

# PANDEMIC PROCEDURES

## *\*Original Copy*

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**DISCLAIMER:** This information is intended as an example only. As such, it is not intended to be, nor should it be used as, legal or management advice. The current coronavirus outbreak continues to evolve and information recommendations could change. Sources for information herein regarding the Coronavirus are King County Public Health, Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO).

**NOTE:** This manual provides general guidelines that may be followed during a pandemic. Here are recommendations for using this document:

Update SECTION 1 information annually

**\***When facing an upcoming pandemic, copy the document (keeping the *Original Copy* intact); update the *Working Copy* with information needed specifically in the situation at hand

# [COMPANY] PANDEMIC PROCEDURES

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## SECTION I – CONTACT INFORMATION

### **EAP - Employee Assistance Program**

*(Include EAP information if applicable.)*

### **Medical Plan Contact Information**

*(Include medical plan information.)*

### **STAFF - Staff Contact Information**

*(Include staff phone and emergency information.)*



## SECTION 2 – PLANS FOR STAFF DURING A PANDEMIC

### PHASE I – Planning for a Pandemic of Moderate Severity

*IMPORTANT: This section of the Original Copy does not reflect specific recommendations for all types of pandemics and viruses strains. It must be updated in the Working Copy.*

#### **Vaccination Awareness and Promotion**

The CDC committee recommends that vaccination efforts focus on key populations. Vaccination efforts are designed to help reduce the impact and spread of pandemic virus. Key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with pandemic virus, and those who could infect young infants. When a vaccine is first available, the committee recommends that programs and providers try to vaccinate:

- Pregnant women,
- People who live with or care for children younger than 6 months of age,
- Health care and emergency services personnel,
- Persons between the ages of 6 months through 24 years of age, and
- People from ages 25 through 64 years who are at higher risk for pandemic virus because of chronic health disorders or compromised immune systems.

According to the CDC, availability and demand can be unpredictable. There is some possibility that initially a vaccine will be available in limited quantities. In this setting, the committee recommends that the following groups receive the vaccine before others:

- Pregnant women,
- People who live with or care for children younger than 6 months of age,
- Health care and emergency services personnel with direct patient contact,
- Children 6 months through 4 years of age, and
- Children 5 through 18 years of age who have chronic medical conditions.

The committee recognizes the need to assess supply and demand issues at the local level. The committee further recommends that once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. As vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

The committee also stresses that people over the age of 65 receive the seasonal vaccine as soon as it is available. Even if pandemic virus vaccine is initially only available in limited quantities, supply and availability will continue, so the committee stressed that programs and

providers continue to vaccinate unimmunized patients and not keep vaccine in reserve for later administration of the second dose.

The pandemic virus vaccine is not intended to replace the seasonal flu vaccine. It is intended to be used alongside seasonal flu vaccine to protect people. Seasonal flu and pandemic virus vaccines may be administered on the same day.

### ***Prevent the Spread of Germs/Viruses***

Keep a supply of tissues, wipes, hand sanitizer, masks in all areas of the building. Signs and handouts promoting prevention tips will be placed strategically throughout building. Here are some tips to help prevent spreading and catching germs.

Keep your germs to yourself

- Cover your nose and mouth with a tissue when sneezing, coughing or blowing your nose.
- Discard used tissues in the trash as soon as you can.
- Always wash your hands after sneezing, blowing your nose, or coughing, or after touching used tissues or handkerchiefs. Wash hands often if you are sick.
- Use warm water and soap or alcohol-based hand sanitizers to wash your hands.
- Stay home if you have a cough and fever.
- See your doctor as soon as you can if you have a cough and fever, and follow his/her instructions. Take medicine as prescribed and get lots of rest.
- If asked, use face masks provided in your doctor's office or clinic's waiting room. Follow office and clinic staff's instructions to help stop the spread of germs.

Keep the germs away

- Wash your hands before eating, or touching your eyes, nose or mouth.
- Wash your hands after touching anyone who is sneezing, coughing or blowing their nose.
- Don't share things like towels, lipstick, toys, or anything else that might be contaminated with respiratory germs.
- Don't share food, utensils or beverage containers with others.

