

Pandemic Response Plan

For
Indiana County,
Pennsylvania

December 2007
Updated 2016
Re-promulgated, 2020

RECORD OF CHANGES

REVISION/ ADDITION	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (SIGNATURE)
1. Cover Page, Update	12/2016	12/2016	TAS
2. Page 5; Sec. I, C, 1	12/2016	12/2016	TAS
3. Page 8; Sec. II; A; 3	12/2016	12/2016	TAS
4. Page 11; Sec. II; A; 5; b	12/2016	12/2016	TAS
5. Page 13; Sec. II; B; 1; a	12/2016	12/2016	TAS
6. Page 15; Sec. II; C; 4	12/2016	12/2016	TAS
7. Page 17; Sec. III; C; 4	12/2016	12/2016	TAS
8. Page 20; Sec. IV; A	12/2016	12/2016	TAS
9. Cover Page, Re-prom	3/2020	3/2020	TAS
10. Page 5, Sec. 1; C; 1	3/2020	3/2020	TAS
11. Page 5, Sec. 1; D; 1	3/2020	3/2020	TAS
12. Page 6; D; 2	3/2020	3/2020	TAS
13. Page 8; Sec. II; A; 3	3/2020	3/2020	TAS
14. Page 9 & 10; Sec. II; Tbl 3	3/2020	3/2020	TAS
15. Page 11; Sec. II; A; 7	3/2020	3/2020	TAS
16. Page 16; Sec. III B	3/2020	3/2020	TAS
17. Page 18; Resolution	3/2020	3/2020	TAS
18. Page 19, Sec. IV	3/2020	3/2020	TAS
19. _____			
20. _____			

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I. Introduction

***** *This plan was based on pandemic influenza, however the principles will apply to other Pandemics.* *****

A. History

A pandemic is an outbreak of an infectious disease that spreads across a large region or worldwide. Pandemics are rare but recurring events; there have been about thirty recorded throughout history. Three pandemics occurred in the 20th century:

- 1918 – The “Spanish Flu” killed approximately 675,000 people in the U.S. and 40-50 million worldwide
- 1957 – The “Asian Flu” caused 70,000 U.S. deaths and 1-2 million deaths globally
- 1968 – The “Hong Kong Flu” resulted in 34,000 deaths and 700,000 worldwide

During these outbreaks, when international travel was mainly by ship, illness spread globally in about six to nine months. Given the current rate and speed of international travel, it is estimated a pandemic illness would spread worldwide in less than three months.

B. Flu Facts

Influenza is a highly contagious respiratory illness caused by viruses. Symptoms can include fever, cough, fatigue, head and muscle ache, sore throat and runny/stuffy nose. These symptoms can range from mild to severe and, in some cases, may lead to death. According to the Centers for Disease Control (CDC), 5 to 20% of the U.S. population gets the flu each year and of those, more than 200,000 end up hospitalized and approximately 36,000 die.

Pandemic influenza is a global outbreak caused by a new influenza virus. There are important differences between seasonal flu and pandemic flu as outlined by the CDC in the following chart:

Table 1: Comparison of Seasonal and Pandemic Flu

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates	Occurs rarely
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications.	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and are available for annual flu season	Vaccine probably would not be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals may be in limited supply
Average U. S. deaths approx. 36,000/yr.	Number of deaths could be quite high (e.g., U.S. 1918 death toll approx. 675,000)
Symptoms: fever, cough, runny nose, muscle pain Deaths often caused by complications, such as pneumonia	Symptoms may be more severe and complication more frequent
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)	May cause major impact on society (e.g., wide-spread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

The World Health Organization (WHO) identifies three criteria for a pandemic to start:

- 1) A new influenza virus subtype emerges;
- 2) It infects humans and causes serious illness; and,
- 3) It spreads easily and sustainably among humans.

The WHO identifies the following characteristics/challenges of an impending influenza pandemic:

- All countries will be affected and spread will be rapid.
- Medical supplies will be inadequate and health care systems will be overloaded.
- Large numbers of deaths will occur.
- Economic and social disruption will be great.

C. Purpose and Scope

1. Purpose:

The purpose of this plan is to outline actions to be taken by the government and citizens of Indiana County, Pennsylvania to respond to the threat of or danger presented by pandemic influenza or other extremely contagious disease. This plan will be used in conjunction with the Indiana County Emergency Operations Plan (EOP) dated March 1, 2020 and will be considered an annex to it. Therefore, it does not supersede that plan, but further defines the EOP and focuses on one specific hazard.

2. Scope:

This plan is applicable to all citizens of Indiana County and all emergency responders, response agencies, civilian volunteers, and public health and human service agencies who may be deployed within the county during a pandemic. The chairman of the County Commissioners – or any other Commissioner, acting independently – may place the plan into effect as spelled out in the county government succession outline. It is anticipated that this plan will be activated in conjunction with a local, county, regional, state and/or federal-level declaration of disaster or emergency.

D. Situation and Assumptions

1. Threat Assessment

a. COVID-19 (SARS-CoV-2)

At this time limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). At this time no vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available. Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.

b. H5N1 Influenza

Since 1997, health experts have been monitoring a new and extremely severe influenza virus, the H5N1 strain. During that year, there were 18 cases in Hong Kong with six deaths. Since then, H5N1 has caused large and severe outbreaks in poultry. More cases of human infection have also been reported, mostly in individuals with close contact with infected birds.

