influenza pandemic could result. Also, see influenza, seasonal influenza, and avian influenza.

Personal Protective Equipment (PPE)

PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Prophylaxis

Prophylaxis is an infection control measure whereby anti-microbial, including anti-viral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza).

Quarantine

A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory etiquette

Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal influenza

Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also, see influenza, avian influenza, and pandemic influenza.

Social distancing

Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

Zika Virus

A virus transmitted primarily by Aedes mosquitoes causes Zika virus disease. People with Zika virus disease can have symptoms including mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days. There is scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome. Links to other neurological complications are also being investigated

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1. Purpose & Objectives

The primary purpose of the Pandemic Influenza Response and Continuity of Operations Plan is to enable the Town of Prescott Valley to respond effectively and efficiently and to ensure that essential operations are maintained during an influenza pandemic and educate the staff and public in preparedness and response measures.

Town of Prescott Valley objectives during a local pandemic influenza are the following:

1. Reduce transmission of the pandemic virus strain among our employees, clients, and partners.
2. Minimize illness among employees and clients.
3. Maintain mission-critical operations and services.
4. Minimize social disruptions and the economic impact of a pandemic.

2. Supporting Plans & Agencies

The Town has a plan addressing emergency response and recovery. The Pandemic Influenza Continuity of Operations Plan will be implemented in conjunction with the following plans or information derived from these primary agencies:

1. Town of Prescott Valley Disaster Guides and Plans
2. Yavapai County Community Health Services Public Health Preparedness and Response Pandemic Influenza Response Plan (YCCHS)
3. Arizona Department of Health Services (ADHS)
4. U. S. Centers for Disease Control and Prevention (CDC)
5. World Health Organization (WHO)

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3. Overview & Context

3.1 PANDEMIC OVERVIEW

Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year, causing an average of 36,000 deaths annually in the United States. Influenza viruses that circulate globally in humans cause seasonal influenza epidemics. Over time, people develop some degree of immunity to these viruses, and vaccines are developed annually to protect people from serious illness. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus, to which there is no immunity. The new virus strain may spread rapidly from person to person and, if severe, may cause high levels of disease and death around the world. The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.

In 2009, the worldwide public health and scientific community was concerned about the potential for a pandemic to arise from the widespread avian influenza A (H5N1) found in birds across several continents. However, in late April that year, the World Health Organization announced the emergence of a novel influenza A virus - H1N1 – deemed the start of the 2009 influenza pandemic. This new strain of virus is contagious, spreading easily from one person to another and from one country to another. World Health Organization (WHO) and Center for Disease Control (CDC) experts cautioned that we were in the early days of the pandemic.

On June 11, 2009 the World Health Organization declared a Phase Six level (increased and sustained transmission in the general population), the highest level on the Pandemic Alert Stage chart. “The virus is spreading under a close and careful watch. No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning”, stated Margaret Chan, Director-General of the World Health Organization. Many people were struck with the virus and succumbed to it.

Ever vigilant, the CDC and WHO kept a watchful eye on the 2013 avian influenza A (H7N9) in China. While there is no evidence of ongoing, sustained person-to-person spread of it, the CDC is following the situation closely and coordinating with domestic and international partners. The CDC is taking routine preparedness actions as they always do whenever a new virus with pandemic potential is identified including developing a candidate vaccine virus to produce a vaccine in case it is needed. As recently as January 2014, a case of the avian influenza A H5N1 was reported in Canada in a gentleman who had recently been visiting in China. Corona virus (MERS-CoV) is currently active (2017) in Liberia, Lebanon and Saudi Arabia as is the Wild Polio Virus (WPV) in Pakistan, Cameroon and Syria (2014).

The world began pandemic preparedness in 2006 and has now realized the benefits of those investments with the first waves of illness. Viruses continue to spread world-wide today. Severity levels have varied over the global versus national versus local levels. Locally, the severity level of H1N1 has been moderate, but that is subject to change with the unpredictable-ness of evolving viruses. Efforts continue at all levels to closely monitor the virus and continue response preparations. It is difficult to predict the severity of a pandemic as a virus evolves.

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. Unlike other natural disasters, where any disruption to business service provision is likely to be infrastructure-related, disruption to business operations in the event of a pandemic is anticipated to be human and material oriented. A pandemic has the potential to cause illness in a very large number of people, overwhelm the health care system, and jeopardize services by causing high levels of absenteeism in the workforce. Basic services, such as health care, law enforcement, fire, emergency response,

communications, transportation, and utilities could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last many months and affect many areas throughout the world simultaneously.

In a pandemic situation, the goal is to slow the spread of disease to prevent illness. The most effective strategy to accomplish this is through vaccination each year as effective vaccines may be limited in supply at the onset of a pandemic strain of influenza. Vaccination priorities will likely be established for differing age groups and roles of the population when the effective vaccine for a particular pandemic strain is available. Other infection control strategies such as social distancing, improved hygiene and respiratory etiquette, isolation, and quarantine may be used to control the spread of disease. The population is encouraged to develop an emergency preparedness plan if they have not done so already.

3.2 ROLE OF YAVAPAI COUNTY COMMUNITY HEALTH SERVICES

The Yavapai County Community Health Services will be the lead agency in coordinating countywide public health and emergency medical response and will activate its Public Health Incident Management System when a unified response is necessary.

The epidemiology of a new influenza virus strain and the current situation will influence the department's response. Specific guidance, based on up-to-date intelligence, will be provided throughout each alert stage.

3.3 ROLE OF TOWN OF PRESCOTT VALLEY

During an influenza pandemic the Town Emergency Operations Center (EOC) will be responsible for maintaining essential community services in line with its mission and supporting the emergency health response. The Town will activate its EOC when unified internal response is necessary and communicate upon activation. The Town will maintain communications with the Yavapai County Emergency Management Services and will implement recommended procedures that promote the health and safety of employees and residents and visitors. Table 1 details possible activities that the Town will implement throughout the influenza pandemic alert stages.

