

Business Emergency Planning 2020/26

Overview

Emergencies happen everywhere. In the last few years, our area could have or has experienced a catastrophic flood, ice storm, tornado, hurricane, plane crash, wildfire, explosion, chemical spill, mud slide, pandemic, West Nile Virus and many others. Emergencies happen everywhere.

Planning, Preparation, Response and Recovery are the four basic stages of an emergency. Since emergencies cannot be avoided, our goal is resilience: the capability of reducing or mitigating the emergency's effects, riding through the disruption with the least loss of life and property and quickly returning to near normal operations.

Leadership, resourcefulness, and redundancy are needed to prepare. Someone has to be in charge. Some of this costs money; all of it takes time and attention. Large businesses will probably survive a disaster even if they have to temporarily close or lose market share. Small businesses often go broke if they don't recover quickly. Keeping small, local businesses prospering is a key component of any community's fabric. Without the small businesses, communities lag in the recovery stage. People and businesses want to be in areas where they feel safe and prosperous. Areas that prepare for emergencies and do this well will be attractive places to live and work.

Emergency Planning can be Capacity Building. Incident Command Training can be used as leadership training. Continuity of Operations Planning (COOP) can be used as long-range business planning. Workforce Protection Planning can be used as part of your employee benefits plan. Personal Protection Planning can be used to reduce absences due to seasonal flu. Planning for one kind of emergency prepares us to handle all kinds of emergencies.

Steps to Take

1. **Family Emergency Planning:** Help yourself, your staff, your clients and your customers by having personal emergency plans such as the attached HHH plan:
 - a. Head: Emergency information
 - b. Hand: Emergency "Go Kit"
 - c. Home: Emergency supplies and equipment for up to 3 months.
2. **Continuity of Operations Plans (COOP):** Is your business considered "Critical Infrastructure" by the government? Prepare emergency plans for your business that include:
 - a. **Essential Functions,** products or services of your business: What do you have to do no matter what and what resources do you need to do it?
 - People: Staff and Clients or Customers, including contingency staffing plans
 - Payments: Payroll, Suppliers, Customers
 - Products: Providing or producing your service or product with limited supplies.
 - Places: What do you absolutely need to operate?
 - b. **Emergency Communications Plans:** How can you, your staff and your clients be contacted 24/7?
 - Telephones
 - Radio or TV
 - Internet – online chat groups

- Conference Calling
 - Email or Texts
 - Telephone trees
 - Newsletters, newspaper ads and articles
- c. **Workforce Protection Plans** (See details in next section)
- Provide personal emergency training and planning assistance for your staff.
 - Update contracts and job descriptions to include emergency situations.
 - Update staff handbooks to include your emergency protocols.
 - Provide Personal Protective Equipment (PPE) for your staff.
 - Institute OSHA Work Practice Controls, Administrative Controls and Engineering Controls to protect staff and clients.
 - Update ventilation systems to include HEPA filters and/or ultraviolet light treatments.
 - Provide no-touch trash cans, lever doorknobs and lever sink handles.
 - Stockpile tissues, cleaning supplies, soap, sanitizer, PPE, etc,
 - Provide Personal Protective Protocol (PPP) training for your staff.
 - Provide a link to a nurse or doctor to advise staff on whether they can come to work.
 - Provide Behavioral Health support in emergencies. (www.mass.gov/samh/)
- d. **Cash Flow** Every business needs money to operate. What will you do if ATM and computers are down, banks are closed, and customers can't pay?
- Emergency Savings
 - Line of Credit
 - Pre-payments
 - Customer Charge Accounts or I.O.U.s.
 - Barter and Other strategies, be creative
- e. **Essential Supplies and Suppliers:** What do you need to operate? Where will you get it? What kinds of substitutes can you use? Be very nimble and creative here. Think of human capital and resources as well.
- f. **Delegation of Authority and Succession:** Who's in charge when you are not available? What can they do? Have this line of succession at least two layers deep.
- g. **Emergency Relocation Site:** Where will you set up your business if you must suddenly evacuate your primary location?
- h. **Vital records:** Have back ups in another location.
- i. **Business Opportunity Planning.** Every emergency will offer some new business opportunities. Consider phone and internet orders. Form home delivery services. Supply special needs. During the SARS event in Toronto and COVID19 everywhere, restaurants that were able to switch to take-out and home delivery saw a large increase in their business. Book and video stores that were able to provide home delivery also saw increases.