Two of the World Health Organization's three criteria for pandemic have been realized in the H5N1 strain (a new influenza virus subtype emerges and it infects humans and causes serious illness.) The third criteria - the virus spreads easily and sustainably among humans - has not been met at this time.

The H5N1 virus has been shown to mutate rapidly. If and when it will mutate to be easily transmittable among humans is unknown; however, scientists and health officials agree that the threat is great and the time to plan is now.

2. Impact Projections

- **Projections will be based on calculations from the CDC Pandemic Planning tools - (<https://www.cdc.gov/flu/pandemic-resources>)**

3. Illness Assumptions

- a. A true pandemic comes in waves. It is expected that each wave will last 4-8 weeks, with 4-8 weeks in between and 3-4 waves total.
- b. Up to six to eight months will be required to develop a vaccine in response to a novel strain of influenza. Even then, the vaccine, as well as other effective preventive and therapeutic measures, may be in short supply.
- c. The Pennsylvania Department of Health will take the lead in distributing anti-virals or influenza vaccine, when available. Local Health departments and communities will work in partnership with health care providers to facilitate distribution utilizing the Points of Dispensing System (PODS) guidelines already in place (refer to PODS Manual.)

4. Impact Assumptions

- a. During a pandemic, neighboring municipalities, as well as regional, state and federal agencies and governments, will likely be affected resulting in a limited ability to transfer assistance from one jurisdiction to another.
- b. Between 30-40% of the workforce may not be available for work due to illness, caring for loved ones, or fear of infection. This will result in significant shortages of personnel who provide essential community services.
- c. An effective response to a pandemic will require coordinated efforts of a wide variety of organizations including: public, private, health, and non-health related.
- d. Infection control measures, such as: social distancing, isolating the sick, and reducing the number of public gatherings, may help slow the spread of illness early in the pandemic period.
- e. Federal and State declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.

E. WHO's Six Phases of Pandemic

The World Health Organization (WHO) has developed a system for communicating stages of a pandemic. This system describes pandemic periods related to the progression of a novel virus with the potential to cause a pandemic. The periods and phases are described in the chart below.

Table 2: World Health Organization's Pandemic Phases

Periods	Phases	
Inter-pandemic (New virus in animals, no human cases)	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert (New virus causes human cases)	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
Pandemic	Evidence of significant human-to-human contact	5
	Efficient and sustained human-to-human transmission	6

II. Pandemic Plan

A. MITIGATION/PREVENTION PHASE

1. Surveillance

The gathering of disease-related intelligence occurs at all levels. At the international level, the World Health Organization (WHO) coordinates surveillance. Information is then passed to the national level via the Centers for Disease Control and Prevention (CDC) and then to the state-level. In Pennsylvania, the Department of Health oversees disease surveillance and communicates significant information locally through Health Alerts on the Pennsylvania Health Alert Network (PA HAN.)

Local disease surveillance occurs at every health care provider – home health care agencies, nursing homes, the hospital, etc. – using current, standard surveillance techniques. All local information is up-channelled to the Department of Health.

Disease detected at any of these levels will necessitate county pandemic planners to assemble, share information and develop strategies based on current conditions.

2. Public Education

Public education before and during a pandemic outbreak will be an important factor in how the general public responds. During the mitigation/prevention phase, local education efforts focus on general facts about pandemics, how to avoid the spread of disease and home care. The objectives of these efforts are to:

- Encourage pre-planning and readiness,
- Lessen panic in the general public once the event occurs, and
- Increase self-reliance so as to lessen the strain on local medical services during a pandemic.
- Red Cross uses in public education materials which can be found in Appendix A.

3. Public Relations

Public relations activities are managed through the Public Information Officer (PIO) function under the county's Emergency Operations Plan and are done in conjunction with local health officials and authorities. All available means of media (including social media) will be utilized.

4. Infection Control Procedures

a. Pharmaceutical

According to the CDC, the most effective tool for mitigating a pandemic is a vaccine well-matched to the strain causing the outbreak. However, they acknowledge that it is highly unlikely that such a vaccine will be available when a pandemic begins. For this reason, the federal government has developed a Pandemic Severity Scale and matched non-pharmaceutical interventions to the levels of the scale.

Prior to the availability of a specific vaccine, the PA Department of Health may deem it necessary to provide antibiotics and/or antiviral medication to the general population. The Points of Dispensing System (PODS) will be activated and utilized for mass dispensing. The Strategic National Stockpile will provide the medications to be dispensed according to federal guidelines.

b. Non-pharmaceutical Interventions

The CDC's Community Strategy for Pandemic Influenza Mitigation gives four strategies for non-pharmaceutical interventions: 1) isolation and treatment of persons with confirmed illness, 2) voluntary quarantine of members of households with confirmed ill, 3) child social distancing measures (school and daycare closures, reduction of out-of-school activities), 4) adult social distancing measures (e.g. cancellation of public gatherings, alterations of workplace environments and schedules.) The recommendation is to implement these strategies in an early, targeted, layered approach based on the severity index of the pandemic (see Figure Table 3 below.)

Table 3: Summary of Community Mitigation Strategy by Pandemic Severity

Medscape® www.medscape.com			
Pandemic Severity Index			
Interventions* by Setting	1	2 and 3	4 and 5
Home Voluntary isolation of ill 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 and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider**	Recommend**
School Child social distancing -dismissal of students from schools and school based activities, and closure of child care programs -reduce out-of-school social contacts and community mixing	Generally not recommended Generally not recommended	Consider: ≤4 weeks†† Consider: ≤4 weeks††	Recommend: ≤12 weeks§§ Recommend: ≤12 weeks§§
Workplace / Community Adult social distancing -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings) -increase distance between persons (e.g., reduce density in public transit, workplace) -modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances) -modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended Generally not recommended Generally not recommended Generally not recommended	Consider Consider Consider Consider	Recommend Recommend Recommend Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

†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.