Table 1. Town of Prescott Valley Pandemic Management Overview

Alert Stage	<i>Overview of Possible Activities</i>
Yellow = Prepare	<ul style="list-style-type: none"> • Collaborate with Yavapai County Emergency Management • Collaborate with Yavapai County Health Services • Determine what are essential services • Establish an employee skill pool • Each department head will establish a succession plan for their office • Establish any necessary practices • Finalize Pandemic Influenza Response & Continuity of Operations Plan • Inform and train employees to recognize flu symptoms, about hygiene measures, what to do if they think they are sick, and how to keep their family healthy • Assist employees and the public with the development of a personal/family disaster plan • Share best practices with other organizations, associations, and businesses in the community to improve community response efforts. • Enhance internal disease control surveillance • Educate businesses, organizations that serve populations with special needs, and the general public • Assist with training of Town disaster service workers • Stockpile materials and resources necessary for continuation of essential services
Red = Respond	<ul style="list-style-type: none"> • Initiate Town emergency response system • Manage essential operations • Provide regular information updates to staff, partners, and public • Activate infection control measures • Track employees who report ill • Disseminate sneezing, coughing etiquette posters (public places) • Disseminate antibacterial/antiseptic hand wipes (in house) • Provide infection control guidance (e.g. isolation, quarantine, social distancing) • Share real-time accurate information with town agencies and public • Carry out disease surveillance and control activities
Green = Recover	<ul style="list-style-type: none"> • Resume normal city services as able, based on staffing • Assist employees and community in recovery • Evaluate response and update plan

3.4 EXECUTIVE SUMMARY

Response activities will be carried out in collaboration with the Arizona Department of Health Services (ADHS), Yavapai County Emergency Management (YCEM), Yavapai County Community Health Services (YCCHS) and other state and local agencies, and volunteer organizations. This plan serves as an annex to the Prescott Valley Emergency Operations Plan.

This plan follows the U.S. Centers for Disease Control and Prevention (CDC) pandemic influenza plan, and is divided into four periods:

- **Interpandemic Period**
 - Phase One: No new influenza virus subtypes have been detected in humans. An influenza subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
 - Phase Two: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus poses some risk of human disease.
- **Pandemic Alert Period (notification of critical systems and personnel of the impending activation)**
 - Phase Three: Human infection(s) with a new subtype but no human to human spread or at most rare instances of spread to a close contact.
 - Phase Four: Small cluster(s) with limited human to human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
 - Phase Five: Larger cluster(s) but human to human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not be fully transmissible (substantial risk).
- **Pandemic Period**
 - Phase Six: Pandemic phase with increased and sustained transmission in the general population.
- **Post-Pandemic Period**
 - Recovery efforts, preparation for subsequent waves and plan evaluation/update.

Once the World Health Organization (WHO) has declared that the world has entered Pandemic Phase Five, the CDC will frequently provide guidance based on the **Pandemic Severity Index** (below) that uses the case fatality ratio (the proportion of deaths among clinically ill persons) as the critical driver for categorizing the severity of a future pandemic, which could vary from mild to catastrophic. Future pandemics will be assigned to one of five categories of increasing severity as follows:

- **Category 1: less than 0.1% Case Fatality Ratio**
- **Category 2: from 0.1% up to 0.5% Case Fatality Ratio**
- **Category 3: from 0.5% up to 1.0% Case Fatality Ratio**
- **Category 4: from 1.0% up to 2.0% Case Fatality Ratio**
- **Category 5: greater than 2.0% Case Fatality Ratio**

See Pandemic Severity Index Table below.

This WHO Pandemic Severity Index provides a tool for local decision making as to when to implement strategies of community containment. See table below.

WHO Pandemic Severity Index			
*Interventions by Setting	Category 1	Category 2 and 3	Category 4 and 5
Home Voluntary Isolation of all at home adults and children, combine with use of antiviral treatment as available and indicated	Recommend†§	Recommend†§	Recommend†§
Voluntary Quarantine of household members¶ in homes with ill persons (adults & children), consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally Not Recommended	Consider**	Recommend**
School Child Social Distancing <ul style="list-style-type: none"> - Dismissal of students from schools and school based activities, and closure of child care programs. - Reduce out-of-school contacts and community mixing 	Generally Not Recommended	Consider†; <4 weeks	Recommend; <12 weeks§§
Workplace/Community Adult Social Distancing <ul style="list-style-type: none"> - Decrease number of social contacts (encourage teleconferences, alternatives to fact-to-face meetings) - Increase distance between persons (reduce density in public transit, workplace) - Modify, postpone, or cancel selected public gatherings to promote social distancing - Modify work place schedules and practices (telework, staggered shifts) 	Generally Not Recommended	Consider	Recommend

* All interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks.

† This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§ Many sick individuals who are not critically ill may be managed safely at home

¶ Household members of homes with sick individuals would be advised to stay home

** Combine with antiviral medications to household contacts as available

†† consider short-term implementation of this measure – less than 4 weeks

§§ Plan for prolonged implementation of this measure – 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
Phase 1	No viruses circulating among animals have been reported to cause infections in humans	0	New domestic animal outbreak in at-risk country
Phase 2	An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.		
PANDEMIC ALERT PERIOD			
Phase 3	Animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-human transmission sufficient to sustain community level outbreaks. Limited human-to-human transmission may occur under some circumstances.	0	New domestic animal outbreak in at-risk country
		Stage 1	Suspected human outbreak overseas
Phase 4	Verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause community level outbreaks. Indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.	Stage 2	Confirmed human outbreak <u>overseas</u>
Phase 5	***ALERT PHASE*** <i>(notification of critical systems and personnel of the impending activation)</i> Human to human spread of the virus into at least 2 countries in one WHO region. Strong signal that a pandemic is imminent. (substantial pandemic risk)		
PANDEMIC PERIOD			
Phase 6	***STANDBY PHASE*** The Pandemic Phase characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Global pandemic is under way. ***ACTIVATE PHASE*** <i>(Implementation of the specified pandemic mitigation measures)</i>	Stage 3	Widespread human outbreaks in <u>multiple locations overseas</u>
		Stage 4	First human case in <u>North America</u>
		Stage 5	Spread throughout United States
		Stage 6	Recovery and preparation for subsequent waves

	IMMEDIATELY IF lab-confirmed human case cluster with evidence of community transmission in ARIZONA		
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Community Strategy for Pandemic Influenza Mitigation			
Pandemic Severity Index	WHO Phase 6, U.S. Government State 3*	WHO Phase 6, U.S. Government State 4† And First Human Case in United States	WHO Phase 6, U.S. Government State 5§ And First Laboratory confirmed cluster in State or Region¶
Category 1	Alert	Standby	Activate
Category 2 and 3	Alert	Standby	Activate
Category 4 and 5	Standby**	Standby/Activate††	Activate

Alert: Notification of critical systems and personnel of their impending activation.

Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

Activate: Implementation of the community mitigation strategy.

* Widespread human outbreaks in multiple locations overseas.

† First human case in North America

§ Spread throughout the United States

¶ Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.

** *Standby* applies. However, *Alert* actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.

†† *Standby/Activate Standby* applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to *Activate* community interventions defined in Table 2.

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4. Planning Assumptions

The following planning assumptions were used in the development of the Pandemic Influenza Responses and Continuity of Operations Plan:

Time period

- There may be less than six weeks of warning from the time the pandemic is announced before it reaches the Town.
- The time interval between alert stages may be rapid (ranging from days, to weeks, to months).
- The pandemic may last as long as eighteen months in several waves with mortality and morbidity increasing and decreasing sporadically.
- Waves of severe disease may last 1 to 4 months.

Prevention & Treatment

- A vaccine may not be available for at least 6 to 8 months after an influenza pandemic begins and supplies may be limited.
- Antiviral medicines may not treat or protect against the pandemic influenza virus strain.
- If effective, antiviral medications (e.g. Tamiflu) may be in very limited supply and their distribution may occur in phases.
- Infection control (e.g. respiratory etiquette, hand hygiene) strategies will be used to slow the spread of disease.
- Social distancing strategies (e.g. postponing public gatherings) may be used to control the spread.
- Isolation of ill people will be required.
- Quarantine of people exposed to ill people may be implemented until it can be determined that they have not been infected.

Staffing

- Up to 20-50% absenteeism from work from staff, vendors, and services within the community *may* occur.
- Absenteeism will be the result of workers becoming ill, staying home to care for children or family members, or refusing to go to work.
- Every person who becomes ill is likely to miss from a few days up to many weeks of work.
- In a severe pandemic 0.1% - 2.5% of workers who become ill may die.

Vendors of Services/ Products

- City services will be stressed, but will remain functional.
- Critical goods and services provided by contractors, consultants and vendors may be erratic.
- The Town may not be able to rely on mutual aid resources from state or federal agencies to support local response efforts.

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5. Prepare: Stage 1, 2

No New Human-to-human Transmissible Virus; New Human-to-human transmissible Virus outside of local area

5.1 AUTHORITY & PROTOCOLS

- 5.1.1 Internal pandemic influenza continuity planning team.** The Town Manager is identified as the continuity of operations plan coordinator of the team with defined roles and responsibilities for preparing the continuity of operations plan. See *Annex 1: Pandemic Influenza Planning Team*
- 5.1.2 Town Task Force.** The Town Manager, certain Council members and the Risk Manager are the designated leaders involved in planning to participate in the Y.C Emergency Management to assist in the development of a multi-agency approach to continuity of operations preparedness.
- 5.1.3 Internal Authority.** The authorities for activating and terminating the response plan, leadership succession, altering operations, communicating with internal and external groups and other planning, response, and recovery activities are provided in the attached. *Annex 2: Authority & Procedures*
- 5.1.4 Procedures.** The federal government assumed responsibility for developing “generic” guidelines and information templates, including fact sheets, triage and treatment of influenza patient protocols, and guidelines for the distribution and use of antiviral agents that can be modified at the state and local level. Until these are developed and available, the Arizona Department of Health Services (ADHS) has the responsibility to provide them.

As a pandemic develops, the World Health Organization (WHO) will notify the CDC and other national health agencies of the progress of the pandemic. CDC will communicate with the ADHS about pandemic stages, vaccine availability, recommendations for prioritizing vaccine and anti-virals/antibiotics, information about the virus (laboratory findings), national response coordination, and other recommended strategies for pandemic detection, control and response. ADHS is the main conduit for communications with the CDC for all statewide parties. There is integration between local and state emergency management structure. The prime response is at the local level with support from ADHS as needed. Y.C Emergency Management is responsible for assessing the communities’ needs, allocating vaccine and responding to public/media inquiry and other situations that arise.

If and when the Governor declares a State of Emergency, the State’s emergency management structure is put into place. The Incident Commander of all statewide activities is the ADHS Director. ADHS will provide support if local resources are exceeded, regular updates on pandemic status and response activities to the Yavapai County Emergency Management and the local Health Department.

At this point the Town of Prescott Valley Mayor may declare an emergency, according to Arizona Revised Statute §26-311 and Town Code 2-02-040(G) *Powers and Duties of Mayor*.
Annex 2: Authority & Procedures

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- 5.1.5 Administration and logistics.** Set up a mechanism to maintain complete and accurate records to ensure a more efficient emergency response and recovery.
- 5.1.6 Test the plan.** Test the plan with key participants using a pandemic scenario and measurable objectives to ensure an effective and realistic plan. Make adjustments to the plan.

5.2 OPERATIONS ASSESSMENT

- 5.2.1 Assess essential operations.** Identify essential services and operations required to maintain them. *Annex 3: Essential Operations*
- 5.2.2 Assess critical inputs.** Identify critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations and review existing inventory. *Annex 7: Product and Service Vendors.*
- 5.2.3 Assess demand changes.** Assess changes in client demand (increases and decreases) for services/products that may occur during a pandemic. *Annex 3: Essential Operations*
- 5.2.4 Alternative services.** Identify alternative ways for clients to access the Town's products and services (e.g. expand on-line and self-service options). *Annex 3: Essential Operations*
- 5.2.5 Assess security needs.** Identify security needs that will be required for safeguarding personnel, supplies, or buildings during a pandemic.
- 5.2.6 Assess financial process.** Identify ways to expedite purchases that may be necessary and unforeseen during each stage. Identify special funding authorities that will apply.

