INTRODUCTION

WHAT IS A PANDEMIC?

“A global outbreak of respiratory disease that occurs when a new virus appears or “emerges” in the human population, spreading from person to person worldwide causing serious illness. Respiratory pandemics may cause a severe impact to an organization’s ability to perform its essential functions.”

1

Pandemics involving respiratory viruses (aka “respiratory pandemics”) can vary in severity from mild to especially severe respiratory infections like COVID-19 causing high levels of illness, death, social disruption and economic loss. It is impossible to predict when the next pandemic will occur or how severe it may be.

How is this different from seasonal flu:

• “ Seasonal influenza occurs annually, generally during the fall and winter months.
• People might not have natural immunity to a new or ‘novel’ strain of a respiratory virus, so it would spread rapidly.
• A vaccine may not be available until many months after a pandemic begins.

WHY PREPARE FOR PANDEMICS?

There are people in your community that depend on your organization and the services and support you provide. During a pandemic, you’ll likely experience staff and supply shortages, have to identify additional needs in your community and you’ll need to provide information to people in your community who may be confused about what to do. It’s a lot easier to address issues beforehand than to try and do it once the pandemic is happening. You may not be able to address every issue that arises, but by planning ahead of time you can minimize the impact these challenges will have on your organization and your community.

What do I call it?

There are a variety of different viruses that can cause respiratory pandemics and even more ways they may be referred to by the medical community, news media, political leaders and the general public. This can all be very confusing for your stakeholders. Consider the following when communicating:

Informal Terms (Coronavirus, Flu): Use this when the communication is informal, like you’re speaking conversationally with people who have some familiarity with the situation.

The Specific Virus Name (COVID-19, SARS, H1N1): Use this when you need to be specific and scientifically accurate. This term may be unfamiliar or even sound “scary” so try not to use it when giving general information to people.

Pandemic: Use this when talking about the spread of the virus. This term can be used to refer to the spread of many different viruses. This can be a useful term if you’re referring to things like hand washing, which can be used to deter the spread of many diseases.

HOW TO USE THIS PLANNING TOOLKIT

TOOLS

Checklists
Checklists describe a series of steps which should be taken to complete a task.

Guidelines
Simple planning tools and exercises will sometimes be employed to help you plan for specific needs.

Tear-Outs
Tear-outs are pages or sections which may be removed from the toolkit in order to have them as a quick reference for yourself or to share them with others.

Templates
Templates are form documents which have some standard content already in place, but leave information specific to your needs blank so that you may fill them out for your community. The templates will have links to text versions to make them easier for you to copy and paste or modify. Some versions may be available for download. Samples of existing documents and materials, created by other organizations for use in specific scenarios, are provided to help develop materials for your own organization and community.
TOOLKIT COMPONENTS

1. The Quick Guide
The Quick Guide, appearing just after this introductory section, covers the major actions you’ll need to take at the onset of a pandemic.

2. The Planning Guide
The Planning Guide includes detailed guidance, references, resources and other materials. You should use this to prepare yourself and your community before an emergency happens.
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1 QUICK GUIDE

This quick guide is a tear-out you can separate from the rest of the planning guide. It is a series of checklists to help you quickly get started by giving you the most critical steps in preparing for and responding to a pandemic scenario. This quick guide corresponds to the larger planning guide. Both the Quick Guide and the Planning Guide are structured around the concepts of the 3 C’s of pandemic planning.
THE 3 C’S OF PANDEMIC PLANNING

Use the 3 C’s to help you plan for a pandemic. The 3 C’s are community, communication and continuity.

COMMUNITY

This toolkit will help you identify all those people that make up your community, both internal and external and how you may best work with them during a pandemic event.

COMMUNICATION

This toolkit will help you identify the important factors in developing a communication plan for your community.

CONTINUITY

This toolkit will help you identify ways to assist both your organization’s and clients’ abilities to maintain continuity by identifying considerations such as organizational structure, costs and operations planning.
1.1 DESCRIBE YOUR COMMUNITY

The first step in preparing for and responding to a pandemic scenario is understanding the community your organization supports and those that support your organization.

1.1.1 DEFINE YOUR INTERNAL COMMUNITY

Your internal community is your leadership, management, general staff and your volunteers.

Use the following checklist to determine if a group is part of your internal community. If any one of these is true, they should be considered part of your internal community:

- Provide an essential function at one or more of our facilities
- Provide an essential function by going directly out into the community
- Make leadership decisions for your staff and/or volunteers
- Direct other staff in their day-to-day activities
- Work directly with staff to accomplish organizational tasks

Once you have identified the people in your internal community, make a list of them and think about the following important things:

- Do you have contact information for all people (key contacts) who are involved in your organization?
- How many points of contact do you have for each person or group (home phone, cell phone, work email, personal email)? Consider having at least three.
- How current is the contact information, and when is the last time you checked it?
• Is there someone who can take over their duties if they aren’t available?
• Do you have the resources and authority to assign someone to take over their duties before or during an emergency?

1.1.2 DEFINE YOUR EXTERNAL COMMUNITY

Your external community may include your clients, vendors and contractors, as well as partner agencies and groups.

Use the following checklist to determine if an individual or group is part of your external community. If any one of these is true, then they are part of your external community:

☐ Your organization provides services directly that affect their quality of life
☐ Provide essential supplies to your management, staff, volunteers or clients
☐ Provide essential services to your management, staff, volunteers or clients

Use the following checklist to determine how critical the individuals or groups you’ve just identified are to the ongoing function of your organization, and also how critical your organization is to their quality of life.

☐ The services we provide are essential to their quality of life.
☐ The services they provide are essential to maintain our client’s quality of life.
☐ Our organization cannot function without the services they provide.
☐ Our organization cannot function without the supplies they provide.

Identify the things that the people you help and people who help you may need to get through a pandemic. Use this checklist for all the people you’ve identified to help determine their individual needs.

For more detailed information to help you determine what type of individuals and groups make up your external community, see Section 2.2.1 on page 27 in the Planning Guide.
1.2 PLAN YOUR COMMUNICATIONS

Now that you have identified the members of your internal and external community, think about how you can most effectively communicate with them and what information you need to share.

1.2.1 PLAN COMMUNICATIONS FOR YOUR INTERNAL COMMUNITY

Identify what and how to communicate most effectively with your internal community.

- Determine which types of communication are most appropriate for each group. For example, your management/leadership may require information about delegation of authority, while your general staff may not. Select all that may apply.

- Continuity of operations information (who covers which positions if people are unavailable?)
- Delegation of authority (who is most qualified in an emergency if key leadership staff are not available?)
- Human resource policies around sick leave and working from home
- Information regarding vaccinations when available
- Training information (where, when, what)

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1 Vaccinations may not always be available at the start of a pandemic, especially with a new strain of a virus. They may take months or longer to be developed.
Personal and family preparedness information
(have a go bag, evacuation plan, meeting points)

General hygiene information (wash your hands, cover your cough)

Now that you’ve identified what you need to communicate to the different groups in your organization, determine the best way to share this information including translations if needed.

Social media*
Email
Robocalling
Memos
Direct conversations
Presentations or lectures
In-house posters and signs
External website
Internal website (Intranet)

Use the following chart to help you determine the best method of communication for each type of information. Match information type to the communication methods that you feel would be most effective for your internal audience.