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 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.

NOTE: Table 3 and the accompanying notes are taken from: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*, Department of Health and Human Services and Centers for Disease Control, February 2007

5. Mental Health Measures

a. Public Education

Educating the public prior to a pandemic is stressed as a means to: convey accurate information about the potential threat, increase the likelihood that people will take personal preparedness steps and, ultimately, lessen the psychological impact once a pandemic occurs. Public education in Indiana County is being managed as outlined in Section II.A.2.

b. Training of Disaster Mental Health Responders

In Indiana County, several entities are being prepared to provide disaster mental health services in the event of any type of disaster, including a pandemic:

- Disaster Crisis Outreach and Referral Team (DCORT) - is part of a statewide program that is overseen locally through the Armstrong/Indiana Mental Health/Intellectual Disabilities office. DCORT members are trained to provide crisis counseling during times of disaster to the general public, as well as, individuals with special needs.
- Critical Incident Stress Debriefing Team (CISDT) - is specially trained to offer mental health counseling to emergency services personnel, including: law enforcement, firefighters, pre-hospital care providers, physicians and nurses.
- Community Guidance Center (CGC) – is a major provider of mental health services in the area and has a Community Response plan as

part of their larger Disaster Response Plan. Their crisis-trained clinicians can be mobilized through the DCORT system or CGC can activate its plan independently, as needed.

- Mental Health First Aid training – is available for any emergency responder, or the general public. Trainings can be found at www.mentalhealthfirstaid.org
- Pastoral Support Group – A group of area clergy available to help with disaster planning and pastoral support services during an event.

6. Personal Preparedness

As noted in the Introduction, a pandemic can result in: a reduced workforce to keep basic services operational, overwhelmed medical services, and reduced ability of neighboring municipalities to help each other. In addition, social isolation measures may be put in place to help stem the spread of disease. These disruptions may continue for an extended period of time. For these reasons, the ability to take care of one's self and family may be even more important during a pandemic than in other emergency/disaster situations.

Both the Pennsylvania Pandemic Response Plan and the Federal Government pandemic website (www.pandemicflu.gov) stress personal preparedness and both contain checklists and other information designed specifically for families and individuals to be better prepared (see Appendix B.)

7. Workforce Planning

Continuity of Operations Plans (COOP's) - The potential for an influenza virus to disrupt the economy cannot be understated. The reduction in work force due to illness could impact a business' ability to continue normal operations and thus reduce the services or products available. During the Mitigation phase, businesses, especially those that supply critical infrastructure, should develop a Continuity of Operations Plan (see Appendix C.) Examples of critical infrastructure include utilities, financial institutions, fuel suppliers, food suppliers, and all public safety services.

8. Local Government Planning

Because of the nature of a pandemic event and the potential for widespread illness, individual government entities should make provision for day-to-day operation outside normal approval processes. These provisional operations procedures should be referenced in the municipality's Continuity of Government Plans (COG.)

9. Resources

A pandemic has the potential to cause serious disruptions in the normal distribution of material resources. Shortages of a variety of goods are possible, including food, water and medical supplies. All public and private agencies, businesses and individuals are encouraged to stockpile items they deem essential.

B. PREPAREDNESS PHASE

1. Communications

- a. Internal – As information is received regarding the presence and spread of pandemic illness, communications among internal stakeholders* will come in the form of:
 - Face-to-face briefing sessions
 - E-mails
 - Conference calls
 - Distribution of hard copies
 - Social Media
- b. External – Timely and accurate information to the general public and other external stakeholders (e.g. business and industry) will be paramount to ensuring that the county's citizens implement preparedness measures. Communications will be prepared by local subject experts utilizing information from federal, state and regional public health agencies and disseminated to the public via the mechanisms listed in the chart below.
- c. Flow of communications – Release of information will be consistent with the county's EOP and in accordance with National Information Management System (NIMS) regulations.

2. Resources

a. Human Resources (Internal)

During the Preparedness phase, public safety organizations, health and human services agencies, the medical community, local and county government and each POD site should:

- 1) Assess their staffing resources and anticipate needs. Critical staff positions should be identified and consideration should be given to training up to three people to perform the functions of those positions.
- 2) Review Continuity of Operations Plans and implement preliminary steps
- 3) Determine need for volunteer resources and communicate to the county's Volunteer Center, which will be in charge of coordinating disaster volunteers during the response phase.

b. Human Resources (External)

Business and industry, especially those businesses providing critical infrastructure should also assess staffing, review continuity plans, and implement preliminary measures as needed.

c. Material Resources (Internal)

Internal stakeholders should review inventories of all relevant equipment and supplies including those specifically stockpiled for the possibility of a pandemic event. Additional supplies needed should be ordered or otherwise obtained during the Preparedness phase. The PARR database can be used to locate supplies and equipment available from regional businesses (see Section II.A.7.a. on Pg. 2 for information about PARR.) Staff and potential volunteers should review personal readiness kits/supplies as their ability to sustain themselves and their families will be crucial to their availability to respond when needed.