5.3 JOB FUNCTIONS

- 5.3.1 Essential job functions.** Identify essential job functions required to maintain operations during a pandemic if absenteeism equals 20-50%. Clearly document job actions (e.g. job action sheets with classification codes). *Annex 4: Essential Job Functions*
- 5.3.2 Primary and alternate staff.** Assess skill requirement needs and identify core and alternate staff to fill essential job functions if absenteeism equals 20 to 50%. Ensure that personnel contact information, including after hours and emergency numbers, are up to date. *Annex 4: Essential Job Functions*
- 5.3.3 Disaster service worker obligations.** Remind disaster service workers of their obligation to report to work during a pandemic. Encourage employees to develop a personal/family disaster plan to ensure that home and family obligations are attended to and do not require their presence. For a personal/family disaster plan see *Annex 9: Informational Materials.*
- 5.3.4 Reassignments.** Consider that staff may need to be reassigned to other Town departments. Assess how their job functions will be filled.

5.3.5 Telecommuting. Identify which job functions could be done remotely during a pandemic. Enable employees and their alternates to work from home with appropriate security and network applications. Ask designated employees to test telecommuting tools.

5.3.6 Training. Train employees how they will be expected to carry out the continuity plan. Cross-train employees now so that they can fill essential job functions if needed.

5.4 PANDEMIC PERSONNEL PRACTICES

5.4.1 Employee leave. Consult with the Department of Human Resources (HR) regarding emergency personnel practices that allow for employee compensation during absences due to factors such as personal illness, family member illness, trauma, isolation, quarantines, and/or public transportation closures. *Annex 5: Pandemic Influenza Personnel Practices.*

5.4.2. Flexible work. Consult with the HR regarding emergency practices that allow for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts, extended shifts). *Annex 5: Pandemic Influenza Personnel Practices.*

5.4.3. Health care. Consult with the HR regarding employee access to healthcare services during a pandemic, and improve services as needed. Identify availability of internal medical and mental health consultation for emergency response. *Annex 5: Pandemic Influenza Personnel Practices.*

5.4.4. Ill employees. Provide for management of employees who become ill. *Annex 6: Management of Ill Employees.*

5.4.5 Travel policies. Provide for possible travel restrictions. *Annex 5: Pandemic Influenza Personnel Practices.*

5.5 PRODUCT AND SERVICE VENDORS

5.5.1 Critical vendors. Identify vendors of critical products and services (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain essential operations. *Annex 7: Product and Service Vendors.*

5.5.2 Stockpile critical supplies. Supplement existing inventory with sufficient critical supplies to keep essential services functioning for 7 days or more.

5.5.3 Vendor continuity. Discuss with product and service vendors their plan for ongoing services and/or shipments in the event of absences, shortages, or disruptions in transportation systems.

5.5.4 Alternate vendors. Identify other businesses or organizations that can provide essential services and supplies if your regular vendor cannot. Include their contact information in *Annex 7: Product and Service Vendors.*

5.6 EMPLOYEE COMMUNICATION

- 5.6.1 Information dissemination.** Provide for communication (with redundancy) of information to staff. Identify how urgent communications (e.g. work schedules) will be relayed as well as less timely information. *Annex 8: Information Dissemination.*
- 5.6.2 Communication systems.** Ensure that communication systems (e.g. teleconferencing abilities, telecommuting, facsimile services, laptops, radios) are operational, interoperable with other systems, secure, and robust enough to handle increased and constant use. Build in layers of redundancy so that if failure occurs other systems can take over. Test systems regularly.
- 5.6.3 Ongoing communication.** Provide for regular updates to employees throughout a pandemic. Include mechanisms for developing and finalizing communications and authorizing dissemination. Use multiple dissemination techniques to better ensure that employees hear the message. *Annex 8: Information Dissemination*
- 5.6.4 Stage 1-2 communication.** Communicate to employees 1) general avian/pandemic influenza information; 2) disaster service worker obligations; 3) components of the Town's pandemic influenza plan; 4) how to develop a personal/family emergency plan; and 5) infection control steps taken to protect the health and safety of employees should a pandemic occur (*Annex 9: Informational Materials*). Utilize *Annex 8: Information Dissemination* to distribute information.

5.7 INFECTION CONTROL & PREVENTION

- 5.7.1 Hand hygiene and respiratory etiquette.** Provide employees with informational materials detailing strategies for stopping the spread of disease (e.g. hand hygiene, respiratory etiquette). *Annex 9: Informational Materials.* Maintain a supply of infection control products (e.g. hand-hygiene supplies, tissues).
- 5.7.2. Social distancing.** Identify ways to modify the frequency and type of face-to-face contact (e.g. telecommuting, teleconferencing, no hand-shaking, limiting shared workstations) among employees and between employees and clients. Practice measures.
- 5.7.3. Personal protective equipment (PPE).** Identify personal protective equipment needs (e.g. hand-hygiene products, masks) and procure necessary items. *Annex 10: Infection Control.*
- 5.7.4 Workplace cleaning.** Provide information for cleaning work areas (standard cleaning and if someone becomes ill at the worksite) and stockpile necessary supplies. *Annex 10: Infection Control.*

5.8 CLIENT COMMUNICATION

- 5.8.1 Client information dissemination.** Communicate with clients and the general public. Identify modalities that will be used to disseminate information (e.g. website, press releases, social media and brochures). Include responsibility for developing and finalizing communications and authorizing dissemination. *Annex 8: Information Dissemination*

5.8.2 Client Stage 1-2 (Prepare) communication. Inform clients of the Town's Pandemic Influenza Response and Continuity of Operations Plan and how regular service may change during a pandemic.

5.8.3 Community. Communicate with local organizations (e.g. faith-based organizations, Red Cross, community centers) about collaborating during an influenza pandemic.

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6. Respond: Stage 3, 4, 5, 6

Few Local Cases, Clusters of Cases, Widespread infection

6.1 ACTIVATION AND COMMAND

- 6.1.1 Activate Stage 3-6 (Respond).** Follow protocol for activating a stage. Alert pandemic leaders and staff of change in pandemic status and activation of Stage 3-6 of the Pandemic Influenza Continuity of Operations Plan. Re-familiarize leaders and alternates of their duties. *Upon declaration by WHO of having entered the Pandemic Period (Phase 6) and further determination of U.S. Government Stage 3, 4, or 5, the CDC's Director shall designate the category of the emerging pandemic based on the Pandemic Severity Index and consideration of other available information. Pending this announcement, the community facing the imminent arrival of pandemic disease will be able to define which pandemic mitigation interventions are most indicated for implementation based on the level of pandemic severity.*
- 6.1.2 Unified command.** Evaluate the need for setting up an Emergency Operations Center (EOC).
- 6.1.3 Internal briefings.** Disseminate regular briefings.
- 6.1.4 External briefings.** Coordinate with Town and local agencies to attend and/or receive important briefings (e.g. YCEM, HUSD & colleges, YRMC and Chamber of Commerce).
- 6.1.5 Review continuity plan.** Regularly review and update the Pandemic Influenza Response and Continuity of Operations Plan to ensure that new issues are addressed.