### ***Travel***

***The severity of the pandemic will dictate the extent of travel limitations.*** (See more information in sections below.)

### ***Wellness Self-Assessment***

All staff and visitors must assess their current wellness before entering the building with self-check instructions at front desk and on class confirmation. Anyone who is ill must return home. Supervisors and management will enforce.

## **TRANSITION – Transition from Emergency Phase I to Phase II**

The Pandemic Team will monitor websites and news outlets and advise the President/CEO and Leadership Team of the severity level of the pandemic. The President/CEO will consult with the Leadership Team regarding a transition from Phase I to Phase II level of conducting [COMPANY] business. A final decision will be made by the CEO with input from the Executive Committee.

## **PHASE II – Planning for a Pandemic of Lethal Severity**

### ***Assumptions***

A lethal pandemic will be stressful to each staff member. Preserving the health of each employee and family members should be our top priority, supported by liberal, clear guidelines and communication.

We can assume that to reduce exposure to and spread of the virus, employees and their families will choose (or be mandated) to quarantine themselves at home. Some staff will undoubtedly be sick and/or taking care of family members who are sick. These staff members must stay home and all efforts must be put into rest and recovery.

Depending upon the severity of the pandemic, some or all of these additional measures will be adopted:

- Communications - Encourage/mandate Skype/Face Time, e-mail, phone, and other electronic communication.
- Conversations – Face to face conversations are discouraged or even prohibited. If not prohibited, conversations in person must be held between people standing a minimum of six-feet apart.
- Meetings – All meetings, including staff meetings, will be held by teleconference or other web-based technology.
- Office hours – A plan of staggered office hours will go into effect. No two staff members will be scheduled to work in a given area at one time. Attendance will be staggered in some way (by day or time of day to reduce the number of staff in the building at any given time). Sanitize hands and desk upon arriving and before leaving. A staff member who is experiencing any symptoms of illness, is recovering, or is caring for sick family members will not be permitted in the office until recovery is complete.
- Telecommuting – Plans for additional or full-time telecommuting will go into effect. *(Include applicable telecommuting information here.)*

Travel – *(Include travel restrictions here).*

### ***Adjustments in Workforce***

In addition to the measures above, workforce adjustments may be needed to fill in for staff who are ill:

- Managers should be contacted and approve coverage

- Create a list of staff that are cross trained in key areas
- If needed, former staff may be able to work from home in some capacity

### ***Employees with Special Needs***

- Some employees may have underlying physical problems or family members in the home who are in vulnerable categories. These staff members must be allowed to use increased vigilance against contracting the virus:

***[Note: This section will be updated reflecting the type of virus causing the pandemic]***

- People 60 and older
- People with underlying health conditions including heart disease, lung disease, or diabetes
- People who have weakened immune systems
- People who are pregnant

### ***Communications Plan in Effect in Emergency Situations***

For communicating with staff, managers will be key communicators with their own staff members. Status updates will be sent to all staff no less than twice per week. Staff meetings will be held regularly via teleconference.

An outline for communicating with members will be created by the Communications Team and the Leadership Team. Undoubtedly, most (or all) communications will be done using technology in various forms: Website, e-newsletters, social networking sites, e-mail, telephone, Skype/Face Time, etc.

### ***Staff Policies in Effect in Emergency Situations***

#### **Intent and use of emergency policies**

These policies will be applied during emergency situations only and will be updated as new pandemic information is received from federal and local governments. The Leadership Team will enforce these policies to protect the lives and health of staff members and their families, as well as [COMPANY] members and their families.

Policies allow for a liberal PTO plan so that staff will:

- Remain at home--without fear of income loss--when sick, in order to recover and not spread the virus to other [COMPANY] staff or members,
- Remain at home—without fear of income loss--when family members are sick, in order to care for them and not spread the virus to other [COMPANY] staff or members,
- Maintain a level of performance that will keep [COMPANY]'s programs running without a major reduction in effectiveness.

Activation of emergency response and policies

- The level of emergency response and which particular policies to activate will be made by the \_\_\_\_\_, in consultation with the Leadership Team.
- Any member of the Leadership Team, who believes that the severity of the pandemic warrants upgrading [COMPANY]'s response, may call an emergency meeting for discussion. This meeting will take priority over other activities.
- Dates for beginning and ending the response and policies will be established by the President/CEO.