<table>
<thead>
<tr>
<th>TYPE OF INFORMATION</th>
<th>COMMUNICATION METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity of operations information</td>
<td>Social media</td>
</tr>
<tr>
<td>Delegation of authority</td>
<td>Email</td>
</tr>
<tr>
<td>Employment information</td>
<td>Robocalling</td>
</tr>
<tr>
<td>Information about vaccinations</td>
<td>Memos</td>
</tr>
<tr>
<td>Training information</td>
<td>Direct conversations</td>
</tr>
<tr>
<td>Personal preparedness information</td>
<td>Presentations or lectures</td>
</tr>
<tr>
<td>General hygiene information</td>
<td>In-house posters and signs</td>
</tr>
<tr>
<td>Family preparedness information</td>
<td>External website</td>
</tr>
<tr>
<td></td>
<td>Internal website (Intranet)</td>
</tr>
</tbody>
</table>

* Types of Social Media:
  - Blog (like WordPress)
  - Microblog (like Twitter)
  - Podcast (like iTunes)
  - Social Networking Site (like Facebook)
  - Messaging Apps (Like WhatsApp and non-English apps like WeChat or KakaoTalk)
  - Wiki (like Wikipedia)
  - Widget (many social media services have widgets you can place on your computer desktop)
  - Social Bookmarking (like StumbleUpon)
  - Really Simple Syndication (RSS)
  - Image/Video Sharing (like YouTube or TikTok)
  - Internet Forum or Message Board (like Reddit)
  - Mobile Website

Source: Risk Communication and Social Media, Dr Tim L Tinker, Grant McLaughlin, and Michael Dumlao, 2009.
1.2.2 PLAN COMMUNICATIONS FOR YOUR EXTERNAL COMMUNITY

Identify what to communicate and how to communicate most effectively with your external community. Remember, the needs of your external community may differ greatly from those of your internal community.

Use the following checklist to determine which types of communications you would share with each group in your external community. Remember who you identified as members of your external community earlier, and think about how each of these groups may want different information.

- Information about vaccinations when available
- Personal and household preparedness information
- Service locations (Points of Dispensing, etc.)
- Partner organization information
- Government assistance information
- Special hours of operation or special methods of delivering services, for example, use of personal protective equipment (PPE)
- General hygiene information (wash your hands, cover your cough)

Now that you’ve identified what you need to communicate to the different groups in your organization, use the following checklist to determine the best way to share the information you’ve identified.

- Social media
- Websites
- Mass emails
- Mass mailings
- Flyers and handouts
- Door to door canvassing*
- Presentations, lectures or meetings*
- Posters, signs or billboards
- Conference call

For more detailed information to help you plan communications for your external community, see Section 2.2.2 on page 36 in the Planning Guide.

*Some in-person activities may not be advisable during certain pandemics. Consider doing web conferences or conference calls in place of these activities.
Here are two key considerations to determine the best type of communications for each category of information. The two columns list a number of information categories and a number of communication methods. When developing a communication plan, match the type of information with the most appropriate communication method.

<table>
<thead>
<tr>
<th>TYPE OF INFORMATION</th>
<th>COMMUNICATION METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about vaccinations</td>
<td>Social media</td>
</tr>
<tr>
<td>Personal preparedness information</td>
<td>Social media posts</td>
</tr>
<tr>
<td>Service locations</td>
<td>Mass emails</td>
</tr>
<tr>
<td>Partner organization information</td>
<td>Mass mailings</td>
</tr>
<tr>
<td>Government assistance information</td>
<td>Flyers and handouts</td>
</tr>
<tr>
<td>Special hours of operation</td>
<td>Door-to-door canvassing</td>
</tr>
<tr>
<td>General hygiene information</td>
<td>Presentations or lectures</td>
</tr>
<tr>
<td>Family preparedness information</td>
<td>Community meetings</td>
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<td></td>
<td>Posters, signs or billboards</td>
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<tr>
<td></td>
<td>Your website</td>
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<td></td>
<td>Partner organization websites</td>
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<td></td>
<td>Web advertising</td>
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<td></td>
<td>Radio</td>
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<tr>
<td></td>
<td>Television</td>
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</tbody>
</table>
Use the following checklist to determine any barriers to effective communication with different groups in your community.

- **Cultural barriers**: Does your communication use colors, symbols, gestures or words that may have a different meaning to cultures in your community? Are there restrictions on who may receive information such as male or female, or head of household only?

- **Language barriers**: Does your communication use all of the languages used throughout your community?

- **Structural barriers**: Does your community face inequities due to race, ethnicity, immigration status, income or other characteristics? Ensure that these inequities are openly discussed and addressed in planning, as these experiences can strongly inform the plan.

- **Sensory barriers**: Are members of your community visually or hearing impaired or have other sensory disabilities which may affect their ability to receive the message?

- **Access barriers**: Can your audience gain access to where you are delivering your message? Is it available or located in specific areas, facilities or other places (on the web/internet) that they may not have access to?

- **Comprehension barriers**: Is the information you’re sharing with people presented in a clear and simple manner?

Use the following checklist to identify potential solutions to each of the barriers you’ve identified.

- Work with partner organizations.
- Seek out government assistance.
- Work with community members.
- Find volunteers who can help.
1.3 Plan For Continuity

Now that you have a plan on how to communicate important information inside and outside your organization, your next step will be to prepare your organization to continue to function during a pandemic scenario. Identify the potential impacts a pandemic may have on your organization and the populations you serve — severe staff shortages, transportation problems, as well as shortages and gaps in your supply chain. Look for additional information from organizations like the New York City Department of Health and Mental Hygiene (NYC Health Department) and the Center for Disease Control (CDC) who will issue additional guidance during an actual pandemic.

1.3.1 Build Resilience

Internal Community

It’s critical to begin planning now. Think about what plans you’ll need in place should some, most or even all of your leadership, management and staff be unavailable. Determine what groups are critical to your operations and what they need to continue functioning.

Use the following checklist to determine which functions or services are critical to the continued work of your organization during a pandemic outbreak. Check all that apply.

- Senior leadership
- Administration
- Human resources
- Finance, accounting or payroll


Create Orders of Succession (who takes over when one manager or leader is unavailable) and Delegations of Authority (define who has the power to put someone in charge of something they aren’t usually in charge of). “Ensure orders of succession are three-deep and account for expected rate of absenteeism.”

For more detailed information on planning for continuity, see Section 2.3 on page 43 in the Planning Guide.

For more detailed information on building resilience, see Section 2.3.1 on page 44 in the Planning Guide.
Use the following checklist to determine staff members who are essential to the ongoing functions of your organization.

- Provide services for clients
- Provide information to clients
- Provide services for staff
- Provide information to staff
- Provide information to management

Use the preparedness and resource checklist below to determine what type of general support is required for essential staff to remain functional during a pandemic.

- Vaccination information when available
- Personal preparedness training
- Personal preparedness documents
- Telecommuting/working from home
- Personnel support
- Material support
From the specific staff functions you identified, determine what staff needs are required to continue to function.

<table>
<thead>
<tr>
<th>Staffing and Pay</th>
<th>Working Environment and Leave</th>
<th>Support Services and Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Replacement staff</td>
<td>□ Additional workspace</td>
<td>□ Additional administrative supplies</td>
</tr>
<tr>
<td>□ Temporary staff</td>
<td>□ Additional leave</td>
<td>□ Day care (for adults and children)</td>
</tr>
<tr>
<td>□ Overtime pay</td>
<td>□ Permission to work from home</td>
<td>□ Mental health support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PPE (masks, gloves)</td>
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<tr>
<td></td>
<td></td>
<td>□ Transportation support</td>
</tr>
</tbody>
</table>

External Community

You may need to provide additional services (or provide existing services in a new way) in order to help those you serve maintain continuity in their lives during a pandemic. In order to do this, you will need to determine what you can provide and how you can provide it.

What additional resources or services can you provide your external community to help them continue to function during a pandemic?

□ Access to additional food sources
□ Extra supplies
□ Infant and toddler supplies
□ Additional communication
□ Business services
□ Day care (for adults and children)
□ Mental health support
□ Transportation support
□ Increased care or service delivery for your clients
1.3.2 ACCOUNT FOR ADDITIONAL COSTS

You must understand the costs to your organization before you can take the actions identified in the previous steps. You will need to figure out the estimated costs for additional supplies, communications, overtime or any other additional items or services now and prepare a budget accordingly.

Here are areas to consider as potential additional costs for continuing your operations:

Use the following checklist to determine any potential costs associated with staff needs. Consider using a factor of 40% for absenteeism for a 1.5 to 2 month period.

- Replacement or temporary staff needs at the management and general staff levels
- Additional leave
- Permission to work from home
- Overtime pay
- Cross training staff

Account for any costs associated with staff material, service and logistical support:

- Additional administrative supplies
- Personal protective equipment (PPE)
- Potential day care costs (adults and children)
- Mental health support
- Additional workspace
- Transportation support
- Access to additional food
- Access to additional household supplies

For more detailed information on costs for continuity planning, see Section 2.3.2 on page 51 in the Planning Guide.