6.2 OPERATIONS

- 6.2.1. Assess operations.** Assess 1) the ability to provide regular services with available human and material resources; 2) increases and decreases in demand of existing services; and 3) the need for new or alternative services. Reference and update *Annex 3: Essential Operations*.
- 6.2.2 Reallocate resources.** As needed, reallocate resources to provide services that are essential, in high demand, and/or are new or alternative. *Annex 3: Essential Operations*.
- 6.2.3 Essential operations.** Suspend non-essential operations as human resources become limited and/or material resources (e.g. gasoline) must be rationed. *Annex 3: Essential Operations*.

6.3 JOB FUNCTIONS

- 6.3.1. Absenteeism.** Identify absent employees and job functions. Report absences (with job classification codes) to HR. Track when ill employees will be expected to return to work.
- 6.3.2. Reassign employees.** Reassign personnel to essential or prioritized job functions and provide job action sheets. *Annex 4: Essential Job Functions*
- 6.3.3 Just-in-time training.** Provide just-in-time training or refreshers to alternate staff taking over new job functions.

6.4 PANDEMIC EMPLOYEE PRACTICES

6.4.1. Employee practices. Activate applicable practices (i.e. employee leave, flexible work schedules, travel, health care, management of ill employees). Notify staff of changes and provide the necessary claim forms. Reference *Annex 5: Pandemic Practices* and *Annex 8: Information Dissemination*

6.5. COMMUNICATION

6.5.1 Inform employees. Provide regular (e.g. daily, weekly, and bi-weekly) updates to staff on pandemic status, infection control measures, job reassignments, illness reporting etc. that apply during the stage. Communicate regularly with staff to promote confidence in personal safety and the workplace. *Annex 8: Information Dissemination.*

6.5.2 Inform product and service vendors. Inform suppliers and service vendors of change in Stage and any changes in supply/service needs. *Annex 7: Product and Service Vendors.*

6.5.3 Inform clients. Inform clients of any changes to services or products. *Annex 8: Information Dissemination.*

6.5.4 Communication system. Activate and ensure that communication systems (e.g. teleconferencing, telecommuting, facsimile services, radio, and internet) are in working order.

6.6 INFECTION CONTROL

6.6.1. Infection control information. Disseminate information to staff on how to prevent infection at home and at work (e.g. hygiene measures, social distancing). Post hygiene notices at entrances, washrooms, hand washing stations, and public areas. Utilize *Annex 8: Information Dissemination* and *Annex 9: Informational Materials.*

6.6.2 Infection control products. Ensure that supplies of hygiene products (e.g. soap and/or hand sanitizer, hand towels) are available. *Annex 10: Infection Control.*

6.6.3 Personal Protective Equipment (PPE). Follow Y.C Emergency Management guidance for city agencies regarding PPE use. Employees that routinely use PPE to perform their everyday job should continue to do so until notified otherwise. *Annex 10: Infection Control.*

6.6.4. Social distancing. Follow Y.C Emergency Management recommendations regarding activation of social distancing strategies or activate strategies as deemed necessary (e.g. telecommuting, teleconferences, meeting cancellations). *Annex 10: Infection Control.*

6.6.5 Workplace cleaning. Arrange for appropriate office sanitation and immediate sanitation of work stations where staff report illness. Post hygiene notices at entrances, washrooms, hand washing stations, and public areas *Annex 10: Infection Control.*

6.6.6 Illness notification. Notify employees who they must inform if they become ill.

6.6.7 Illness reporting protocol. Manage staff members that become ill at work. Keep records of affected staff. *Annex 6: Management of Ill Employees.*

6.6.8 Return to work. Activate process for employees who have been ill to return to work.

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7. Recover: Post Pandemic

7.1 ACTIVATION

7.1.1 Activate Recovery Stage. Follow protocol for activating Recovery Stage. Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response systems exist to manage standard ongoing activities without continued assistance from pandemic response systems. Alert leaders and staff to change in pandemic status and return to operations as normal.

7.2 OPERATIONS

7.2.1. Assess operations. Assess the impact of the pandemic on the Town's operations, personnel, clients, partners, and vendors.

7.2.1. Normal operations. Manage the return to routine operations as able based on human and material resources.

7.2.3. Community recovery. Identify community recovery needs and provide assistance.

7.3 PROCESS ASSESSMENT

7.3.1. Conduct evaluation. Conduct an internal after action evaluation of the Town's pandemic response. Participate in the Town and County evaluation.

7.3.2. Update plans. Update the Pandemic Influenza Continuity of Operations Plan and other emergency response plans as appropriate.

7.4. COMMUNICATION

7.4.1 Employee communication. Notify employees about change in pandemic status and return to business as usual. Ensure that employees have access to mental health services well after disease has dissipated. *Annex 8: Information Dissemination.*

7.4.2. Product and service vendor communication. Notify product and service vendors of return to operations as usual. *Annex 8: Information Dissemination.*

7.4.3. Client communication. Notify clients and the general public of resumption of services. *Annex 8: Information Dissemination.*

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Annexes

- 1. Pandemic Influenza Planning Team**
- 2. Authority and Procedures**
- 3. Essential Operations**
- 4. Essential Job Functions**
- 5. Pandemic Influenza Personnel Practices**
- 6. Management of Ill Employees**
- 7. Product and Service Vendors**
- 8. Information Dissemination**
- 9. Informational Materials**
- 10. Infection Control**
- 11. Emergency Operations Center Hierarchy**

Annex 2: Authority & Procedures

The procedures for activating and implementing the Town's Disaster Guides and Plans PVP001 Annex 31 – Emergency Management will govern activation and management of the Pandemic Influenza Continuity of Operations Plan. See *Annex 11: Emergency Operations Center Management*

PLAN ACTIVATION

As a pandemic develops, the World Health Organization (WHO) will notify the CDC and other national health agencies of the progress of the pandemic. CDC will communicate with the ADHS about pandemic stages, vaccine availability, recommendations for prioritizing vaccine and anti-virals/antibiotics, information about the virus (laboratory findings), national response coordination, and other recommended strategies for pandemic detection, control and response. ADHS is the main conduit for communications with the CDC for all statewide parties. There is integration between local and state emergency management structure. The prime response is at the local level with support from ADHS as needed. Y.C Emergency Management is responsible for assessing the communities' needs, allocating vaccine and responding to public/media inquiry and other situations that arise. If and when the Governor declares a State of Emergency, the State's emergency management structure is put into place. The Incident Commander of all statewide activities is the ADHS Director. ADHS will provide support if local resources are exceeded, regular updates on pandemic status and response activities to the Local Health Department.