3. Ethical Considerations in Emergency

- Reciprocity: If you treat your staff and clients fairly, giving fair value for services rendered, they will be more able to show up, cooperate and support you during your emergency.
- Be prepared to support your neighbors and community as this will ultimately help the situation be resolved faster with less loss of life and property.

4. Liability Considerations in Emergencies

- Insurance companies and OSHA often require businesses to do "due diligence" in prevention and mitigation during emergencies. Ask your insurance company for guidance. Prevention and mitigation is just good business.
- Consider liability issues when using volunteers and temporary staff.

5. Volunteering: Serving your community

- Like victory gardens, make it a civic virtue to be prepared, be self-sufficient, be a volunteer and leave the emergency resources for those who really need them.
- Join an MRC and encourage your staff and clients to join and form Medical Reserve Corps (MRC) or Community Emergency Response Teams (CERT).
- Register with MSAR (Massachusetts System of Advanced Registration)
- Offer your facility, staff and/or equipment to help with the emergency.
- Help individuals and groups with special needs to prepare for emergencies
- If your business closes, consider encouraging you staff to volunteer to help. Consider ways to continue to pay them if they do volunteer.

6. Types of Emergencies: Consider how you would maintain services under the following circumstances? You will need to add a page for each to your overall plan.

- Loss of water
- Loss of power
- Loss of heat or air conditioning
- Loss of critical staff
- Wildfires
- Flooding and mud slides
- Snow or ice storms
- Chemical spills, hazardous waste releases, explosions
- Emergency Closures by local authorities.
- School closures
- Orders to evacuate.
- Extended or widespread illness or contamination
- Delivery delays or loss of critical supplies or products

7. Training and Exercises

- Review and update your plan at least annually
- Make sure your staff knows “The Plan.”
- Practice Evacuation Drills
- Plan for Critical Incident Stress Response
- Personal Protective Equipment (PPE) and Personal Protective Protocols (PPP) staff training
- Provide space for emergency exercises and trainings
- Tabletop Exercises: Exercise your emergency plans by sitting at a table with your staff and discussing the “what ifs” of your emergency plan.

8. Other

- Form volunteer teams to support Homebound or ill.
- Memorandum or Understanding (MOU) or contracts for Scarce Supplies like food, fuel, and other critical supplies.
- Mutual Aid Agreement (MAA) with other businesses who might be able to help.
- Form Medical Reserve Corps teams
- Help your staff and customers assemble 72 hour emergency kits for their cars and homes.
- Be aware of food and water distribution and safety issues.

Personnel Issues

During an emergency, staff may need support to help them deal with long hours, deaths, illnesses, and other extreme situations. Plan for these issues now. You may need to offer flexible work options. Personnel may need behavioral health assistance. You may need to pay overtime and hazard pay to encourage workers to report. If you have employee unions, negotiate staff contingency plans regarding overtime, as well as sharing and shifting of responsibilities.

Staff Notification: Make sure all staff members know about your emergency plans and their expected roles. Staff should be notified annually of proposed staffing contingency plans and pay provisions, as well as delegation of authority and succession orders.

Legal Issues: Ask your legal counsel to assess **liability and workers compensation** issues for contractors and volunteer staff.

Payroll and Compensation Issues:

- ☐ Ensure that your Plan addresses how employees continue to get paid during an emergency. If electronic systems are down, have alternative payment methods in place, including partnering with other businesses to provide this service.
- ☐ Contact your bank and encourage them to do emergency planning.
- ☐ Encourage staff and your clients to keep an emergency stash of cash on hand.
- ☐ Consider strategies to support workers who must be laid off during the emergency. It may be less expensive to retain than retrain after the emergency. Helping staff to cope is good for the community and may be good for your business.