In addition to internal staff and material costs, account for costs outside of your normal operations providing resources and services to your client population:

- Additional administrative supplies
- PPE
- Potential day care costs (adults and children)
- Mental health support
- Additional workspace
- Transportation support
- Access to additional food
- Access to additional household supplies

Develop contingencies for critical service providers and suppliers. Use this checklist to identify some of the things you can do, or have done to develop contingencies:

- Consult with existing suppliers on their pandemic emergency planning and capability to continue to serve your organization.
- Consider negotiating with additional vendors for critical supplies and services.
- Develop mutual aid agreements or arrangements with partner organizations or associations.

Identify any additional supplies or services that might be needed outside of your normal operations:

- Medicine
- Medical supplies
- Mental health support
- Hygiene items (tissues, hand sanitizer, cleaning supplies, etc.)
- Additional tech support and equipment such as laptops, high-speed telecommunications, networks and mobile devices that may enable employees to perform essential functions by working remotely.
Identify any costs for training staff and clients as part of your pandemic planning and response. These costs may include:

- Print materials
- Additional training staff
- Outreach to your communities

In addition to considering the costs from the actions you might take in preparing for or responding to a pandemic scenario, you must also think of the cost NOT taking additional action may have to your organization and the community you serve.

If you hold a contract, ensure that you speak with your contract manager in advance, or early on, about what contract deliverables and budget can be adjusted to sustain critical services. Ideally, your organization has completed a Continuity of Operations plan to sustain your services, but, if not you may need to run through those with your contract manager and request modifications.
This Planning Guide portion of the toolkit is a resource to help you and your community prepare for and respond to a pandemic. It includes concepts based on the 3 C’s of Pandemic Planning as described in the Quick Guide — community, communications and continuity. The Planning Guide is a preparedness tool, to be reviewed and utilized before a pandemic outbreak hits when there is time to plan and prepare.
Preparedness and stopping the progression of a pandemic starts with the individual. The image below shows how a pandemic progresses, starting with the individual and spreading through the community. The circles illustrate how individual preparedness can affect your household and your entire community.

Throughout this Planning Guide, we’ll use these circles to help show how the guidance being given affects a portion of the circle—individual, family and broader community—both internal and external to your organization.

For detailed information about the specific pandemic being addressed, see What is a Pandemic? on page 2 of the Introduction.
2.1 DESCRIBE YOUR COMMUNITY

In order to prepare for a pandemic scenario so that your organization can continue its services, you need to consider two communities: the community that your organization serves (or “external community”) and the community that supports your organization (or “internal community”).

Internal Community

Your internal community is comprised of those under your organization’s direct authority, like your leadership, managers, general staff and your organization’s volunteers. Your internal community can be large and is NOT limited to only those people “inside” a particular building.

External Community

Your external community includes two groups. The first group consists of contractors, vendors, suppliers and partners that your organization does not have direct authority over, but whose supplies and services are vital for your organization to function. The second group in your external community comprises your clients or those people that you serve. These may be community members, patients, members of your congregation or anyone whose quality of life is directly or indirectly affected by the services your organization provides. Your goal is to make sure your organization does all it can now to prepare your entire “community” before a pandemic.

The more prepared a community is for a public health emergency, the more likely it will be to adhere to public health directives. Therefore, the stakeholder organization, the community and each household should prepare themselves prior to an emergency. Such preparation should focus on addressing the barriers to adherence with the guidance and recommended actions that are identified in this guide. Another important focus area of the preparatory process is the individual community member. Throughout this guide, specific community populations have been identified that lack the resources needed to adhere to the stated public health directives. For example, they may have physical and cognitive abilities limiting their access or understanding of the communication or have an inherent fear and distrust of the government and other authority figures. Contingency plans for aiding these populations should be part of the overall planning process.

Adherence to Public Health Directives: St. Louis Community Key Stakeholders’ Meeting Findings and Conclusions, Saint Louis University, St. Louis, Missouri, December 3, 2008, The Oak Ridge Institute for Science and Education (ORISE), Centers for Disease Control and Prevention, Saint Louis University, June 2009.
In preparedness planning, you’ll need a plan for people in your community who may have access and functional needs that may affect how you plan for a pandemic. They may include people with mobility disabilities, like people who use walkers or wheelchairs. They can also include people who have low vision, dietary restrictions, limited English proficiency (LEP) and other types of challenges. There are people with access and functional needs in both your internal and external community. So bear in mind whether your preparations require changing the way you offer services or your methods of communication.

It may be challenging to identify the many different people with access or functional needs in your community. The Federal Emergency Management Agency (FEMA) offers an online course on Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations (http://emilms.fema.gov/IS0368/index.htm). FEMA also provides guidance on providing additional services for access and functional needs in emergency facilities in its Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (www.fema.gov/pdf/about/odic/fnss_guidance.pdf).

2.1.1 INTERNAL COMMUNITY

We can break down internal communities into three main groups:

- Leadership/management
- Staff
- Volunteers (if applicable)

These groups may vary depending on your organization.

Management/Leadership

For a faith-based organization, “management” or “leadership” may mean a Reverend, Rabbi, Pastor, Imam or other clergy member. For a community group, it may be a block captain, council member or simply a respected community member. Still other organizations may have managers, supervisors, chiefs, doctors, nurses or many other types of leadership. Leadership may be a single individual, a committee or an entire structure of managers, administrators and subordinates.

Establish a structure for your leadership to continue during a major emergency like a pandemic. Creating Delegations of Authority or Orders of Succession for your leadership can help you be prepared to continue to function during an emergency when some or all of your leadership may not be available.
Staff

Different types of organizations have different types of staff. A nursing home may be staffed by nurses and orderlies, whereas a faith-based organization operating out of a synagogue may be staffed by mostly laypeople.

Some organizations have only a handful of staff or the leadership may perform all of the staff functions. Other organizations may have tens of thousands of highly structured staff with multiple facilities spread over a wide geographic area. Just as with leadership, there are critical staff functions you will need to identify backups for.

Volunteers

Organizations may depend on volunteers to help perform their services, and in some cases may be entirely volunteer-based. Some organizations have a large volunteer base, while others may be small. Some organizations may even have leadership that functions in a voluntary capacity. For example, if an organization has entrusted their IT support to a volunteer and this person became unavailable during an emergency, the organization may be unable to function. Despite the fact these staff are not paid, the services they provide may be indispensable. Volunteers may also be certified professionals, such as nurses or mental health professionals, who have voluntarily taken on responsibilities.

2.1.2 EXTERNAL COMMUNITY

What we define as your external community comprises three distinct groups:

• Clients
• Partners
• Vendors

Clients

The first group is the people you serve, your clients. They may be church members, neighbors, patients or simply people in your neighborhood. Your organization exists to serve or support them.

It is important to take into account all the people your work affects, not just your clients. This may include far more people than you think, more than the people your organization directly provides service and
support to. Your organization may only directly help a handful of people, but it may indirectly support hundreds or thousands of people.

Partners

The second group is your partners. Partners may be other community, faith-based or large service organizations that support your mission with services and supplies, or they may provide services that are complementary to yours or have a mission that is similar to yours. Partners may also include local, state, or federal government agencies, private business, academic institutions or other types of public, private and nonprofit organizations, large and small. Perhaps the local community center or public school provides you with a gymnasium or auditorium space to conduct classes, workshops or outreach. Whoever works with you to arrange this space is a partner. Take stock of your partners prior to an emergency event to determine the critical functions they support and how you can help support them during an emergency.

Vendors

The final group is your vendors. They may be known to you as contractors or suppliers, but they provide things your organization needs: buses, food, medicine, printing, tech support, etc. Any of these services may be necessary to the continued functioning of your organization and the quality of life of your community. Even the local bodega that serves a neighborhood may be critical for that community to continue to function.