The Arizona Department of Health Services (ADHS) will notify Yavapai County Community Health Services (YCCHS) through Yavapai County Emergency Management (YCEM), who will alert town agencies of the emergence of a pandemic influenza strain internationally and locally. Updates on the spread of the virus will be made regularly by the Town (a few local cases, clusters of cases, and widespread infection). The Town Mayor or their appointee or successor may declare an emergency (according to Arizona Revised Statute §26-311 and Town Code 2-02-040(G) *Powers and Duties of Mayor*) and the Town Manager may then activate the Pandemic Influenza Response and Continuity of Operations Plan when it is necessary to manage and coordinate a response. This decision will be made in consultation with key Town personnel and Yavapai County Emergency Management.

Town Code 2-02-040(G) - Powers and Duties of Mayor

- G. He may, by proclamation, declare a local emergency to exist due to fire, conflagration, flood, earthquake, explosion, war, bombing or any other natural or man-made calamity or disaster, or in the event of the threat or occurrence of riot, rout or affray or other acts of civil disobedience, which endanger life or property within the Town. After declaration of such emergency, the Mayor shall govern by proclamation and impose all necessary regulations to preserve the peace and order of the Town, including, but not limited to:
1. Imposing of a curfew in all or any portion of the Town.
 2. Ordering the closing of any business.
 3. Closing to public access any public building, street or other public place.
 4. Opening to public access any public open spaces or easements, and authorizing opening of gates and breaching of fences on private property, for public evacuation purposes.
 5. Calling upon regular or auxiliary law enforcement agencies and organizations within or without the political subdivisions for assistance.

Internal departments and employees will be notified of the activation of a stage in the Pandemic Influenza Response and Continuity of Operations Plan. Notification will occur through the mechanisms outlined in *Annex 8, Information Dissemination*.

Annex 5: Pandemic Influenza Personnel Practices

The following practices will be activated as part of the Pandemic Influenza Continuity of Operations Plan:

1. Employee Leave

The following personnel policies shall govern employee leave and compensation during an Influenza Pandemic.

- 2-06 Overtime
- 2-08 General Leave
- 2-09 Holiday Leave
- 2-10 Other Short-Term Absences
- 2-12 Family and Medical Leave Act
- 2-13 Workers' Compensation Leave
- 2-16 Time Lost During Severe Weather and Other Emergencies
- 2-17 Disaster Response

2. Flexible Work

The Town encourages employees to work from home if such work can reasonably be performed from home. The Town will make arrangements for such employees as needed.

3. Travel.

The Town discourages any travel for trainings, conferences, and off-site meetings. Travel for such activities will only be permitted at the express consent of the Town Manager or his designee (i.e. department head). Employees are encouraged to arrange to participate in any necessary off-site meetings by telephone.

4. Succession Planning.

Each Department Head shall be responsible for a personnel succession plan for their department.

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Annex 6: Management of Ill Employees

RESTRICT WORKPLACE ENTRY OF PEOPLE WITH INFLUENZA SYMPTOMS

The provisions of the Town's Policies and Procedures, Personnel Policy 2-16 (Time Lost During Severe Weather/Other Emergencies) and 2-17 (Disaster Response) and other related Town Policies shall apply to the management of employees ill as a result of an influenza pandemic. Staff shall advise their Supervisors or Department Heads if they have any influenza symptoms or suspect that another employee is exhibiting such symptoms and complete a "Suspect Influenza Case Form" (attached below). Said employees shall be subject to release from work as provided in applicable Town Policies & Procedures.

Precautions shall be taken to minimize the spread of infection including:

1. Department Heads and supervisors should notify employees they should not come to work if they are unwell, particularly if they are exhibiting any influenza symptoms. The symptoms of novel A flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus. CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.
2. Post notices at all workplace/facility entry points advising staff and visitors not to enter if they have influenza symptoms.
3. Advise employees to call their Department Head who in turn will inform HR staff if they become ill at home or work.
4. Provide staff with practices for employees who become ill (attached).
5. Ensure that ill employees have completed the required isolation period (guidance to be provided by the YCC Health Services or Y.C Emergency Management) and are healthy and no longer infectious before allowing them to return to work. Note that staff who have recovered from the pandemic influenza are less likely to be re-infected and should be encouraged to return to work.

PRACTICES FOR EMPLOYEES WHO BECOME ILL

Advise employees that if a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their Department Head who will inform HR staff by *telephone* if possible.

Duties of Department Head (which shall be consistent with Town Policies & Procedures Section 2-17):

1. Speak with the individual by phone.
2. Check if the employee has any influenza symptoms. (CDC or the Health Department will provide a list of symptoms). Reporting that kind of information would be legal under HIPAA since it is for the purpose of preventing or controlling disease.
3. If the employee does not have any symptoms they are unlikely to have influenza and should be reassured and advised to call again later or to see their doctor if they are still concerned.
4. If the employee has influenza symptoms, they should be treated as a "suspect influenza case."
5. If the employee is at work provide them with a surgical mask and instruct them to put the mask on immediately. (This is to help protect other staff.). Instruct employee to leave work.
6. Advise the employee to contact a health professional.
7. Have the employee's work station cleaned and disinfected as indicated in *Annex 10: Workplace Cleaning*.
8. The YCC Health Services and/or Y.C Emergency Management may ask employers to 1) identify contacts (once an employee is suspected to be infected); 2) advise contacts that they have been in contact with a

person suspected of having influenza; and/or 3) ask contacts to go home, and stay home until advised otherwise (anticipate 7 – 10 days at home).

9. Advise supervisor and HR of employee absence and need for coverage.
10. Encourage employees to return to work once they have recovered.