### **Policy A. Prevent virus from spreading**

- A-1.** Staff, [COMPANY] members, and visitors must learn about and practice pandemic virus preventive hygiene. All staff members will take responsibility to ensure that masks, tissue, disinfecting wipes, and hand sanitizer, along with instructional signage (which includes self-check information) are in good supply in numerous areas of the building, including the front desk.

### **Policy B. Infection control response by immediate mandatory quarantine**

*[Note: This section will be updated reflecting the type of virus causing the pandemic. Follow current CDC guidelines and/or your county public health.]*

- B-1.** Employees who come to work with possible pandemic virus symptoms, or who develop these symptoms during the day, must leave work immediately and remain at home until at least 7 days OR until 72 hours after your fever has resolved (100° F [37.8°C]), (and symptoms get better) whichever is longer. (Source: King County Public Health March 5, 2020)
- B-2.** Members and visitors who enter the building with possible pandemic virus symptoms, or who develop these symptoms during the day, must leave the building immediately and not return until at least 7 days OR until 72 hours after your fever has resolved (100° F [37.8°C]), (and symptoms get better) whichever is longer. (Source: King County Public Health March 5, 2020)
- B-3. If you are a close contact of a person with confirmed COVID-19 and are sick**
- If you are sick with fever, cough, or shortness of breath, even if your symptoms are mild, isolate yourself following the above guidelines.
  - If you are at higher risk for severe illness (over 60, with underlying health conditions such as heart disease, lung disease, or diabetes), have a weakened immune system or are pregnant) call your health care provider. They may want to test you for COVID-19.
  - If you have symptoms but are not in a high risk category, talk with your health care provider. They will help you determine if you need to be evaluated.

### **Policy C. Compensation and sick-leave during a pandemic situation**

- C-1.** If a staff member (or his/her family member) contracts the pandemic virus, the staff member is expected to stay home to care for him/herself (or the family member) and to keep the virus from spreading to [COMPANY] staff.

- C-2.** If a staff member (or someone in his/her household) contracts the pandemic virus, or a quarantine is mandated, once PTO hours are reduced to zero, complimentary PTO will be provided by the [COMPANY] as necessary.
- C-3.** Staff members who have limited PTO hours banked, are planning to use those hours for a vacation, and must use up the entire bank because they are ill or caring for a family member, may create a PTO deficit for the vacation, which can be made up in the following weeks/months.
- C-4.** Staff members, who are well but are at home caring for family members with the pandemic virus, are expected to work from home when practical and feasible and to keep in frequent contact, electronically, with their supervisor.
- C-5.** Staff members, who well but are in a quarantine waiting period, are expected to work from home and to keep in frequent contact, electronically, with their supervisor.

#### **Policy D. Returning to work after illness**

*[Note: This section will be updated reflecting the type of virus causing the pandemic. Follow current CDC guidelines and/or your county public health]*

- D-1.** The [COMPANY] will follow recommendations of the CDC and King County Public Health. Currently King County Public Health has recommended that people with confirmed or suspected cases of Covid-19 Remain in home isolation for 7 days OR until 72 hours after your fever has resolved (100° F [37.8°C]) (and symptoms get better) whichever is longer. Employees with confirmed cases will require documentation from your health care provider of your “fitness for duty.”
- D-2.** Staff members, who are caring for a family member with the Covid-19 virus or with known exposure to the virus but are not sick with the virus themselves:
- Monitor your health for fever, cough and shortness of breath for 14 days after your last contact with the ill person.
  - Do not return to work and avoid public places for 14 days.

#### **Policy E. Telecommuting**

- E-1.** *Reference to any Telecommuting Policies or forms here.*

#### **Policy F. Flexible work hours**

- F-1.** Most staff work will be conducted electronically from staff members' homes.
- F-2.** For staff (who are well and not caring for infected family members) who need to spend time in the office each week, attendance will be staggered throughout the week (or early morning, daytime, evening, weekends) to drastically reduce the number of staff in the building. A schedule will be created in which only one person per work area may work at any given time.
- F-3.** Sanitize upon arriving and before leaving.