Staff compensation strategies to consider:

- ☐ Sick Leave
- ☐ Family Leave
- ☐ Unpaid Leave
- ☐ Vacation pay
- ☐ Pay in advance
- ☐ Direct Deposit
- ☐ Cash
- ☐ Pay in arrears
- ☐ Average of recent paychecks

Flexible Work Options will include

- ☐ Flextime to allow employees to address personal and family needs while continuing critical tasks
- ☐ Telecommuting
- ☐ Work from home
- ☐ Off-site work location
- ☐ Re-assignment

Job Descriptions and Contracts are amended to include

- ☐ All essential personnel must report to work during a declared emergency
- ☐ All vacations and leaves are automatically cancelled during a declared emergency
- ☐ Personnel may be re-assigned to other essential positions during an emergency
- ☐ Personnel must cross train for other critical positions
- ☐ Personnel may be required to work from home or at other designated locations

Personal/Family Emergency Planning (See attached two-page worksheet)

1. **Head** - detailing what you and your family need to know to handle large scale emergencies like an ice storm, floods or Pandemics.
 - **Child Care Plans** when schools are closed, children are quarantined, and/or family members are ill. Arrange for family members or neighbors to help.
 - **Child Care Co-ops** should include only a small number of the same children. If a child becomes ill, immediately isolate that child and quarantine the others for a week. After a week, the Coop can resume operations. Ill children could be cared for together if they aren't too sick. Practice and promote Healthy Habits.
 - **Caring Networks** with neighbors, friends, co-workers, and community members to help each other during any emergency, but especially during a pandemic. Know who you can call for transportation, emergency repairs, and delivery of food, medicines, books, movies, etc.
 - **Good neighbors** - check on neighbors who may have special needs such as limited English, hearing issues, physical or mental handicaps, low income, etc.
 - **Learn** about your community's, school's, and business' Pandemic Plans.
 - **Volunteer** to help by joining the
 - Medical Reserve Corps (MRC),
 - Citizens Emergency Response Team (CERT),
 - American Red Cross (ARC),
 - Emergency Medical Services (EMS),
 - Volunteer Fire Department, and others.
 - **Practice Healthy Habits** like good hand washing, wearing a mask in crowds and reduce your risk of getting the flu, COVID, infections or bringing problems home with you:
2. **Hand - Emergency "Go Kit"** including an emergency radio and basic supplies to provide basic support for you and your family (including pets) for several days if you must leave home.
3. **Home - Emergency supplies/equipment stockpiled** to last 3 to 12 weeks. Every week add some canned goods and paper products to your pantry or box under your bed. Rotate your supplies as needed.

Review and update all Worker Job Descriptions and contracts to include your expectations of your staff during emergencies such as:

1. Reciprocity strategies and equipment that will be used to protect and/or compensate workers who work during an extended or dangerous emergency.
2. All essential personnel must report to work during a declared emergency.
3. All vacations and leaves are automatically cancelled.
4. Personnel may be re-assigned to other essential positions for the duration of the emergency.
5. Personnel must cross train for other critical positions
6. Personnel must complete any required emergency trainings.
7. Workers may be required to work from home or other locations.
8. Workers should practice universal infection control precautions like cough and sneeze etiquette, hand washing, don't touch face, eat only cooked foods unless thoroughly washed, etc.
9. Workers should have Personal Emergency Plans, including providing for family members in the event of illness, school closures or Social Distancing requirements like no day care.

10. Workers are encouraged to form networks to support each other in emergencies. Delivering food, medicines. Providing transportation. Delivering books and movies. Helping with emergency home repairs. (All with proper PPE and PPP for providers.)
11. Workers should stay home when sick or becoming sick.

Personal Protection Protocols (PPP) Keep workers safe and feeling safe, by teaching them specific protective actions.