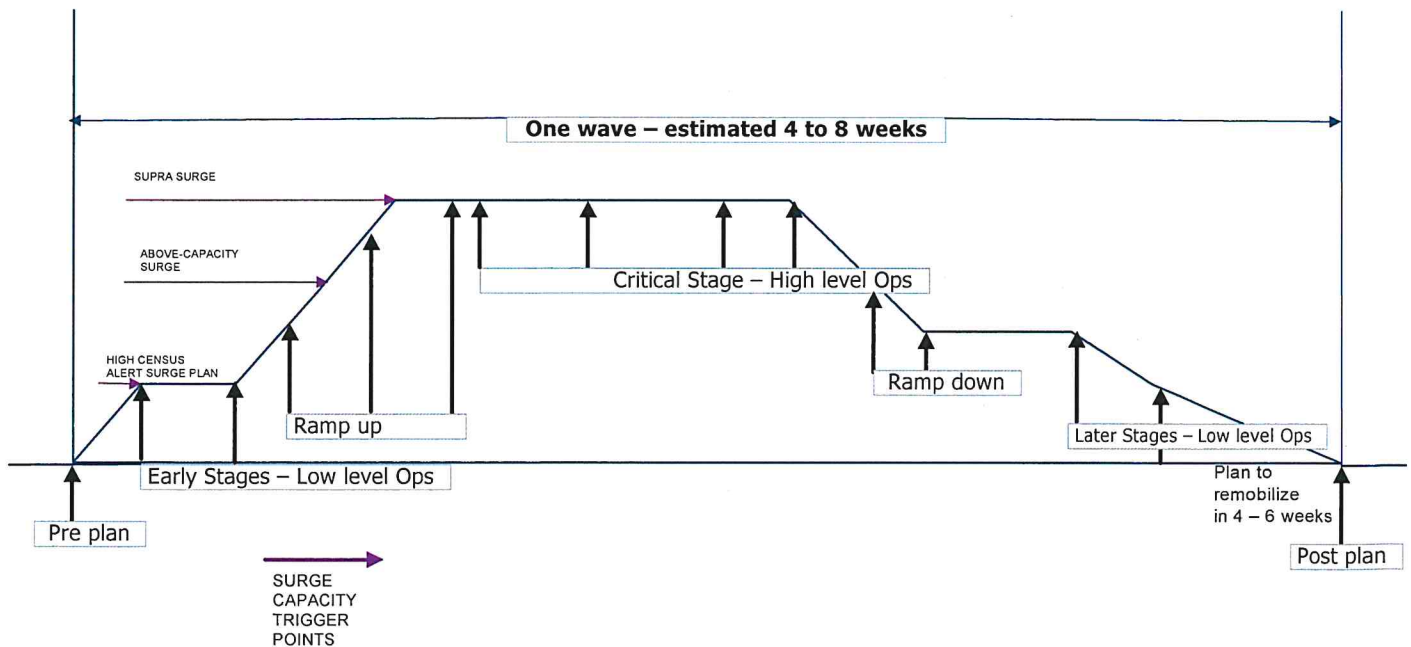
d. Material Resources (External)

- 1) General Public - should review personal caches of supplies to maintain themselves and their families during a time when food, water, and other essentials may be in short supply.
- 2) Business and Industry - should ensure they have the supplies to maintain business operations when normal shipping/receiving procedures may be interrupted. Also, maintaining operations may mean that some employees will need to shelter-in-place. Businesses should determine how many employees this might involve and check to ensure they have enough related supplies stockpiled for this possibility.

3. Sustained Pandemic Operations

- a. Estimated human and material resources needed for sustained pandemic operations are based on surge capacity trigger point.
- b. The chart below is a representation of one 6-8 week wave in a pandemic period. It should be understood that 3 or 4 waves are possible with 4-6 week intervals in between.

Figure 4: SUSTAINED PANDEMIC OPERATIONS



SUSTAINED OPERATIONS – Will be impacted by these critical issues:

1. Estimated County Patient Volumes
2. Staff - only 50-60% working, burn out, need for 12 on/12 off work cycles with R&R
3. Communications/Public Notification
4. Technology
5. Tasks, Volumes, Work Load

Note: Anticipating patient numbers is key to identifying trigger points.

C. RESPONSE PHASE

1. Concept of Operations
 - a. This plan is based on local and county Emergency Operations Plans, which prescribe:
 - Activation of the Emergency Operations Center (EOC)
 - Communications with emergency responders and with local governments
 - Use of the National Incident Management System (NIMS) in all tactical operations.
 - b. County response will be based on the WHO's Pandemic Phases and the Federal Government Response Phases as indicated in the chart in Appendix D. Local health officials will determine which phase the county is in based on information and/or directives from the CDC, state EOC, PA Department of Health, other state government leadership, and local responders.
 - c. A Unified Command Structure (USC) will be utilized for decision-making purposes.
2. Emergency Support Functions - Emergency Support Functions (ESF's) will be used to manage how support will be rendered. All ESF's as outlined in the Emergency Operations Plan will be used in support of the Pandemic Response Plan. They are identified and tasks for each are specified in the local and county EOP's.
3. Isolation/Quarantine – Indiana County's plan for handling isolation and quarantine are outlined in "Policy on Isolation and Quarantine for Indiana County" in Appendix E.
4. Actions for Implementation
 - a. Activate EOC
 - b. Issue declaration of emergency
 - c. Begin daily briefings of UCS and issue directives
 - d. Continue actions under Mitigation/Prevention phase. (see page 8)
 - e. Activate Points of Dispensing System (PODS) as needed (per PODS Operations Plan.)
 - f. Coordinate response effort with local hospitals
5. Resource Deployment

Because true pandemics come in up to 3-4 waves, consideration should be given to deploying resources incrementally, so supplies are not depleted during the first wave.