It may not be possible to ensure the vendors you rely on continue to function, but you can ensure that your organization continues to function by talking with your current vendors about what their plans are to continue services during an emergency like a pandemic. You can also identify ways to support your vendors, if possible, and identify alternate sources for supplies. This may be challenging as sometimes vendors will say that an emergency won’t affect them. They don’t want you to think they are unreliable. Identifying alternate sources for the supplies and services you need can be tricky. You will need to ask tough questions of both your current vendors and any backup vendors you identify. You should start planning now for continuity of operations if your vendors aren’t available.
“Effective communication is the essential element for facilitating community adherence to public health directives. The timeliness, accuracy, consistency, and redundancy of the communication have to be considered.” You must consider what to communicate with each group and how to communicate it to them effectively. When planning your communications, you’ll need to plan for people who may have access or functional needs. For example, you may need audio or large print versions of the communication you are providing to accommodate people with visual impairments. For those with hearing impairments, make certain that communications can be read and not just heard. You’ll also need to plan for members of your community who speak languages other than English or have LEP, who may need translation or interpretation services.

How to Communicate

There are many ways to communicate with your different internal and external audiences. Some may be more effective than others depending on your situation. You may find email communications very effective in communicating internally but not as effective for your external community, which may be made up of people who don’t have access to computers or prefer not to use them.

Communications should also fit the topic. You don’t need to create a 20-page memo on proper hygiene when a poster, flyer or short memo would be more effective. If the audience you are trying to reach does not have reliable access to communications sources, it may be difficult to relay your message. For example, if your organization serves a large population of homeless individuals, it may be possible to indirectly get information to them by engaging a group that interacts with them regularly and has better access to communications. Your priority audience may not be directly able to use social media, but people who interact with them may. This type of indirect communication may be effective in getting your message out to hard-to-reach populations.

Following is a list of possible communications channels that may be used internally and externally with associated advantages and disadvantages:

3  Adherence to Public Health Directives, Centers for Disease Control and Prevention, June 2009.
Consider the advantages and disadvantages of each type of communication outlined here when deciding how to communicate with each group in your community.

<table>
<thead>
<tr>
<th>Communication Type</th>
<th>Internal/External</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Communications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Email | Both | • Can reach a large audience quickly  
• Can be used to send detailed messages  
• Easy to use  
• Affordable | • Not accessible directly to those without internet-ready computers  
• Mass messages can be blocked as “spam” |
| Website | External | • Can have a variety of information that is as simple or detailed as necessary  
• Easy to track data | • Not accessible directly to those without internet-ready computers  
• May be expensive to develop |
| Internal website (Intranet) | Internal | • Can have a variety of information that is as simple or detailed as necessary  
• Easy to track data | • Not accessible directly to those without internet-ready computers  
• May be expensive to develop  
• Only accessible to people with internal access (staff) |
| Partner organization websites | External | • Can deliver your message to a larger audience | • Not accessible directly to those without internet-ready computers  
• May be limited by partner website capabilities |
| Social media | Both | • Can reach a large audience quickly  
• Fast  
• Easy to use | • Not accessible directly to those without internet-ready computers  
• Messages can become “noise” and lose meaning |
| **Web advertising** | External | • Can reach a large audience quickly  
• Easy to track | • Not accessible directly to those without internet-ready computers  
• May be expensive |
<table>
<thead>
<tr>
<th>Communication Type</th>
<th>Internal/External</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broadcast/Publications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td>External</td>
<td>• Can reach a large audience quickly</td>
<td>• Can be expensive</td>
</tr>
<tr>
<td>Television</td>
<td>External</td>
<td>• Can reach a large audience quickly</td>
<td>• Can be expensive</td>
</tr>
<tr>
<td>Newspapers, Magazines</td>
<td>External</td>
<td>• Can reach a large audience</td>
<td>• Can be expensive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Many do not have access to television</td>
<td>• Difficult to target audience</td>
</tr>
<tr>
<td><strong>Print Communications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flyers and handouts</td>
<td>External</td>
<td>• Can have a variety of information that is as simple or detailed as necessary</td>
<td>• Limited by ability to distribute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can reach a large audience relatively quickly</td>
<td>• Difficult to track results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can be produced relatively cheaply</td>
<td>• Information may become outdated quickly</td>
</tr>
<tr>
<td>Memos</td>
<td>Internal</td>
<td>• Can reach a large internal audience quickly</td>
<td>• Message can become diluted with unrelated messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can be used to send detailed messages</td>
<td>• Limited by ability to distribute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Affordable</td>
<td></td>
</tr>
<tr>
<td>Outdoor posters, signs or billboards</td>
<td>External</td>
<td>• Can be used to deliver a detailed message in a graphic way</td>
<td>• May be expensive to design and post</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can target a specific geographic area</td>
<td>• Information may become outdated quickly</td>
</tr>
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</tbody>
</table>
## 2.2 Plan Your Communication

<table>
<thead>
<tr>
<th>Communication Type</th>
<th>Internal/External</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community meetings</td>
<td>External</td>
<td>• Can be used to share detailed messages in a very personal way</td>
<td>• Can only target a set audience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can be used to address a large audience</td>
<td>• Can be time-consuming</td>
</tr>
<tr>
<td>Direct conversations</td>
<td>Internal</td>
<td>• Can be used to share detailed messages in a very personal way</td>
<td>• Difficult to track results</td>
</tr>
<tr>
<td>Door-to-door canvassing</td>
<td>External</td>
<td>• Can be used to share detailed messages in a very personal way</td>
<td>• Can only target a set audience</td>
</tr>
<tr>
<td>Presentations or lectures</td>
<td>Both</td>
<td>• Can be used to deliver a detailed message</td>
<td>• Can be time-consuming</td>
</tr>
</tbody>
</table>

*Remember that depending on the type of pandemic, in-person communication methods may be inadvisable. Consider substituting community meetings or lectures with webinars or web conferences.*
Now that we have covered the how and what of communication with your community, let’s look at specific considerations for communicating with your internal and external communities.

2.2.1 INTERNAL COMMUNICATION

It’s important to communicate with your internal community. Develop specific communications to use for your leaders, staff and volunteers and to communicate at three important time periods — prior to, during and after a pandemic. Each of these time periods will require different information to be communicated, and some communication will need to flow in both directions. Look for additional information from organizations like the NYC Health Department and the CDC who will issue additional guidance during an actual pandemic.

Prior to a pandemic communications should include:

Workplace issues such as:
* Additional work expectations
* Orders of Succession (who covers for whom when someone is unavailable?)
* Delegation of Authority (who’s in charge in an emergency?)
* Overtime
* Sick leave
* Family leave
* Working from home/telecommuting
* Training information (where, when, what)
* Emergency procedures
* Additional services being offered (internally AND externally)
* Alternate partners or vendors

• Health and safety topics such as:
  * Information about vaccinations
  * General hygiene information (wash your hands, cover your cough)
  * Social distancing
  * Staying home if you or a loved one are ill

• Requests for input from your community

For procedural checklists to help you plan for your internal communication, see Section 1.2.1 on page 11 in the Quick Guide.
During a pandemic, communications should include:

You can also include any of the items from the Prior to a Pandemic section here, as long as they are still relevant during the pandemic being addressed.

- Workplace issues such as:
  - Who is out and who is replacing them
  - Emergency/alternate contact information
  - Just-in-time training information (where, when, what)
  - Additional services being offered (internally AND externally)

- Health and safety topics such as:
  - Service and vaccination locations

- Requests for current information from your community

After a Pandemic

**After Action Review** – An After Action Review is a process that organizations commonly engage in after an emergency or disaster. They will bring together management, staff, partners, volunteers and anyone else involved in the response to discuss and review what happened. After a pandemic you can do the same thing. You should engage your community in a review process. Ask them to communicate what went well and what could have been more effective.

**Improvement Planning** – Information gathered in the After Action Review is used for Improvement Planning. Organizations figure out how to make things that may not have gone well more effective.

Training – Personal Preparedness

In addition to training your staff in pandemic preparedness to help ensure continuity, it’s also good practice to cross-train your staff to cover critical functions for times when key staff may not be available, such as during a pandemic. If you have the resources, it may be feasible to develop an entire cross-training curriculum to ensure sufficient staff are trained to cover other duties. If your organization does not have sufficient resources to take on such a large approach to cross-training, it may be effective to have staff take some time, whatever your organization can afford, to train other staff in how to perform their essential duties. This may be in the form of a class where they teach several other...
staff or simply one-to-one, where a couple of staff members sit and go over each other’s duties.