- ☐ **Wellness Program and Healthy Habits:** A robust immune system is our first line of defense. Encourage your staff to practice healthy eating, sleeping and exercising habits.
 - Stay healthy by eating, sleeping, drinking and exercising appropriately.
 - Stay home when sick.
 - Avoid or limit drugs, alcohol, smoking and other practices that compromise immune systems.
 - Practice proper hand washing procedures often or use a hand sanitizer.
 - Practice proper cough etiquette - into an elbow or if into a tissue, wash hands after.
 - Don't touch your face, nose, or eyes without thoroughly washing your hands first
 - Get an annual flu shot, it may help. Get a pneumonia vaccination if possible.
- ☐ **Infection Control Program:** Infection control protocols depend on the hazard being mitigated. Influenza is often spread by touch and close contact. COVID19 is airborne and can spread without any touching of surfaces. Good air flow and masking are more effective. Regardless of the disease or method of transmission, frequent hand washing, cough and sneeze etiquette, social distancing, avoidance of shared foods and drinks are always a good practice to avoid infections. Consider:
 - Improve indoor air flow and add HEPA filters to HVAC systems.
 - Cancel all staff parties and other non-essential gatherings or hold them outside.
 - Avoid crowds. Wear a well-fitting mask, stay 6 feet away from people. Avoid touching, shaking hands or sharing food.
 - Avoid drinking fountains, salad bars and other open sources of cold food and drink.
 - Change clothes and thoroughly wash hands before going home.
 - Consider distancing yourself from stay-at-home family members by keeping to your own bathroom and bedroom.
 - Consider staying with co-workers without families instead of going home.
 - STAY home when you are sick. Keep your children home when they are sick.
 - Separate people and provide physical barriers to infectious agents like glass or plastic cough and sneeze guards.
- ☐ **Sanitation Plans:** To reduce fomites and infections that are spread by contact, practice frequent hand sanitizer use and daily disinfection of common contact surfaces. Post signs promoting hand washing and Healthy Habits.
 - Provide hand sanitizer in bathrooms, hallways and kitchen areas.
 - Regularly sanitize doorknobs, sink handles, telephones, equipment buttons, keyboards, refrigerator door handles. etc.
- ☐ **PPE (Personal Protective Equipment)** indoors and near those who may be contagious or ill.
 - Pandemic PPE consists of a clean, dry, properly sized/fitted N95 NIOSH approved mask, goggles, and disposable gloves. Gloves will remind you to keep it clean and are easily changed. (Be aware, facial hair interferes with proper mask fit.) If an N95 or KN95 are not available, use multiple layers of dense, but breathable fabric. Any mask is better than none.
 - Consider proper PPE storage issues. High heat may compromise the disposable gloves and the elastic on the masks.
 - Provide appropriate PPE training, including how to properly put on and take off PPE. Always start with clean hands. In general, the mask goes on first and comes off last.

- PPE supplies (Minimums to consider stockpiling. These are only guidelines.)
 - 1- 2 Boxes N95 NIOSH approved masks for each employee/volunteer (to be fit tested). Most people wear a medium size, but sizes change if people gain or lose weight. (A box usually contains 20 masks) Experts are debating the re-use of masks. As long as the mask is clean and dry, it is probably better than nothing.
 - 1 - 2 Boxes disposable gloves for each employee/volunteer (full box – sized to fit). Good hand washing is a substitute for gloves as long as there is no direct patient contact or blood issues.
 - Goggles for any staff in close contact (closer than 6 feet) to potentially ill.
 - Hand sanitizer for each employee/ volunteer (two bottles each)
 - Optional - Tyvek suit (one each).

The current State/Federal plans do not include providing anti-viral medication for prophylactic (preventative) treatment. These scarce medications are being reserved for treating ill patients. Consider the following strategies to protect your staff and volunteers.

IF you decide NOT to stockpile PPE: How can you make your employees and volunteers feel safe enough to come to work without PPE?

- Ensure that your employees know that you will NOT be providing PPE well in advance of a pandemic.
- Provide your employees with information to help them decide whether or not to stockpile for themselves.
- Distribute information on home-made masks, etc. For an example, visit: <http://www.cdc.gov/ncidod/EID/vol12no06/pdfs/05-1468.pdf>
- Make sure your COOP outlines ways your employees can work from home and reduce the need for PPE, including hand washing, etc.

Remember:

For people not used to wearing PPE, it may have some drawbacks. Masks make it harder for some people to breathe, especially if they have respiratory or heart conditions. Masks must fit properly to be effective. PPE may give wearers a false sense of security. Just because a person is wearing gloves does not mean they can then touch their mouths, noses, and eyes! It is easy to contaminate oneself during the removal of PPE. PPE may be at its most effective as a reminder to people that they need to practice healthy habits and not touch their eyes, nose, and mouth. If wearing a mask makes someone remember to wash their hands more often and not to touch their face, then it is successful PPE on some level.