D. RECOVERY PHASE

1. Damage Assessment and Losses

Damage assessments will be conducted as specified in the county EOP. County health officials, the coroner's office and the PA Department of Health will have to determine loss because of illnesses and fatalities resulting from a pandemic event. Accounting of available resources, as well as, patient census and fatality census will need to be coordinated through the county Emergency Operations Center.

2. Revenue Recovery

Individual health care providers and private businesses will be responsible for accurately tracking their financial expenditures in relation to a pandemic outbreak for potential financial recovery from state and federal sources.

3. Restoration of Services

- 1) COG/COOP – Local government and private businesses, following their Continuity of Government/Continuity of Operations Plans, should assess needs in regard to continuation of essential services during the recovery effort.
- 2) Evaluation and Coordination of Services – The local and county EOC will coordinate the evaluation of available essential resources, including health and public safety, to determine if redeployment of these resources will be necessary to restore, to some level, the capacity lost in the previous wave of the pandemic.

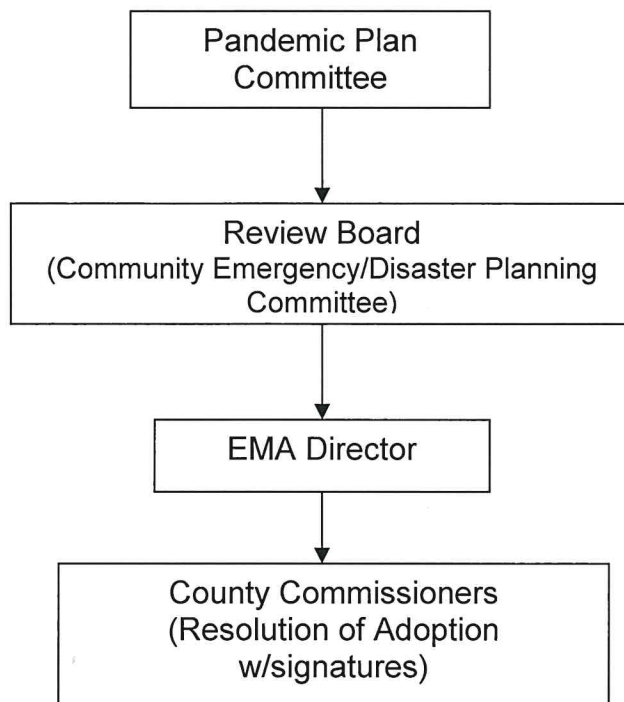
4. After Action Report

Command staff will generate an After Action Report after each wave of the pandemic to determine impact and consequences and what mitigation activities are warranted to lessen the impact of subsequent waves. Results will be shared with all stakeholders via After Action meetings and dissemination of reports.

III. Plan Development, Maintenance and Distribution

A. Plan Review, Approval and Implementation Process

Figure 3: Plan Review, Approval and Implementation Flow Chart



B. Pandemic Plan Committee Members

- Dr. James Dickson – HHSS Medical Director
- Jessica Clark – HHSS Co-Chair
- Tom Stutzman – Director, EMA
- John Pivadori – Deputy Director, EMA
- Jolene Burkhardt – 9-1-1 Coordinator
- Randy Thomas – Operations Director Citizens Ambulance Service
- Michael Grimes – Indiana Reg. Medical Center Safety Director
- Kathy Abbey-Baker - HHSS Coordinator
- Lisa Spencer – Director Human Resources, Indiana Co.

C. Distribution List

- **Indiana County Community Emergency/Disaster Planning Committee**
- **Health and Human Services Subcommittee agencies:**
 - Aging Services, Inc.
 - Alice Paul House
 - American Red Cross
 - Armstrong/Indiana Behavioral and Developmental Health Program
 - Beacon Ridge
 - Citizens' Ambulance Service
 - Communities at Indian Haven
 - Community Guidance Center
 - Critical Incident Stress Debriefing Team
 - Diamond Medical, Inc.
 - Housing Authority of Indiana Co.
 - Indiana County Coroner
 - Indiana Co. Dpt. of Human Services
 - Indiana County Head Start
 - Indiana County EMA
 - Indiana County Sheriff's Office
 - Indiana Regional Medical Center
 - IUP Maternal-Child Faculty
 - IUP Nursing and Allied Health
 - IUP Public Safety/Police
 - IUP University Health Services
 - LifeStat Ambulance Service
 - PA Dept. of Health – Indiana
 - St. Andrew's Village
 - Salvation Army – Indiana
 - Scenery Hill Manor
 - Special Medical Response Team (SMRT)
 - The Open Door
 - The Arc of Indiana
 - Visiting Nurse Association
- **Local Municipalities**
 - Townships:
 - Armstrong
 - Banks
 - Blacklick
 - Burrell
 - Cherryhill
 - Brush Valley
 - Buffington
 - Canoe
 - Center
 - Conemaugh
 - East Mahoning
 - Young
 - Boroughs:
 - Armagh
 - Blairsville
 - Cherry Tree
 - Creekside
 - Glen Campbell
 - Clymer
 - Ernest
 - East Mahoning
 - East Wheatfield
 - Grant
 - Green
 - Montgomery
 - North Mahoning
 - Pine
 - Rayne
 - South Mahoning
 - Washington
 - West Mahoning
 - West Wheatfield
 - White
 - Homer City
 - Indiana
 - Marion Center
 - Plumville
 - Saltsburg
 - Shelocta
 - Smicksburg
- **PEMA**
- **Pennsylvania Department of Health**
- **Southwestern Pennsylvania Counter Terrorism Task Force**
- **All county school districts**
- **All local, county and state law enforcement agencies**
- **All county fire departments**
- **Indiana County Chamber of Commerce**