#### **Policy G. Travel Restrictions**

**G-1.** During a pandemic virus emergency, all business travel will be suspended. The \_\_\_\_\_ may override this policy in certain situations.

### ***Technology Use in Conducting [COMPANY] Business***

Communication and information technology will be needed to support employee telecommuting.

- Phones

*(Include instructions for forwarding calls to mobile phones if applicable.)*

- Computers

- Instructions for accessing your computer at home

*(Include instructions applicable to your organization.)*

- Inspection of home computers

*(Include any information regarding the use/update/periodic inspection of home computers if applicable.)*

Telecommuting

- See Police E-1 above.



- IT staff– Plan for effective use of technology.
- Leadership Team – Provide policies, guidance, enforcement, support to pandemic team members
- Other staff members will be brought in to develop aspects of the plan that are specific to their knowledge and positions

### ***Critical Persons and Entities***

**TO DO**: Identify essential employees and critical instructors, venues, services/products, and suppliers required to maintain operations.

Employees: *See Section 2*

- Education Team:     (title)     to ensure programs continue in most appropriate format as feasible.
- Technology staff:     (title)     to ensure technology is provided as needed for programing, communicating with members, and for staff use.
- Leadership Team:     (title)     to provide direction and problem solving for staff so that essential company work and programs continue to function

Instructors: *See Section 1for a list of instructors and vendors*

**TO DO**: Train and prepare ancillary workforce (contractors, employees in other positions, retirees).

### ***Stay Up-to-Date***

**TO DO**: Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources.

- King County Health Department - flu updates and information
- The federal government will maintain an official pandemic site at the Department of Health and Human Services
- Centers for Disease Control and Prevention (CDC) – updates and information
- [World Health Organization \(WHO\)](#)

**TO DO**: Implement an exercise/drill to test plan; revise periodically.

- Once home computers have been prepared, each staff member will be asked to schedule a day to test his/her system by telecommuting, if he/she hasn't already done so, and to call IT department if problems occur.

## **B. IMPACT ON EMPLOYEES: Plan for the impact of a pandemic on employees**

### ***Reduce Exposure to Flu Virus***

**TO DO:** Forecast and allow for employee absences due to personal or family illness, community containment measures and quarantines, school closures, and public transportation closures.

- A lethal pandemic will be stressful to everyone—even those who do not personally experience the illness. Preserving the health of each employee and family members should be the top priority. Having liberal, clear guidelines and communication will be extremely important.
- In a lethal pandemic, we should assume that to reduce exposure to--and spread of--the virus, employees and their families will choose (or be mandated) to quarantine themselves at home.
- Some staff will undoubtedly be sick and/or taking care of family members who are sick. Obviously, these staff members must stay home; all efforts must be put into rest and recovery.
- Partial or full telecommuting allowed for staff
- If allowed, a schedule will be created for staff who must spend some time in the office--with no two staff members in a given area at one time. A staff member who is experiencing any symptoms, is recovering, or is caring for sick family members will not be permitted to spend time in the office
- In the case of a serious pandemic, all internal and external communication will be done electronically

**TO DO:** Implement guidelines to modify the frequency and type of face-to-face contact (hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and members/guests (refer to CDC recommendations).

- Encourage/mandate e-mail, phone, and other electronic communication rather than face-to-face.
- Stagger staff attendance throughout early morning, daytime, evening, weekends to reduce the number of staff in the building at any given time. Schedule time in the office (with HR) with no more than one person per area at any given time. Sanitize upon arriving and before leaving.

### ***Health Services***

- Encourage and track annual influenza vaccination for employees
- Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed
- Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources; improve services as needed
- Identify employees and others with special needs, and incorporate the requirements of such persons into the preparedness plan

## **C. COMMUNICATIONS: Plan for communicating with employees & members**

### ***Communicate Pandemic Preparedness***

**TO DO:** Disseminate information to employees about pandemic preparedness and response plan.

- Communicate regularly, even when pandemic is anticipated but has not begun
- Communicate progress of pandemic and pandemic plan at every staff meeting
- Hold informational sessions for staff as long as is needed
- Conduct all-staff meetings through teleconference or web once a severe pandemic is in effect
- Communicate through e-mail, web site, telephone, text message, Skype/Face Time, etc.