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Annex 8: Information Dissemination

Throughout Stages 1-6 the Town will need to provide accurate and up-to-date information to key audiences. The following table describes who will develop and authorize content, audiences, messages, and the information dissemination strategy.

AUDIENCES

The Town will be responsible for providing information to the following audiences:

- **Employees.** Senior managers, administrative staff, field staff
- **Town partners.**
- **Product and service vendors.** See Annex 7 for product and service vendors.
- **Clients/general public.** Special needs groups (day care facilities, rehab ctr., latch key kids)

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COMMUNICATION MESSAGES

The Town will provide ongoing information and guidance to the above audiences- employees, customers/clients/general public, and product and service vendors- throughout each stage. Important communication messages include:

Stage 1-2 (Prepare)

- General pandemic influenza information
- Disaster service worker obligations
- Components of the Town Pandemic Influenza Continuity of Operations Plan
- Infection control preparations made by the Town
- How to develop a personal/family disaster kit
- Where to get information during an emergency (e.g. website, telephone information line)

Stage 3-6 (Respond)

- Activation of Stage 3-6
- Updates on the status of the pandemic
- Pandemic practices
- Infection measures to be utilized at work
- Illness reporting
- Job reassignments
- Vendor product/supply needs
- Services available to the public

Stage 7 (Post Pandemic/Recover)

- Activation of Stage 7
- Updates on the status of the pandemic
- Job reassignments
- Communication

See *Annex 9: Informational Materials* for fact sheets and other communication products.

MODES OF DISSEMINATION

Information will be disseminated to audiences throughout each stage using the modes of communication described below. Multiple strategies will be used to create redundancy and ensure that intended recipients receive messages.

- **Telephone Systems.** Internal agency information line, external public information line through Police Department Reverse 911 call-back system, mass voice mail message, call center/phone bank, call-down tree
- **Electronic Systems*.** Mass e-mail message, website posting, intranet posting, on-line chat
- **Hard copy*.** Mailing, interoffice mail, mass faxes, notice board postings, pay check mailing
- **In person.** Meeting, presentation, training
- **Media- TV, Radio, Newspaper.** Press releases, press conferences

* Information may be packaged in the form of letters, memos, fact sheets, brochures, newsletters, etc.

See attached:

1. Modes for Communicating Pandemic Influenza to Primary Audiences.
2. Personal roster with after hours and emergency contact information. *[Annex 8]*
3. Instructions for operating modes of communication (e.g. information telephone line, web postings) with key contacts and required access numbers. *[Annex 8]*

MODES FOR COMMUNICATING PANDEMIC INFLUENZA INFORMATION TO PRIMARY AUDIENCES

Mode of Dissemination	Audience				Good for urgent communication	Strength/Weaknesses
	Employees	Partners	Clients/ Public	Vendors		
Telephone System						
Internal Agency Emergency Information Line	✓				Yes	A voice message can be pre-recorded and updated off site. Access to the voice message can be controlled by using a PIN provided to all employees. (Good for relaying instructions on reporting to work.)
External Information Line	✓	✓	✓	✓	Yes	
Mass Voice Mail Message	✓				Maybe	Some employees may not have a designated work phone with voice mail.
Call center/phone bank Reverse 911 call-back system	✓	✓	✓	✓	Yes	Some individuals may prefer speaking to a live person vs. a recorded message.
Call-down tree	✓				Yes	A call-down tree can be used for relaying simple and short information by phone. Each person is designated to call another once they have received the message.
Electronic						
Mass E-mail message*	✓				No	Some employees may not have a designated e-mail address or be able to access e-mail at home.
Website Posting*	✓	✓	✓	✓	Maybe	Not all people will have access to a computer.
Intranet Posting*	✓				No	Not all employees will have access to a computer.
On-line chat			✓			Not all people will have access to a computer.
Hard Copy						
Mailing*	✓	✓	✓	✓	No	Delivery may take a few days. May be costly.
Interoffice Mail*	✓					Not all employees will have a mail box for receiving interoffice mail.
Mass Faxes*		✓		✓	Yes	Database with fax numbers and mass fax system required.
Notice Board Posting*	✓		✓		Maybe	
Pay check mailing*	✓				No	All employees will receive information.
In Person						
Meeting/Presentation	✓	✓	✓	✓	Maybe	During some stages it may not be advisable to hold gatherings
Training	✓				No	May take time to coordinate.
Media- TV, Radio, Newspapers						
Press release*	✓	✓	✓	✓	Yes	
Press conference	✓	✓	✓	✓	Yes	

* Examples of informational content include letters, memos, fact sheets, brochures, and newsletters.

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Annex 9: Informational materials

The following information can be found by visiting one or more of the following websites.

1. Frequently Asked Questions about the Pandemic Flu

See: <http://azdhs.gov/preparedness/emergency-preparedness/index.php>

See: www.who.int/csr/disease/en/

See: www.cdc.gov

2. Pandemic Influenza: Arizona State Preparedness

See: www.azdhs.gov/preparedness/emergency-preparedness/index.php

See: www.yavapaihealth.com

See: www.ready.com (Be Informed, Make a Plan, Build a Kit, Get Involved, Business, Kids, Seniors, Individuals with Disabilities)

American Red Cross

www.redcross.org

3. Pandemic Influenza Infection Control Strategies for Work & Home

See: www.flu.gov for 'Community', Emergency Preparedness, How to Prepare for Emergencies

Yavapai County Community Health Services:

www.yavapaihealth.com (Public Health Threat or Emergency: Flood, Wildfire, Disease Breakout, Terrorism Event, Call 928-442-5262) Call 9-1-1 for Medical Emergencies

4. FEMA Warehouse Most Popular "READY" publications

www.ready.gov

- Family Emergency Plan
- Preparing Makes Sense. Get Ready Now
- Are You Ready
- Emergency Supply List
- Older Americans Brochure
- Disabilities and Special Needs
- Information for Pet Owners
- Ready Kids Teaching Guide

5. Volunteer Opportunities

- Citizen Corps

- Community Emergency Response Teams (CERT)

6. **Arizona Division of Emergency Management**

<http://www.dem.azdema.gov/>

<https://dema.az.gov/emergency-management>

7. **Pet Care**

www.aspca.org/pet-care/general-pet-care/disaster-preparedness

Annex 10: Infection Control

Safeguarding the health of Town

employees, customers, vendors, and the public during an influenza pandemic is a key objective for the Town. A variety of infection control measures, including heightened hygiene practices, social distancing, and infection control equipment may be utilized to slow the spread of disease.