A Resolution
Adopting the Pandemic Response Plan
for
Indiana County

Whereas, Indiana County is desirous of providing information to all residents and visitors on current health conditions within the county, and

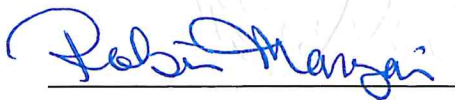
Whereas, there is public and private needs for support and notification during a potential health crisis, and

Whereas, Health Care Providers of Indiana County, in conjunction with emergency responders and the Indiana County Emergency Management Agency have proposed this plan of action, should health pandemic occur, and

Therefore, be it resolved that the Indiana County Commissioners do hereby adopt the Pandemic Response Plan, acting on March 11, 2020.

Attest:

Indiana County Commissioners:



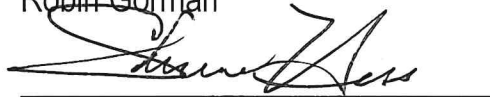
Robin Maryai, Chief Clerk



Michael Keith, Chairman



Robin Gorman



Sherene Hess

IV. Training and Exercises

All Training and Exercises performed in conjunction with this plan will be compliant with current HSEEP Guidelines.

References

- 1 Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States, Department of Health and Human services and Centers for Disease Control, February 2007
- 2 Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak: Background on the Mental Health Impact of Natural Disasters, including Epidemics, Center for the Study of Traumatic Stress
- 3 www.pittsburghcoalitionforsecurity.org

Acronyms

1. CDC – Centers for Disease Control and Prevention
2. CGC – Community Guidance Center
3. CISDT – Critical Incident Stress Debriefing Team
4. COG – Continuity of Government Plan
5. COOP – Continuity of Operations Plan
6. DCORT – Disaster Crisis Outreach and Referral Team
7. EOP – Emergency Operations Plan
8. ESF – Emergency Support Function
9. IRMC – Indiana Regional Medical Center
10. NIMS – National Incident Management System
11. PA DOH – Pennsylvania Department of Health
12. PA HAN – Pennsylvania Health Alert Network
13. PIO – Public Information Officer
14. PPD – Personal Protective Devices
15. UCS – Unified Command Structure
16. WHO – World Health Organization



Together, we can save a life

FACT SHEET

Pandemic Influenza

Influenza, often called the flu, is a respiratory disease caused by a virus. In the United States, the flu is an annual event that begins in December and ends in March. This type of flu is called Seasonal Flu. Rarely, a new type of flu virus may appear that people have not been exposed to before, so they have no natural resistance to it. This type of virus could cause a flu more serious than a seasonal or "typical" flu. This flu is called Pandemic Flu. This type of flu spreads easily from person to person around the world in a very short time and causes serious illness and deaths.

Currently, experts have discovered a new type of flu virus that has infected and killed many birds. This virus causes a flu called Avian or Bird Flu. In Asia and Turkey infected birds (domesticated chickens, ducks and turkeys) have transmitted the bird flu to humans causing illness and sometimes death. Although there has been no sustained human-to-human transmission, there has been growing concern that a flu pandemic could occur. Unlike the seasonal flu, pandemic flu infects large numbers of people of all ages, causing serious illness and deaths. Whether or not a flu pandemic actually occurs, you can prepare by knowing the facts about the flu and how to respond to it.

The symptoms of the bird flu, which are similar to those of the seasonal flu, are:

- Diarrhea;
- Extreme tiredness;
- Headache;
- Body ache;
- Cough;
- Sore throat;
- Fever and chills;
- Runny or stuffy nose.

Contact your health care provider if you have any questions about your specific symptoms.

You can make good hygiene a habit and take other actions to prevent the spread of germs, including:

- Washing your hands with soap and water or cleaning them with a hand sanitizer.
- Covering your mouth and nose with a tissue when you cough or sneeze, and cleaning your hands afterwards. Use soap and water or a hand sanitizer.
- Staying home if you are sick. Get plenty of rest and drink a lot of fluids.
- Avoiding close contact with people who are sick.
- Keeping your living and work areas clean.

During a flu pandemic, public health officials may impose community-level restrictions to prevent the flu virus from spreading. You may be asked to stay home for an extended period of time even though you are not sick. Schools, workplaces and places of worship may be closed temporarily and mass transportation such as subways, trains and air travel may be limited.

You can prepare for a flu pandemic now. These actions may lessen the impact of a flu pandemic on you and your family —

- Store extra supplies of water and food.
- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.
- Store a supply of non-prescription drugs such as pain relievers, cough and cold medicines, stomach remedies, fluids with electrolytes and vitamins.
- Store health supplies such as bleach, tissues, a thermometer, disposable gloves, soap and alcohol-based hand cleaners.
- Talk with family members and loved ones about how they would be cared for if they got sick.

For more information, please visit www.redcross.org, www.pandemicflu.gov, www.cdc.gov, www.hhs.gov and www.who.int.