### ***Establish Pandemic Communications Plan***

**TO DO:** Establish an emergency communications plan and revise periodically. Include identification of key contacts (with back-ups), communications chain (include suppliers/vendors), and processes for tracking and communicating business and employee status.

Staff

- (HR) will create a plan for staff
- (Managers/directors) will be key communicators to their own staff members
- (CEO) will send frequent updates to staff by e-mail, especially if staff members are telecommuting.

Clients/Members

- Refer to your communications plan

**TO DO:** Develop communication response plan and platforms (hotlines, website) for communicating pandemic status and developments to employees, vendors, suppliers, clients and members inside and outside the worksite in a consistent and timely way; include redundancies in the emergency contact system.

- Website, e-newsletter, phone messages

## **D. RESOURCES: Allocate resources to protect employees & members during a pandemic**

### ***Supplies and Services***

**TO DO:** Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all building/venue locations.

- Assign staff member to handle supplies and handle re-orders. Staff members must be told who to inform when supplies run low

**TO DO:** Ensure availability of medical consultation and advice for emergency response.

- Medical plan nurse hotline

### **Technology**

**TO DO:** Plan for communications and information technology as needed to support employee telecommuting.

- Assign to (title) \_\_\_\_\_

#### Phones

- Provide direction on how staff should handle phone calls outside of office

#### Computers

- Ensure staff computers are consistently updated
- Periodic (quarterly if pandemic is long-term) computer inspection by IT staff

#### Staff Education

- Provide training to staff for telecommuting. Ensure help is available via phone or online if needed while telecommuting

## **E. PANDEMIC INFORMATION: Supply pandemic information to employees, members, visitors**

### ***Caring for Individuals***

**TO DO:** Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.

- Look for webinars, websites, handouts that would help people deal with a pandemic threat

**TO DO:** Disseminate materials covering pandemic fundamentals (signs and symptoms of a virus, modes of transmission), personal and family protection and response strategies (hand hygiene, coughing/sneezing etiquette, contingency plans).

- Provide information at staff trainings and during staff onboarding

**TO DO:** Provide information for the at-home care of sick employees and family members.

**[Note: This section will be updated reflecting the type of virus causing the pandemic]**

- WHO recommendations for treatment
- No medications are specifically approved for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require medical care or hospitalization.

**[Note: This section will be updated reflecting the type of virus causing the pandemic]**

- Danger signs to watch for:

### **Monitor your symptoms**

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

### **Ask your healthcare provider to call the local or state health department to discuss your situation.**

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or may have COVID19. If possible, put on a facemask before emergency medical services arrive.

**TO DO:** Identify resources for obtaining counter-measures (e.g. vaccines and antiviral medications if available).

- Medical Plan website (See Section 1)
- Conduct additional research

### ***Web Resources***

**TO DO:** Identify community sources for timely and accurate pandemic information

- Get Ready
  - Washington Department of Health: Pandemic Influenza: How You Can Prepare - A pocket-sized brochure that focuses on what individuals can do to prepare for a pandemic.
  - Public Health – King County: Local health departments have additional information about pandemic flu and emergency preparedness.
- Prevent the Spread of Germs
  - Washington Department of Health: Download posters for preventing the spread of germs and “Cover Your Cough”
- Monitor State Government Planning
  - Washington Department of Health website will have information on the steps the state government is taking to reduce the impact of the pandemic.
- Monitor other Pandemic Websites
  - The federal government will have an official pandemic influenza site at the Department of Health and Human Services.
  - Information will be available at the Center for Disease Control (CDC) website
  - Information will be available at the World Health Organization (WHO) website

**F. COMMUNITY: Coordinate and collaborate with external organizations and local community**

- Collaborate with insurers, health plans, and major local healthcare facilities to share our pandemic plans and understand their capabilities and plans.
- Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share our pandemic plans, and understand their capabilities and plans.
- Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services our organization could contribute to the community.
- Share best practices with businesses in our communities, chambers of commerce, and associations to improve community response efforts.