“Test, train and exercise your capability to maintain essential functions and services for extended periods of time, including telework capability.”

**Human Resources and Administrative Management**

- “Work with your employees so that they understand the office leave policies, policies for getting paid, transportation issues and day care concerns.

- Ensure adequate supply of soap and cleaning supplies, as per routine and as appropriate for the specific respiratory pathogen.

- Work with your employees to designate a person(s), website, bulletin board or other means of communicating important pandemic information.

- Use signs to keep customers informed about symptoms and ask sick customers to minimize contact with your employees until they are well.

- Your workplace may consider limiting access to customers and the general public or ensuring that they can only enter certain areas of your workplace.

Some basic hygiene (see www.cdc.gov/flu/protect/stopgerms.htm) and social distancing precautions that can be implemented in every workplace include the following:

- Encourage sick employees to stay at home and provide them with necessary work from home policies and restrictions as applicable. i.e. - are they required to use sick/vacation time or not?

- Encourage your employees to wash their hands frequently with soap and water for at least 20 seconds or with hand sanitizer if there is no soap or water available. Also, encourage your employees to avoid touching their noses, mouths and eyes.

- Encourage your employees to cover their coughs and sneezes with a tissue or to cough and sneeze into their upper sleeves if tissues are not available. All employees should wash their hands or use a hand sanitizer after they cough, sneeze or blow their noses.

- Keep work surfaces, telephones, computer equipment and other frequently touched surfaces and office equipment clean. Be sure that any cleaner used is safe and will not harm your employees or your office equipment. Use only disinfectants registered by the U.S. Environmental Protection Agency (EPA), and follow all directions and safety precautions indicated on the label.

- Promote healthy lifestyles, including good nutrition, exercise and smoking cessation. A person’s overall health impacts their body’s immune system and can affect their ability to fight off or recover from an infectious disease.”

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4 *Messaging is a matter of trust*, The Risk Communicator, Centers for Disease Control, 2008.
“The New Normal”

When information is shared regularly and consistently it will become what may be referred to as “the new normal.” When the message is clear, concise and repeated as much as necessary, it should become matter-of-fact over time, with little or no reinforcement required to have your audience act in the proper manner or take appropriate actions. For example, a consistent, simple, long-term campaign to encourage proper hand washing to prevent the spread of germs, if done correctly over time, should make it so your audience washes their hands correctly as a matter of course in their daily lives without needing to be reminded.

2.2.2 EXTERNAL COMMUNICATION

In addition to those elements discussed in internal communication, there are additional factors we will discuss for external communication. Communication with your external community may be far more challenging than communicating internally. During a pandemic, your community will turn to you for information and guidance. Without direct authority over people however, your external communications are essentially recommendations. The challenge is to make your communications compelling so that your audience, in this case your external community, wants to follow your guidance. We will break down factors that affect your external communications into several categories: trust, culture, comprehension and controlling rumors.

Trust

Much of the effectiveness of external communication comes from an element of trust. Some organizations have a closer, more intimate relationship with their community, which may help their message to be trusted. However, trust alone is not enough to ensure that your message is being heard and followed.

When developing your communications, remember that your community may be looking to other sources beyond your organization. “…when looking for trusted, reliable information, citizens look not only at the official agencies, but also to online sources or communities they have learned to trust over
time. Social media provides very powerful tools for building trusted communities.\textsuperscript{5} This demonstrates two points when developing communications — work with partners to get a consistent message out including what you know and what you don’t know and be sure to consider all methods of communication when developing your communication strategies.

**Culture**

Another factor in how you communicate with your community is culture. There are a variety of cultural factors you should take into consideration that can affect how your communications are received:

- “Constituents only listen to a trusted source of information, and organizational personnel have easier access to their community than emergency responders. To facilitate community adherence, multiple spokespeople would have to be used.”\textsuperscript{6}

- “Faith-based and nonprofit organizations, and individuals in the community can potentially play a key role in disseminating information among community members; they must be included in the formation and execution of emergency communication strategies.”\textsuperscript{7}

- “Consider the expertise that multicultural specialists can bring to the team. Invite their participation and welcome their advice about how to develop risk communication campaigns.

  * Identify and involve a variety of individuals who belong to various cultural communities.
  * Avoid presenting just your own ideas. If you do, it is likely the group will not be receptive because you did not ask them about their needs and ideas.
  * Collaborate with other public health or community officials who are familiar with the community. Often these people are trusted by the community and can help introduce you as a reliable colleague.
  * With every new project, try to expand the number of relationships you have with people in the community. Ask the cultural agent for names of people who would be willing participants but have not yet participated in any projects.”\textsuperscript{8}

**Comprehension**

Your message may be going out to a very large audience with different backgrounds and levels of understanding. Some people in your audience may also

\textsuperscript{5} Social Media helping Emergency Management Final Report, Maurits van der Vlugt & Allison Hornery, NGIS Australia Pty Limited, 2011.
\textsuperscript{7} Individual, community and social-structural factors affecting adherence to public health directives in the event of an emergency, Submitted to Emergency Communication Services Office of Communication, Centers for Disease Control and Prevention, 2007.
\textsuperscript{8} Crisis and Risk Communication: Tips for Public Health Professionals Communicating with Native and New Americans, Robert Littlefield, Ph.D., Kimberly Cowden, M.A., Will Hueston, Ph.D. 2007
have cognitive disabilities. All of these factors may make it difficult for your audience to understand complex instructions or technical jargon and the point of your message could be lost. Make certain your messaging is clear and concise, and offers simple, easy-to-follow instructions on what you want your audience to do. There are samples of some simple communications and templates for messaging about influenza that you can use to base some of your own communications on in the Template Messages section starting on page 60.

Controlling Rumors

One of the biggest challenges any organization faces during an emergency like a pandemic is the rapid spread of rumors and false information. Consider the following when communicating to alleviate the potential for misinformation:

• Only communicate information you know to be true.

• Do not make your message unnecessarily dramatic by using alarming language. News media will often try to gain viewers by making the message sound more dramatic. You don’t want to unnecessarily cause panic or fear; it makes people less effective when responding to emergencies. At the same time you want to be honest and realistic with the people you are communicating with.

• Listen to the information coming out of your community. The people in your community often have specific, detailed information that you may not have access to. They also understand how the people in your community understand and feel about the message you are sending. You should speak with representatives in all parts of your community regularly to modify your message and make it as effective as possible.

• Communicate quickly and often, but be sure to verify your message before sending it. Be sure to say what you know, and what you don’t know.

• Be specific and consistent in your guidance. “Specific directions about the first steps to be taken, authorities to be contacted and safety measures to be pursued, help people think clearly and act effectively.”

• Consider whether the information you are sharing will stigmatize a specific person or group of people. Don’t share information in a way that makes it seem that a specific person or group is “responsible” for transmission of the virus. There are many scientific factors that affect the spread of the virus which go far beyond the responsibility of any individual or group.

• Be certain that when you are sharing information it is in compliance with personnel policies your organization already has in place. In addition to limitations your organization may apply to sharing information about people and their
health, there are also legal restrictions on what you may or may not share. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has provisions which limit the type of medical information you may share regarding someone. A good rule of thumb is that if you are sharing information which mentions a specific person, you may be violating HIPAA. For more information on HIPAA, visit http://www.hhs.gov/ocr/privacy/.

- Remember that people may be confused and afraid during a pandemic. They may have questions about how the virus spreads or the effectiveness of vaccinations.

- Make certain the information you are sharing is factual and scientifically accurate. For information on describing the pandemic accurately, see “What is a Pandemic” on page 2 of the Introduction.

As long as your information is based on the truth, deals with real facts and science and is not overly dramatic, it can get the critical information to your audience effectively.
Sample Materials

These pandemic posters and preparedness documents can be used as examples when developing your own materials. They can also be used as-is if you don’t have the time to create your own.