**American
Red Cross**

Home Care for Pandemic Flu

What is Pandemic Flu?

A “pandemic” is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it’s important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- > Clean your hands often with soap and water or alcohol-based hand sanitizer.
- > Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- > Cough or sneeze into your upper sleeve if you don’t have a tissue.
- > Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- > Stay home from work, school and errands and avoid contact with others.
- > Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- > Keep everyone’s personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- > Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:

1 gallon water
¼ cup bleach
Mix up a fresh batch every time you use it.

- > It is okay to wash everyone’s dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- > Wear disposable gloves when in contact with or cleaning up body fluids.
- > One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- > Fever
- > Cough
- > Runny nose
- > Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu

A person recovering from flu should have:

- > Rest and plenty of liquids
- > No alcohol or tobacco
- > Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don’t cure it.



Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- > A high fever
 - Children and Adults:
Greater than 105°F (40.5°C)
 - Babies 3- to 24-months-old:
103°F (39.4°C) or higher.
 - Babies up to 3 months:
Rectal temperature of 100.4°F (38°C) or higher.
- > Shaking chills
- > Coughing that produces thick mucus
- > Dehydration (feeling of dry mouth or excessive thirst)
- > Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, **call 9-1-1** or local emergency number for any of the signs below:

- > Irritability and/or confusion
- > Difficult breathing or chest pain with each breath
- > Bluish skin
- > Stiff neck
- > Inability to move an arm or leg
- > First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- > In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.

- > If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:

1 quart water
 ½ tsp. baking soda
 ½ tsp. table salt
 3 to 4 tbsp. sugar
 ¼ tsp. salt substitute
 Mix well and flavor with lemon juice or sugar-free Kool-Aid®.

- > If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

- > Give plenty of fluids.
- > Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label.
Do not give aspirin to anyone younger than 20.
- > Keep a record of your loved one's temperature in your care log.
- > To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Home Care for Pandemic Flu

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:

- > Thermometer
- > Soap
- > Box of disposable gloves
- > Acetaminophen
- > Ibuprofen
- > Bleach
- > Alcohol-based hand sanitizer
- > Paper towels
- > Tissues
- > Surgical masks
(one for each person)
- > Sugar, baking soda, salt, salt substitute

For more information, contact your local American Red Cross chapter, visit www.redcross.org or call 1-800-RED-CROSS.

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute for professional medical care or current public health advice. Seek advice from your health-care provider, the CDC and your local health department. Visit www.pandemicflu.gov.

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your health-care professional to make sure any medication or vaccination is appropriate to your health.



Pandemic Flu Planning

Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- ☐ Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- ☐ Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- ☐ Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- ☐ Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- ☐ Volunteer with local groups to prepare and assist with emergency response.
- ☐ Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- ☐ Teach your children to wash hands frequently with soap and water, and model the current behavior.
- ☐ Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- ☐ Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.



3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"> <input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups <input type="checkbox"/> Protein or fruit bars <input type="checkbox"/> Dry cereal or granola <input type="checkbox"/> Peanut butter or nuts <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Crackers <input type="checkbox"/> Canned juices <input type="checkbox"/> Bottled water <input type="checkbox"/> Canned or jarred baby food and formula <input type="checkbox"/> Pet food <input type="checkbox"/> Other nonperishable foods 	<ul style="list-style-type: none"> <input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment <input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash <input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen <input type="checkbox"/> Thermometer <input type="checkbox"/> Anti-diarrheal medication <input type="checkbox"/> Vitamins <input type="checkbox"/> Fluids with electrolytes <input type="checkbox"/> Cleansing agent/soap <input type="checkbox"/> Flashlight <input type="checkbox"/> Batteries <input type="checkbox"/> Portable radio <input type="checkbox"/> Manual can opener <input type="checkbox"/> Garbage bags <input type="checkbox"/> Tissues, toilet paper, disposable diapers

PandemicFlu.gov

AvianFlu.gov

BUSINESS PANDEMIC INFLUENZA PLANNING CHECKLIST



In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at www.pandemicflu.gov and www.cdc.gov/business.

1.1 Plan for the impact of a pandemic on your business:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your plan, and revise periodically.

1.2 Plan for the impact of a pandemic on your employees and customers:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage and track annual influenza vaccination for employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

1.3 Establish policies to be implemented during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

1.4 Allocate resources to protect your employees and customers during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure availability of medical consultation and advice for emergency response.

1.5 Communicate to and educate your employees:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information for the at-home care of ill employees and family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

1.6 Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan

☐ PLAN TO STAY IN BUSINESS

If this location is not accessible we will operate from location below:

Business Name

Business Name

Address

Address

City, State

City, State

Telephone Number

Telephone Number

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

If the person is unable to manage the crisis, the person below will succeed in management:

Primary Emergency Contact

Secondary Emergency Contact

Telephone Number

Telephone Number

Alternative Number

Alternative Number

E-mail

E-mail

☐ EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **BE INFORMED**

The following natural and man-made disasters could impact our business.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

☐ **EMERGENCY PLANNING TEAM**

The following people will participate in emergency planning and crisis management.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

☐ **WE PLAN TO COORDINATE WITH OTHERS**

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

☐ **OUR CRITICAL OPERATIONS**

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation	Staff in Charge	Action Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ SUPPLIERS AND CONTRACTORS

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Contact Name: _____ Account Number: _____
 Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Contact Name: _____ Account Number: _____
 Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Contact Name: _____ Account Number: _____
 Materials/Service Provided: _____



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **EVACUATION PLAN FOR** _____ **LOCATION**
(Insert address)

- o We have developed these plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- o We have located, copied and posted building and site maps.
- o Exits are clearly marked.
- o We will practice evacuation procedures ____ times a year.