HYGIENE

Employees will be educated and reminded of hygiene measures that help to limit the spread of disease. These include:

- Use respiratory etiquette (e.g. covering cough or sneeze with a tissue or cloth).
- Properly clean hands with soap and water and hand sanitizer regularly.
- Avoid direct skin-to-skin contact with others, such as shaking hands. Substitute hand shaking with alternatives like waving, smiling, nodding, and bowing.
- Keep work areas and home clean and disinfected.
- Stay home when ill and do not send ill children to school or day care. CDC recommends that people with pandemic influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

Informational materials are provided in Annex 9: Informational Materials and can be distributed following the procedures in Annex 8: Information Dissemination.

The following hygiene measures will be taken to reduce the spread of disease:

- Hand washing instructions will be posted in shared washrooms.
- Cover Your Cough reminders will be posted in waiting rooms and common areas.

- Magazines/papers will be removed from common areas.
- Hand sanitizer will be available in common areas and each work area as deemed necessary.
- Tissues and trash cans will be available in waiting rooms and common areas as deemed necessary.

SOCIAL DISTANCING & NON PHARMACEUTICAL INTERVENTIONS

The Town has the ability to utilize the following social distancing strategies to reduce close contact among individuals:

Telecommuting. The employees who have the technological capability to telecommute from home and can adequately perform their primary functions from home are: (Town Manager, Deputy Town Manager, Mayor and Council, Town Attorney, Management Services Director, Town Clerk, Risk Manager, Human Resources Director, IT Director, Public Works Director, Police Chief and Deputy Chief, Utilities Director).

Teleconferences. The Town has an updated IP phone system in place. An IP-based system has advantages over a traditional phone system. One of the options that are available is setting employees up to take business calls at home. With the IP system, employees can very easily pull up a web-based administration tool for their phone extension and forward all of their calls to their home phone, cell phone, or other number. The employees needing to make these forwarding changes from home would either need to be able to access the network from home in order to make the changes, or an IT employee that already has access could make the change for them.

Staggering work shifts. The number of employees who do not need to perform their work during the same time of the day and can be spread out over a 24-hour period or employees who can work an extended number of hours in fewer days will be determined by the Department Heads based on level of employee absence.

Face-to-face barriers. Barriers are in place in the Town Clerk's Office, Parks and Recreation and Management Services Cashier window. The Community Development desk, Library desks and Utilities area are separated from the public by a counter. Employees in these open areas will be advised of social distancing recommendations and housekeeping measures to reduce spread of the virus.

Other infection control strategies can be used to reduce the spread of disease between employees who must have face-to-face contact with others.

Voluntary Isolation of Ill Persons. Ill individuals not requiring hospitalization would be requested to remain at home voluntarily for the infectious period of approximately 7-10 days after symptom onset to reduce transmission by reducing contact between persons who are ill and those who are not.

Voluntary Quarantine of Household Members of Ill Persons. Members of households in which there is an ill person may be at increased risk of becoming infected with a pandemic influenza virus. A significant proportion of these persons may shed virus and present a risk of infecting others in the community despite having asymptomatic or only minimally symptomatic illness that is not recognized as pandemic influenza disease. Thus, members of

households with ill individuals may be recommended to stay home for an incubation period, 7 days (voluntary quarantine) following the time of symptom onset in the household member.

Plan for Dismissal of Students and Childcare Closure (up to 12 weeks). Employees are not to bring children to the workplace if childcare cannot be arranged. Employees are encouraged to make plans to care for their children either by developing a support system with co-workers, friends, families, or neighbors if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest less than 6 children in the group). Employees could also coordinate with State and local government and faith-based and community-based organizations to assist those who cannot report to work for a prolonged period.

INFECTION CONTROL SUPPLIES

Increased use of infection control supplies may be advisable during an influenza pandemic. The following infection control supplies are regularly available and may be needed by employees during a pandemic.

Supplies	No. of Employees with Access	No. of employees who may need access during a pandemic
Antibacterial Soap within bathrooms	All	All
Soap within kitchen areas	All	All
Hand sanitizer (min. 60% alcohol content)	All	All
Paper towels	All	All
Surface Disinfectant	All	All
Tissues	Personal supply	Personal supply
Garbage bags and trash cans	All	All
Office cleaning supplies (details below)	As Needed	As needed
Personal protective equipment	As needed	As needed
- Gloves	As needed	As needed
- Surgical masks	As needed	As needed
- N95 masks	As needed	As needed
- Other Respirators	As needed	As needed

WORKPLACE CLEANING

During a pandemic thorough workplace cleaning measures will be required to minimize the transmission of influenza virus through hard surfaces (e.g. door knobs, sinks, handles, railings, objects, and counters). The influenza viruses may live up to two days on such surfaces.

When a person with suspected influenza is identified and has left the workplace, it is important that their work area, along with any other known places they have been, are thoroughly cleaned and disinfected. Cleaning is the removal of visible dirt or soil. It is usually accomplished by physical scrubbing using detergent and water. To disinfect, use any of the disinfectants listed in the table below and follow the manufacturer's recommendations.

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

RECOMMENDED WORKPLACE DISINFECTANTS

Disinfectants	Recommended use	Precautions
Sodium Hypochlorite 1 part bleach to 100 parts of water, or 1:100 dilution. Usually achieved by ¼ cup bleach for 1½ gallons water.	<ul style="list-style-type: none">• Disinfection	<ul style="list-style-type: none">• Should be used in well-ventilated areas.• Utilize gloves while handling and using bleach solution.• Do not mix with strong acids to avoid release of chlorine gas.• Corrosive to metals and certain materials.
Alcohol (e.g. Isopropyl 70%, ethyl alcohol 60%)	<ul style="list-style-type: none">• Disinfection• Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	<ul style="list-style-type: none">• Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.• Keep away from heat sources, electrical equipment, flames, and hot surfaces.• Allow it to dry completely.
EPA-Approved Product (see product container for instructions)	<ul style="list-style-type: none">• Follow directions on label	<ul style="list-style-type: none">• Follow precautions on label.

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