Coping with stress during the 2019-nCoV outbreak

- It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking to people you trust can help. Contact your friends and family.
- Don’t use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to a health worker or counsellor. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
- Limit worry and agitation by lessening the time you and your family spend watching or listening to media coverage that you perceive as upsetting.
- Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website or, a local or state public health agency.
- Draw on skills you have used in the past that have helped you to manage previous life’s adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.

Do you feel sick?

You may have the flu if you have fever or chills AND a cough or sore throat

You may also have a runny nose, body aches, a headache, tiredness, diarrhea, or vomiting

If you think you have the flu, stay home except to get medical care.

Preparing for the Flu

(Throughout 2009 H1N1 Flu)

A Communication Toolkit for Community and Faith-based Organizations

HEALTH ADVISORY:

Middle East Respiratory Syndrome (MERS)

Going to the Arabian Peninsula?

A new disease called MERS has been identified in some countries.

The risk to most travelers is low, but you should take these steps to prevent the spread of germs:

- Wash your hands often.
- Avoid touching your face.
- Avoid close contact with sick people.

Symptoms include fever, cough, and shortness of breath.

If you get sick within 14 days of being in the Arabian Peninsula, call a doctor and tell the doctor where you traveled.


http://www.cdc.gov/h1n1flu/institutions/toolkit/pdf/StopDoYouFeelSick_8X11.pdf

http://www.cdc.gov/h1n1flu/faithbased/pdf/H1N1_ FBO_toolkit.pdf


Training

**CDC: Crisis and Emergency Risk Communication (CERC) Pandemic Influenza Training**

**Overview:** While there is not training for general respiratory pandemics, pandemic influenza training covers many of the topics you would need in such a training. This online CERC course will stress the fundamentals of Health and Human Services/CDC’s communication response to pandemic influenza. The course has been designed to provide vital communication concepts and tools to assist in preparing for and responding to a severe influenza pandemic in the U.S.. This course is a condensed version of CDC’s Crisis and Emergency Risk Communication: Pandemic Influenza coursebook.

After completing the training, the participant will be able to do the following:

- Describe the psychology of a severe pandemic.
- Describe how to meet the public’s needs through effective messages.
- Explain why stigmatization occurs.
- Explain strategies officials can use to respond to stigmatization.
- Recognize the importance of strengthening community hardiness and personal resilience to provide the optimum opportunity for recovery from the crisis.
- Determine which populations will be unable to receive general public health emergency messages through mass communication channels during the initial phase of a public health emergency.
- Analyze the ways that information technology and new media influence communication decisions and pandemic preparedness.

*Click, copy and paste, or type this link in a web browser to open it:*
https://emergency.cdc.gov/cerc/cerconline/index.asp

**FEMA IS-42: Social Media in Emergency Management**

**Overview:** Social media not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up-to-date information during emergencies and share data about the disaster in the form of geodata, text, pictures, video or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.
The purpose of this course is to provide the participants with best practices including tools, techniques and a basic roadmap to build capabilities in the use of social media technologies in their own emergency management organizations (state, local, tribal) in order to further their emergency response missions.

*Click, copy and paste, or type this link in a web browser to open it:* http://training.fema.gov/is/courseoverview.aspx?code=IS-42

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**Frequently Asked Questions (FAQs)**

**FAQs about coronavirus and pandemic influenza from the NYC Health Department Website**

*Click, copy and paste, or type this link in a web browser to open it:*

https://www1.nyc.gov/site/doh/covid/covid-19-main.page

Continuity means having a plan for your organization to continue to function during a major emergency like a pandemic. As a pandemic worsens, there will be fewer resources available for your organization to provide services. Your leadership and staff may not be available in part or entirely. Supplies and services your organization needs to function may become scarce or totally unavailable. Vendors and partners you work with or rely on may be overextended or completely offline. The pandemic itself may affect those you serve more severely than other populations, putting additional stresses on your resources. For example, if you serve a population of older adults, they may be more susceptible to contracting a respiratory pathogen. The purpose of continuity planning is to ensure that your organization can continue to function, as completely as possible during an emergency. One resource, Continuity Planning for Pandemic Influenza by the U.S. Department of Homeland Security, gives some idea of the types of challenges which may affect your continuity during a pandemic:

“Your workplace will likely experience:

- **Absenteeism** - A pandemic could affect as much as 40 percent of the workforce during periods of peak illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, are afraid to come to work or, in the worst case, the employer might not be notified that the employee has died.

- **Change in patterns of commerce** - During a pandemic, consumer demand for items related to infection control is likely to increase dramatically, while consumer interest in other goods may decline. Consumers may also change the ways in which they shop as a result of the pandemic. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services or prefer other options, such as drive-through service, to reduce person-to-person contact.

- **Interrupted supply/delivery** - Shipments of items may be delayed or canceled from those geographic areas severely affected by the pandemic.

Unlike traditional continuity planning scenarios, respiratory pandemics may be widely dispersed geographically and will potentially arrive in waves that could last several months at a time. Organizations are encouraged to establish an annex to their existing continuity plans to ensure that additional considerations during a pandemic are adequately addressed, including increased absenteeism, social distancing procedures and impacts on interdependencies.”
2.3.1 **BUILD RESILIENCE**

Resilience means how quickly you and your organization can recover from the challenges presented by unexpected situations, such as the sudden onset of a pandemic. How well your organization can cope with these challenges and continue to serve your clients is directly related to how well you prepare yourself and your community. Plan, train and practice for shortages in leadership, staff, supplies and services critical for your organization to function. Consider full or partial transferring responsibilities from one group of leadership or staff to another or even transferring the responsibilities of your organization to another. Regardless of the challenges you may face, it is most important that the services your organization provides continue to be available to the community you serve.

**Planning**

Preparing for continuity during an emergency like a pandemic can be broken down into several components: planning, training and exercising.

When developing plans you should have planning meetings with as many members of your community as possible. They can provide the best input into your planning process. This includes your leadership, staff, vendors, partners, volunteers and clients. Leaving out representatives from any of these groups can cause critical factors from your resilience planning to be overlooked.

It is important to meet with as many of these representatives as possible at three key points:

1. You should meet early and often before an incident to plan and prepare collaboratively.

2. You should conduct review meetings during a pandemic, in the early stages and throughout, to make certain that the actions you are taking are effective and to agree on changes to make your actions more effective.

3. You should also meet after a pandemic to review what worked well and what did not so that you are better prepared for the next incident.

“Meetings are critical and it’s important to ensure that as many representatives of your external community as possible are present in these meetings.”

Create Orders of Succession (who takes over when one manager or leader is unavailable) and Delegations of Authority (define who has the power to put someone in charge of something they aren’t usually in charge of). “Ensure orders of succession are three-deep and account for expected rate of absenteeism.”

When your plans have been created, you should involve the same groups who assisted in the planning process in training or information sessions detailing what the plans are. Plans are only useful if people are aware of them and what they include. Please note that a planning workshop is a part of this planning toolkit. Lastly, if possible, exercise your plans with those same groups. Practice having people sit in for others in leadership, staff or volunteer positions. Practice reaching out to vendors and partners to see if they’re ready to respond to critical requests.

Management and Leadership

You should establish a structure for your leadership to continue before a pandemic occurs. Create Delegations of Authority or Orders of Succession for your leadership. These can help you be prepared to continue to function during an emergency when some or all of your leadership may not be available.

An “Order of Succession” defines who takes over when one manager or leader is unavailable.

- Make certain that everyone who may be affected by this change in leadership is aware of it before an incident occurs. Your staff, volunteers, clients, partners and anyone else you deem necessary must know who the person delegated to take authority is and what that entails.

- Define the level and number of responsibilities delegated to that person. Is it all responsibilities or just some?

- Ensure that the person taking over understands all of the leadership duties they are taking on. Consider whether their regular duties will go undone or if they will now be responsible for doing the equivalent of two positions.

- Consider whether you will need to create an additional Order of Succession for the person who is taking over for someone else, or perhaps you should consider creating an Order of Succession for everyone in your leadership, and every critical staff member or volunteer.

- Also ensure, if possible, that you don’t have just one person in place to take over for the most critical positions; “Ensure orders of succession are three-deep and account for expected rate of absenteeism.”