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Berkshire County Boards of Health Association Personal/Family Emergency Planning Worksheet

Contact	Family Member/Other Contact	Work/School/Child Care	Medical Information
Name			
Work			
After Hours			
Mobile			
Email			
Name			
Work			
After Hours			
Mobile			
Email			
Name			
Work			
After Hours			
Mobile			
Email			
Name			
Work			
After Hours			
Mobile			
Email			
Name			
Work			
After Hours			
Mobile			
Email			
Name	Out of State Contact	Neighbor	Caretaker
Work			
After Hours			
Mobile			
Email			
Name	Funeral/Burial Arrangements	Pharmacist	Veterinarian
Work			
After Hours			
Mobile			
Email			
Name	Medical Insurance	House Insurance	Car Insurance
Work			
After Hours			
Mobile			
Email			
Name	Police Station	Fire Station	Town/City Hall
Work			
Name	Poison Control	Local Health Department	Hospital
Work			
Other	State Health Dept: 617.983.6800	Mass 2-1-1 Call 2-1-1 for Non-Emergency Assistance Mass.gov	9-1-1 for immediate emergency help

Household Disaster Plan

Basic Plan - What to have in your HEAD

- **Exits** – Make sure everyone knows multiple, safe ways to exit your building. Practice this.
- **Meeting Place** – Decide where your family will meet in the event you are separated. Have a backup meeting place away from your home. Make sure everyone knows the addresses and telephone numbers meeting places.
- **Communications** – Make sure everyone knows the phone number of a long distance friend or relative to act as a Point of Contact. Long distance phone lines often work when local lines are busy. Make sure everyone knows how to use an email contact. Everyone should keep this information in their wallets.
- **Special Needs Planning** – Your family may include small children, seniors, a physically or mentally handicapped person, animals, non-English speakers, etc. (Note: Pets will not be accepted at most shelters. Keep a Pet Go Bag with leashes, immunization records, toys and snacks for your pets with a list of shelters or friends that will keep pets.)
- **Emergency Plans** – Write down your plans. Include how to turn off your water, gas, furnace, and electricity. Make a copy for everyone in your family, including your relatives and friends. Post a copy in your house.
- **Community Emergency Plans** – Ask to see a copy of your schools', workplaces', and community's Emergency Plans. Be familiar with them.
- **During a disaster** – Stay calm, use a flashlight, sniff for fumes, clean up spilled hazardous materials, check on neighbors, stay away from downed power lines, only use 911 in a real emergency situation that threatens lives.

Go Bag – What to have in your HANDS

- Important documents – copies in a watertight plastic bag. Include birth certificates, insurance cards, deeds, photo IDs, titles, electronic or paper copies of important documents, information on valuable items and bank accounts.
- Extra keys
- Money – at least \$50 in small bills along with ATM and credit cards
- Bottled water and energy bars for each person
- Flashlight, portable radio, and extra batteries
- Whistle, waterproof marker, paper, waterproof matches
- Leatherman-type multi-tool (pocket knife may not be allowed in shelters)
- Space blanket, 2 garbage bags, plastic drop cloth, strapping tape or duct tape
- Water filter and/or iodine water purification tablets
- N95 mask, gloves, and hand sanitizer for each person
- First Aid Kit (disinfectant, band aids, aspirin, sunscreen, hat, insect repellent, epi pen, etc.)
- Camp clothing (including sturdy shoes, warm socks, and rain gear)
- Contact information (family, friends - emergency numbers and emails)
- Childcare supplies (toys, diapers, books, music, music player, etc.)
- **Items to add as you go out the door:**
 1. Cell phone, laptop and chargers or extra battery supplies
 2. Medications, glasses, and other current medical supplies

Emergency Supplies – What to have in your HOME

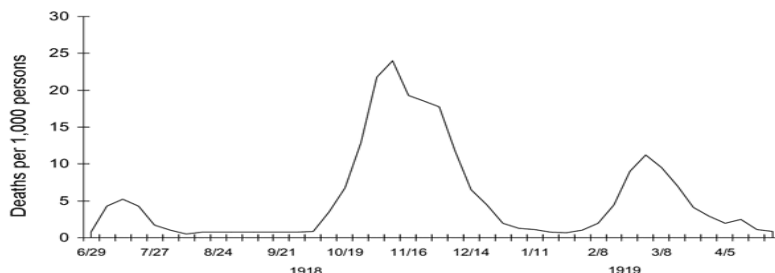
- One gallon of drinking water per person per day for at least three days
- Ready-to-eat dry and canned foods with a manual can opener for at least a week
- First Aid Kit, medicines, and prescriptions to last at least a week
- ABC Fire extinguishers, working smoke and CO detectors
- Flashlights, battery-operated radios and extra batteries, candles, matches
- Plastic sheets, duct tape, and other supplies and tools
- Iodine tablets or one quart of unscented bleach and an eyedropper (for disinfecting water if directed to do so by the Health Dept.: 2-4 drops per quart of clear water, stir and let stand 30 minutes. Should smell like bleach.)
- Personal products like soap, feminine hygiene products, toothbrushes, toothpaste, etc.
- Fill your bathtub before the water goes off. You can also use the water in your toilet and hot water tanks if needed.
- Consider a generator or other emergency power supply (**THIS REQUIRES THE HELP OF A PROFESSIONAL**)
- Consider sources of backup heat (**WOOD STOVES AND OTHER HEATING APPLIANCES REQUIRE PERMITS**)