If we must leave the workplace quickly:

1. Warning System: _____

We will test the warning system and record results ____ times a year.

2. Assembly Site: _____

3. Assembly Site Manager & Alternate: _____

a. Responsibilities Include:

4. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **SHELTER-IN-PLACE PLAN FOR** _____ **LOCATION**
(Insert address)

- o We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- o We will practice shelter procedures _____ times a year.

If we must take shelter quickly

1. Warning System: _____

We will test the warning system and record results _____ times a year.

2. Storm Shelter Location: _____

3. "Seal the Room" Shelter Location: _____

4. Shelter Manager & Alternate:

a. Responsibilities Include:

5. Shut Down Manager & Alternate:

a. Responsibilities Include:

6. _____ is responsible for issuing all clear.



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **COMMUNICATIONS**

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

☐ **CYBER SECURITY**

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

☐ **RECORDS BACK-UP**

_____ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite _____.

Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:



Sample Emergency Plan

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **EMPLOYEE EMERGENCY CONTACT INFORMATION**

The following is a list of our co-workers and their individual emergency contact information:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **ANNUAL REVIEW**

We will review and update this business continuity and disaster plan in _____.

Appendix D: Indiana County Response Chart

WHO Pandemic Phases			Federal Government Response Stages		Local Actions		
Inter-pandemic period (new virus in animals, no human cases)	Low risk of human cases	1	New domestic animal outbreak in at-risk country	0	Public education and preparedness will be emphasized.		
	Higher risk of human cases	2			Development of COOP/COG Plans.		
Pandemic alert (new virus causes human cases)	No or very limited human-to-human transmission	3	Suspected human outbreak overseas	1	EOC will not be activated		
	Evidence of significant human-to-human contact	4			Employ mitigation strategies as per Table 5, p. 10.		
	Pandemic	Evidence of significant human-to-human contact	5	Confirmed human outbreak overseas	2	Identify representatives for Unified Command Structure and schedule briefings as needed.	
Efficient and sustained human-to-human transmission		6	Widespread human outbreaks in multiple locations overseas			3	Monitor surveillance information and public health bulletins.
				First human case in North America	4		Activate EOC and staff ESF positions, as needed
				Spread throughout United States	5		Issue declaration of emergency
				Recovery and preparation for subsequent waves	6		Begin daily briefings of UCS and issue directives

APPENDIX E

Policy on Isolation and Quarantine

For Indiana County

The goals of Indiana County disease containment measures during a pandemic are to slow the spread of the disease early after the introduction into the area and to limit the number of infected persons. Containment measures include: 1) isolation, 2) quarantine, 3) social distancing and 4) personal hygiene. In the event of a pandemic or epidemic, the success of containment measures greatly depends on one's personal responsibilities to self and family members.

I. Isolation/Quarantine Protocol

Isolation/Quarantine can be accomplished both voluntarily (personal choice or medical directive) and/or through public health directives. Since Indiana County utilizes the Pennsylvania Department of Health the State Health Department will continue to make recommendations/directives as communicable disease case(s) are presented. In the case of a public health emergency, the said entity is the lead agency for health recommendations.

A. Definitions

1. Isolation – separation of ill persons (cases) from healthy population
2. Quarantine - separation and restriction of movement for exposed, yet well, populations and individuals (contacts)
3. Social distancing – distance placed between persons or populations to decrease the number of social contacts
4. Voluntary – with the consent and cooperation of the individual
5. Involuntary – when the individual refuses or is unable to comply with request

B. Voluntary Isolation and Quarantine

Whenever possible, those who do not require hospitalization for medical reasons should be isolated in their homes. Likewise, a personal residence is generally the preferred setting for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the individual. It is anticipated that 80% of persons in need of isolation or quarantine will cooperate, and that Court Orders or enforcement detainment will not be necessary.

Specially designated isolation site(s) will be identified for those whom home isolation/quarantine is not feasible.

C. Involuntary Isolation and Quarantine

In the event the case or contact refuses or is unable to comply with voluntary isolation, the Pennsylvania Court may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

Involuntary isolation or quarantine may occur in a hospital, a specially designated isolation facility, a prison hospital, or private residence. The site will be determined on a case-by-case basis, based on availability of specific sites and ability to enforce the confinement.

D. Social distancing

This is the primary and greatest strategic measure in containment of disease. It is generally voluntary and planned. Social distancing requires personal commitment and community support in order to be successful. Public education will be an important component to the success of these measures.

Social distancing may involve:

- o "Self shielding" days → asking everyone to stay home, during the period of greatest communicability
- o Closure of buildings and cancellation of events may be recommended/implemented to limit exposure to infected individual(s)

E. Personal Hygiene – includes hand hygiene, cough etiquette and use of personal protective devices (PPD).

II. Public Education

To facilitate the public understanding of and compliance with recommendations, public education campaign activities will occur via website, TV, newspaper, fliers, etc. Furthermore, a health assessment hotline will provide guidance to individuals with personal health questions.

Indiana County's Health and Human Services Subcommittee has begun conversations/plans with other human service organizations to identify other ways to support compliance with containment strategies requiring prolonged home based sheltering/confinement. Included in these plans are mental health services and procedures for providing essential services to special populations such as the elderly and people with physical and cognitive disabilities.