Along with Orders of Succession consider creating “Delegations of Authority.” A Delegation of Authority, simply put, defines who has the power to put someone in charge of something they aren’t usually in charge of. Delegations of Authority can be done independent of or combined with Orders of Succession. As with Orders of Succession, it’s important that all those affected by a delegation of
authority are aware that it exists and know what it entails.

Some areas you may consider for both Orders of Succession and Delegations of Authority:

• Determine if cross-training staff would be suitable. Those leaders who may need to be replaced should spend some time training and instructing their potential replacements.

• At a minimum consider preparing a list of critical leadership responsibilities and reviewing them with those who may be taking them on.

• Prepare detailed “Standard Operating Procedures” or “SOPs” of those critical tasks. Being sure to include important steps in a process, critical documentation and key contact information for those people the replacement staff person may need to be in contact with.

• It is good practice to introduce those who may be taking over to all those people they may need to work with prior to an emergency situation.

When planning for resilience, make certain to create a list of the critical functions in your organization. This could include management, general staff or even volunteers. Use the following chart as a basis to identify those key people in your organization and their alternates. You can modify the chart or make your own however you see fit. A minimum of three alternates is recommended for important positions, but you may identify as many as you think you’ll need. Consider the following points when identifying them:

• **Function:** The function they perform is more important than a title. First identify, in simple terms, what critical function(s) they perform. When finding alternates, it is more important to find someone who can do the function, not just someone with the same title.

• **Position:** Here you can put the position name or title to help identify the individual.

• **Name:** Include at a minimum first and last name, and ideally any additional information to help identify someone like a middle initial or name (if there are multiple people with the same first and last name), or any prefix or suffix that may be important (e.g., M.D., Ph.D., Esq. CPA, RN).

• **Contact Information:** Here you should include every available point of contact you have for this person. This may include things like phone numbers, emails, instant messaging, video conferencing or social media accounts. The more the better; it takes more time to find a point of contact you don’t have than to use multiple points of contact you do have.

• **Notes:** Anything else that might be important like what office they work in, access or functional needs, or who their supervisor is.
This chart is adapted from the Continuity of Operations Plan Template and Instructions for Federal Departments and Agencies. The first row in the chart below includes a sample person.

<table>
<thead>
<tr>
<th>Function</th>
<th>Position</th>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feeding Manager</td>
<td>Dr. Jane Doe, Ph.D.</td>
<td>Office: 000-555-1234, Cell: 000-555-5678, Work Email: <a href="mailto:jane.doe@fakeorganization.org">jane.doe@fakeorganization.org</a>, Skype Account: jdoefeedingnyc</td>
<td>Manages the Brooklyn and Queens Community Kitchens. Works from the Manhattan office.</td>
</tr>
<tr>
<td></td>
<td>Alternate Feeding Manager 1</td>
<td>John Q. Public</td>
<td>Office: 000-555-9876, Cell: 000-555-4321, Work Email: <a href="mailto:john.public@fakeorganization.org">john.public@fakeorganization.org</a>, Skype Account: jqubfeedingnyc</td>
<td>Currently coordinator at Queens feeding site.</td>
</tr>
<tr>
<td></td>
<td>Alternate Feeding Manager 2</td>
<td>James Sample</td>
<td>Office: 000-555-6543, Cell: 000-555-3456, Work Email: <a href="mailto:james.sample@fakeorganization.org">james.sample@fakeorganization.org</a>, Personal Email: <a href="mailto:sample@fakemail.com">sample@fakemail.com</a></td>
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<tr>
<td>Alternate 2</td>
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<td>Notes</td>
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</tbody>
</table>

*EXAMPLE: Manages the preparation of food and feeding of community members.
Staff

Just as with your leadership, you need to prepare your organization in the event a significant number of staff are unavailable. “The National Strategy for Pandemic Influenza recommends that organizations plan for a forty percent absenteeism rate for periods of about two weeks at the height of a pandemic wave, with lower levels of staff absent for a few weeks on either side of the peak.”

Prevention is one of the most effective methods to ensuring as many of your staff are available as possible during a pandemic. Consider the following measures to help prevent a respiratory pandemic from spreading through your staff pool:

- Consider a campaign to promote healthy activities. There are several different communications strategies outlined in Section 2.2.1. Provide as much factual information as is available to staff regarding the nature of the pandemic and its spread. Encourage vaccinations and healthy activities like hand washing and social distancing, and provide information about where to receive vaccinations if available, and instructions on healthy activities. Much of this may be done at low or no cost by memos, emails, presentations or word of mouth.

- Make certain staff know what is expected of them before a pandemic. Make it easy for them to find out information about things like sick leave, family leave, working from home, day care or any other employment-specific topics that may be helpful for them to know when preparing themselves and their family. See Human Resources and Administrative Management on page 35 in Section 2.2.1 for more information.

- Once again, consider cross-training staff or, depending on your resources, having them cross-train each other. Make certain they know who is in charge if there is a change in leadership or authority.

- Make sure staff are aware of any medical or mental health care your organization, or even partner organizations, may provide. During any emergency, mental health can be of particular importance. Having ill family and friends, as well as the fear of becoming sick, can put a great deal of stress on staff, and if they are taking on additional duties or covering for other staff who are ill, the stress is even greater.

Household Planning

Most people who are sick with a respiratory virus can be cared for at home. During a pandemic, hospitals may only have room to care for patients who are the most ill or require special care. If a staff member has become ill or is showing symptoms of a respiratory infection, give them time off or let them work from home. The same is true for a staff member that reports having a family member

or other close friend or relation who is ill. People who are worried about caring for a loved one may not be as effective. If they have been exposed, follow the guidance from your local health department which may include keeping them home and out of work during the period that they are at risk for getting sick or changing their job functions to minimize their interactions with others.

Staff members who are ill or have someone in their care at home who is ill during a pandemic, should be given the following guidance:

- Concrete information regarding how long to sick staff people should remain home based on guidance from the local health department. This may include guidance like: If you have been sick stay home “until you have been fever-free for at least 72 hours without the use of fever reducing drugs like Tylenol or ibuprofen.” Staying home will keep you from giving it to others.

- Make sure others in your household also stay home when they are sick. Follow guidance from your local health department regarding the potential need for staff to stay home if they were exposed (e.g. a sick household member).

- Plan who will take care of your children if you are sick. Share your plans with family members, neighbors and friends.

- Have basic, over-the-counter health supplies such as a thermometer, tissues, face masks, soap, hand sanitizers, medicine to relieve fever and cold medicine.

- Have current phone numbers and emails for work, teachers and community groups.

Parents with children in preschool or school, including college, should take the following steps:

- Ask your day care, school or college leaders about their plans for a pandemic.

- Plan to keep students from seeing other students outside of school and limiting participation in after-school programs.

- If students live on campus, ask how the schools will help students if they are sick.\textsuperscript{11}

Volunteers

Volunteers present unique challenges during an emergency. Many have regular paying jobs which they must perform. They may use their free time or time off to conduct their voluntary activities, and may be unavailable to perform their voluntary duties even if they aren’t ill during a pandemic, but because their regular job has more need of them because of the pandemic. Many volunteers also spread their volunteer activities across several organizations. If your organization relies heavily on volunteers, then consider checking in with them in the early stages of a pandemic to communicate the following:

\textsuperscript{11} Plan Now to Be Ready for the Next Flu Pandemic, Centers for Disease Control, Oct. 2008.
• Reinforce the message about personal preparedness and household planning. See Section 2.1 Internal Communication.

• Find out if they may need any assistance. See previous section for guidance.

• Check on their availability to assist your organization, if and when needed.

## Services and Events

Many organizations need to bring people together in order to provide their services, and they do this in many different ways. A synagogue, mosque or church may bring large groups together for worship services. A community kitchen may have people come in for meals, or a community health provider may have people come in for appointments. These all bring people together in a way that can increase the spread of a pandemic. Consider services and events your organization must run where people may be brought together or interact in groups large or small and consider the following strategies to minimize the potential spread of a pandemic:

• Consider canceling large gatherings or develop plans for alternatives. Examples could range from video messages on the internet to emailed messages, mailed newsletters, pre-recorded messages on a designated call-in phone number and daily messages from community and faith leaders.