Pandemic Planning Assumptions – Updated with COVID Information

The severity of the next pandemic cannot be predicted; however, we know that no matter how virulent the next pandemic, all sectors of a community will be affected. Therefore, it is important to take a multi-disciplinary, multi-agency, multi-jurisdictional approach to planning. Governments, schools, businesses, community and faith based organizations, and individuals should be involved in and aware of pandemic **plans at the local level**. To see the Federal Pandemic Flu plan, visit www.cdc.gov/flu or to see the Massachusetts plan, visit <http://www.mass.gov/dph/cdc/epii/flu/flu1.htm>. For more information on preparing for Pandemic Flu visit www.pandemicflu.gov. For local planning information, contact the Berkshire County Boards of Health Association at www.bcboha.org.

About Pandemics

A pandemic is a global disease outbreak. An influenza or coronavirus pandemic occurs when a new flu or corona virus emerges for which people have little or no immunity. Historically, they appear every 10-60 years: there were three in the 20th century and at least two in the 21st. A pandemic generally occurs in three waves and may last for as long as 12-24 months. The graph below shows the three waves of the Spanish Influenza Pandemic of 1918. Because of variants, the COVID19 pandemic has had multiple waves and is still not over.



The 3 waves of the 1918 pandemic in the U.K.

From [1918 Influenza: the Mother of All Pandemics](#) - January 2006, CDC.

Assumptions: It is predicted that up to 40% of the workforce will be either out sick or home caring for a sick family member. Such a high rate of absenteeism puts considerable strain on all sectors of the community.

1. Once the pandemic begins, it will spread so rapidly that there will be very little time to prepare.
2. Because people will have very little immunity to the virus, people of all ages will become ill and many will die.
3. Vaccines will not be available for months after the pandemic hits. Anti-virals will not be made available for prophylactic use.
4. The best defense is the organized implementation of Non-Pharmaceutical Interventions (NPI) such as infection prevention and control measures, social distancing, and sheltering in place.
5. Educating the public is a key component of a successful infection prevention and control plan.
6. Communities will have to be aware of the ethical considerations and the concept of reciprocity when preparing for a Pandemic:
 - a. Health Care Workers' duty to provide care.
 - b. Community's duty to protect individual rights by using proportional, transparent, and equal treatment for all groups in the community.
 - c. Community's duty to provide reciprocity for staff, volunteers, and those who must comply with quarantine and isolation orders.
 - d. Schools' duty to provide a safe space for children. Note, closing schools impacts the whole community and should be as short a time as possible.

Ethical Considerations

Without reciprocity for staff, volunteers, and those isolated or quarantined, there will be fewer people able and willing to abide by the rules and standards needed to maintain essential services and effective Non-Pharmaceutical Interventions (NPI). This section provides information on the issues to be considered when doing emergency planning for all community members.

Ten substantive values to guide ethical decision-making for a pandemic influenza outbreak

Substantive values	Description
Individual liberty	In a public health crisis, restrictions to individual liberty may be necessary to protect the public from serious harm. Restrictions to individual liberty should: <ul style="list-style-type: none">▪ be proportional, necessary, and relevant;▪ employ the least restrictive means; and be applied equitably.
Protection of the public from harm	To protect the public from harm, health care organizations and public health authorities may be required to take actions that impinge on individual liberty. Decision makers should: <ul style="list-style-type: none">▪ weigh the imperative for compliance;▪ provide reasons for public health measures to encourage compliance; and▪ establish mechanisms to review decisions.
Proportionality	Proportionality requires that restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk to or critical needs of the community.
Privacy	Individuals have a right to privacy in health care. In a public health crisis, it may be necessary to override this right to protect the public from serious harm.
Duty to provide care	Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering. Health care providers will have to weigh demands of their professional roles against other competing obligations to their own health, and to family and friends. Moreover, health care workers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.
Reciprocity	Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible. Measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families.
Equity	All patients have an equal claim to receive the health care they need under normal conditions. During a pandemic, difficult decisions will need to be made about which health services to maintain and which to defer. Depending on the severity of the health crisis, this could curtail not only elective surgeries, but could also limit the provision of emergency or necessary services.
Trust	Trust is an essential component of the relationships among clinicians and patients, staff and their organizations, the public and health care providers or organizations, and among organizations within a health system. Decision makers will be confronted with the challenge of maintaining stakeholder trust while simultaneously implementing various control measures during an evolving health crisis. Trust is enhanced by upholding such process values as transparency.
Solidarity	As the world learned from SARS, a pandemic influenza outbreak will require a new vision of global solidarity and a vision of solidarity among nations. A pandemic can challenge conventional ideas of national sovereignty, security or territoriality. It also requires solidarity within and among health care institutions. It calls for collaborative approaches that set aside traditional values of self-interest or territoriality among health care professionals, services, or institutions.

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Local Response Stages

Below are important Strategies and Non-Pharmaceutical Interventions (NPI) to be used in each of the seven Pandemic Response Stages. Details and worksheets are included to assist in completing this plan. Adjust the Response Stages to suit your community situation

	WHO Pandemic Phases	Primary Strategies	Primary Tasks
Response Stage 1	WHO: Phases 1, 2, 3 Alert Phase	Surveillance Mitigation Planning Training Exercises	<ul style="list-style-type: none"> - Surveillance Systems improved - Pandemic Committee working - Local Response preparations - Risk Communications systems used for seasonal flu information - CEMP updates
Response Stage 2	WHO: Phases 4, 5 Novel Flu Clusters forming	Surveillance Planning Training Exercises	<ul style="list-style-type: none"> - Surveillance Systems improved - Review plans - Cross Train - Meet Response Partners - Increase training and exercise program
Response Stage 3	WHO: Phase 6 Pandemic Clusters somewhere in the world	Surveillance Risk Communications Supplies	<ul style="list-style-type: none"> - Surveillance increased - One message - Multiple methods - Stockpile supplies
Response Stage 4	WHO: Phase 6 Pandemic Clusters in the USA	Surveillance Local Response Joint Information Systems (JIS) Risk Communications (RC)	<ul style="list-style-type: none"> - Surveillance increased - Activate ICS for Pan Flu - Activate JIS around hospital clusters - Increase RC
Response Stage 5	WHO: Phase 6 Pandemic Cluster nearby	Surveillance Local Response Social Distancing Shelter in Place Isolation Quarantine	<ul style="list-style-type: none"> - Surveillance at high alert - Consider Unified and Area Commands - Close Schools - Cancel large gatherings - Volunteers organized and trained - Home Care support teams formed
Response Stage 6	WHO: Phase 6 Pandemic locally widespread	Local Response Absenteeism Medical Surge	<ul style="list-style-type: none"> - Flu Care at Home - ISCU - Volunteers
Response Stage 7	WHO: Inter-pandemic period Between Pandemic Waves	Surveillance Recovery Mitigation Planning	<ul style="list-style-type: none"> - Surveillance for next wave - After Action Report - Improvement Plan - Refresh and Re-supply - EDS plans for vaccine distribution

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Response Stage 1 – Pandemic Phases 1, 2 and 3 – Mitigation and Planning

- **Surveillance:** Consistently and meticulously reporting disease information is the first step in infection control. All surveillance systems should be updated and exercised so that all staff and BOH members know their roles.
- **Pandemic Planning Committee:** Form a group to coordinate and work on this Pandemic Plan. Be sure to include the community leaders as well as First Responders.
- **Local Response:** Communities will be affected simultaneously; individual towns may not be able to rely on mutual aid resources from neighbors, the state, or the federal government. Scarce resources will need to be equitably allocated.
- **Training and Exercise:** Critical to maintaining and improving all emergency plans.
- **Risk Communication:** Pre-Pandemic Risk Communications should include seasonal flu information, hand washing, cough and sneeze etiquette, healthy habits, and other risk avoidance information to make the public aware of ways to protect themselves from infections.
- **Emergency Planning** that should be included in the community's Comprehensive Emergency Management Plans (CEMP):
 - Pandemic Plans
 - Public Health Comprehensive Emergency Plans
 - Continuity of Operations Plans (COOP)
 - Special Population Plans
 - Risk Communications Plans
 - Emergency Dispensing Site (EDS) Plans
 - Workforce Protection Plans
 - Mass Care Plans
 - Home Care Plans
 - Mass Casualty Plans
 - Mass Sheltering Plans
 - Mass Evacuation Plans
 - National Incident Management System (NIMS) Compliance Plans
 - Other

Response Stage 2 – Pandemic Phases 4 and 5 – Preparation, Training, Exercises

- **Surveillance** continues.
- **Planning:** Review all emergency plans
- **Training and Exercises** to improve all emergency plans and familiarize all response partners with each other and their roles and responsibilities. Cross train staff and volunteers to provide surge and backup staffing. Increase training and exercise program.

Response Stage 3 – Pandemic Phase 6 – Pandemic Clusters anywhere in the World

- **Surveillance:** Increased
- **Risk Communication:** Communication with the public will be critically important. The public and response agencies/partners will need clear, consistent, continuous, coordinated, timely, and accurate updates. One message – multiple methods.
- **Critical Supplies:** Stockpiled

Response Stage 4 – Response - Pandemic Clusters in the Continental United States

- **Surveillance** on high alert
- **Local Response:** activate ICS for Pan Flu
- **Joint Information Systems (JIS) implemented:** Coordinate local messages. Consider organizing Joint Information Systems around each hospital cluster.
- **Risk Communications** and Public Information on the local response.

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Response Stage 5 – Pandemic Clusters Within 25 - 50 miles

- **Surveillance** at high alert.
- **Local Response:** Consider Unified or Area Command
- **Social Distancing Strategies:** Travel bans, closings of schools and businesses, and cancellation of events, etc., may be necessary to reduce the spread of infection and will have major impacts on communities.
- **Shelter-In-Place:** Resident may be asked to stay in their homes for significant periods of time, especially the elderly and those with compromised immune systems.
- **Isolation and Quarantine:** Some people will be unable (e.g. homeless) or unwilling to comply with social distancing and quarantine directives and additional support and legal enforcement procedures will be needed.
- **Volunteers:** Update Volunteer team rosters, update training, create weekly rosters, provide liability protection by appointing volunteers as Special Municipal Employees.
- **Care at Home:** Form Home Care Support Teams ready to deliver supplies to shut ins, provide health care information, help with emergency transportation, provide basic home support, etc.

Response Stage 6 – Pandemic Locally Widespread

- **Local Response:** Community strategies using non-pharmaceutical interventions.
- **Absenteeism:** It is predicted that up to 40% of the population will be out sick or home caring for sick family members, resulting in a significant disruption of public and private critical infrastructure including transportation, commerce, utilities, public safety, and communications. COOP plans will be needed in all departments.
- **Medical Surge Planning:** A substantial number of people will require medical care and it is unlikely that our hospitals will have the staff, facilities, equipment, and hospital beds required. Strategies to keep people at home will be needed.
 - **Home Care:** Residents who are sick, but do not require hospital level care may need some community support to manage their illness and remain at home, reserving the hospital for the most acute patients.
 - **ISCU:** Influenza Specialty Care Units will be hospital level care at temporary sites that will deal exclusively with influenza patients. Volunteers from surrounding communities will be needed to staff the local ISCU.
 - **Volunteers:** Communities should focus on recruiting, credentialing, and training volunteers to assist with Home Care, ISCU, maintaining social order, and other aspects of pandemic flu response.

Response Stage 7 – Recovery Period Between Pandemic Waves

- **Surveillance** for next Pandemic wave begins.
- **After Action Report:** Response Assessment – What worked and what did not?
- **Improvement Plan:** What can be changed to prepare for the next wave?
- **Recovery:** Refresh and replace supplies and provide time for staff and volunteers to recover.
- **Mitigation:** Work on ways to reduce the impact of the next wave.
- **Planning:** Get ready for the next Pandemic wave, including Emergency Dispensing Site (EDS) plans to distribute vaccines when available.