• When canceling large gatherings is not possible, consider alternatives such as providing services, gathering clients or members in a staggered manner or locating clients/members individually or in smaller groups at a sufficient distance from one another within your facility or in separate parts of the facility.

• For activities that involve centralized service delivery such as community kitchens, consider alternative methods such as home delivery if at all possible. Work with partners to identify alternatives and best practices.

• Identify activities, rituals and traditions, such as hand shaking, hugging and other close-proximity forms of greeting that may need to be temporarily suspended or modified during a pandemic.

• When changing, rescheduling or moving events and services to meet the needs of your community in a pandemic scenario, be sure to consider the effect changes may have on those with access and functional needs. Here are just a few questions to consider for changes in your service delivery:

* Will new locations or schedules make it difficult for those with mobility disabilities to access events or services?

* Will those with sensory disabilities or LEP require additional communications or materials to have full access to an altered event or service?
Look for additional information from organizations like the NYC Health Department and the CDC who will issue additional guidance during an actual pandemic.

2.3.2 ACCOUNT FOR ADDITIONAL COSTS

Every additional person, activity and item will have an associated cost. This may be the most critical factor in how your organization prepares for and responds to a pandemic. Some costs may be one time only, while some costs may be recurring on a yearly, monthly, weekly or even daily basis. Be careful to not buy extra things you may not need or may never get the chance to use. Often, the simplest solutions are also the most cost effective. In this section, we break costs down into two easy-to-remember topics — “staff” and “stuff”. These may not represent every potential cost associated with the continued functioning of your organization, but they attempt to identify those that may potentially exist in many organizations in preparing for or responding to a pandemic.

None of the actions taken in the previous sections can be successfully performed unless you plan for the costs to your organization. Additional supplies, communications, overtime or any other additional items or actions may have costs associated that your organization may be challenged to afford.

Before you proceed with any of the actions you identified in the previous sections, answer the following questions before making a purchase or taking an action:

• Does my staff need this to continue to function?
• Will not having this put people’s health at real risk?
• Is my action or purchase based on facts?
• Will my community ever actually use this?

Staff

There are many costs associated with preparing and caring for your staff during a pandemic. Preparing your staff means additional communication and training with the associated extra costs. There are ways to minimize these costs with some additional staff support that you’ll need when preparing for and responding to a pandemic.

For checklists to help you plan for additional costs, see Section 1.3.2 on page 19 in the Quick Guide.
Overtime

Your organization may have paid hourly staff that requires overtime pay to work beyond regular business hours. It may be possible to reduce or offset these costs in some way. Consider the following methods to prepare for and minimize costs associated with certain preparedness and response activities.

• Consider budgeting for emergencies prior to the onset of an incident like a pandemic. Look at those budget items that are either non-essential or that are not time-sensitive and may be possible to put off to pay for overtime in the event of an emergency.

• If the need for staff is great and your organization allows it, consider asking for volunteers from staff or your community to assist with nonessential duties so that you may shift regular staff to the most critical tasks.

• Consider reaching out to partner agencies for additional support. Form “mutual aid” agreements that state if a partner agency has staff available to support you, they will share them and that your organization mutually will share staff if the partner organization is in need.

• Also consider the time it will take for workers returning from being ill or caring for sick family and friends. It may take some time for them to fully return to their duties, and there may be fatigue among them or those who were covering for them.

Now, think about these common methods to replace staff and why they may not be the most cost effective methods to alleviate staff shortfalls.

• Temporarily replacing absent staff with staff from other jobs, departments or divisions may not represent an effective solution for your organization. Replacement staff may need to work additional hours as they are likely less experienced in these positions and may require additional training, which means you may be paying both overtime pay as well as any sick time for your other staff.

• While it may be possible to hire temporary staff to replace those who are or may become absent, temporary staff may be more or less expensive than your current staff, but also keep in mind that you may be paying sick time as well as paying for temporary staff. Often, temporary staffing agencies will become overextended when an actual emergency arrives.

Training

Training staff, volunteers and potentially members of your community prior to an emergency can also present significant costs to your organization. Training may require staff to train during off-work hours and require overtime pay. If they
train during work hours, it may take them away from duties which will cost you money through their absence. You may need to develop new training specific to a pandemic scenario or for specific tasks you don’t normally perform. You may also have to train people you wouldn’t normally train. Consider the following groups that may need to be trained and specific trainings that may need to be created and conducted:

• Training community, faith-based and service organization leaders in preparing their community for a respiratory pandemic

• Training new or temporary staff that is being brought in

• Training staff that is taking over for other staff

• Training new volunteers who may be covering positions normally filled by others

• Training community members in healthy practices to prevent the spread of respiratory viruses

• Training members of partner groups who may be supporting your operations

• Creating and delivering training for operations specific to a pandemic (i.e. distributing supplies or providing services you may not usually provide)

Management

Costs associated with management staff present a different challenge. In many organizations, managers are salaried employees, so there may not be overtime costs associated with having them work additional hours. The challenge, however, is that management may become too stressed during a response to a pandemic. It is much harder to replace management during a crisis, and there are a great deal of potential costs associated with poor management, whether it is because managers are simply unavailable, they have been replaced by less experienced people or they are exhausted from continuous work. Consider the following cost-effective methods to increase the effectiveness and availability of your management:

• Consider working with a partner agency that has a similar mission to share leadership. Combine your activities in a way that allows leadership to share responsibilities and split time.

• If your organization has other branches in different parts of the region or country, consider working with them to have leadership from a less-affected area come in to help.
• If possible, plan to have management work in set, rotating shifts, allowing one manager to rest while another leads. This could be done on a shift-to-shift, day-to-day or week-by-week basis, depending on the severity of the incident and the structure of your organization.

“Stuff”

In addition to any potential staff costs, there may be costs for materials or “stuff” you want or need to have available for your internal or external communities in the event of a pandemic. As with staff expenditures, be certain to carefully consider whether or not you actually need the items you are purchasing. We will break down potential material expenditures into three categories: materials, medicine and medical/mental health care.

Materials

Material costs cover a wide variety of items you could purchase for your internal or external community. Some of these have already been discussed in previous sections. The following lists special considerations for a variety of materials:

• **PPE:** This includes things like masks, gloves and suits. If you have staff that may be dealing with people who have been directly exposed to the pandemic virus and may be showing symptoms such as coughing, sneezing or fever, then it may seem natural to get these items. However, consider that these items are not effective if people are not trained properly in how to use them and if they are not used in tandem.

• **Technology:** This includes a range of things like website, computers, phones and tech support. It may be necessary to make certain that you have backups for critical systems that help you communicate or manage your day-to-day functions. “Consider the additional need for laptops, high-speed telecommunications, networks and mobile devices that may enable employees to perform essential functions by working remotely.”

• **Other possible items:** these include basic hygiene items, tissues, garbage bags, cleaning supplies and hand sanitizer.

An example of how not to buy things: Let’s say you buy masks for your staff, but they are not aware to avoid touching their faces during a respiratory pandemic. This basically makes the masks far less effective as a person using a mask can still contract a virus in this way. Consider also that these items need to be disposed of after use, which means you’d need to buy a lot of them to replace every one that is used. Masks may not be as effective as more simple methods that may cost much less. For example, a more effective and affordable method for protecting your community is to encourage people who are sick to stay home and to encourage hand washing and social distancing.

NYC Emergency Management

NYC Emergency Management may be a resource for supplies during an emergency. It may be difficult for NYC Emergency Management to handle individual requests from the thousands of community, faith-based and service organizations in NYC. Consider reaching out to community, faith-based and service “umbrella” organizations, such as the New York Disaster Interfaith Service (NYDIS), Voluntary Agencies Active in Disaster (VOAD) or the Human Services Council (HSC), or consider combining requests with partner organizations in your community. Here are the websites for these organizations for further information:

- http://www.nydis.org/
- http://nycvoad.org/
- https://humanservicescouncil.org/

Medicine

This is only relevant to organizations which have a medical director. If your organization is one which handles or distributes medications, consider the costs that may come from having to stock additional medications, respiratory virus-related or otherwise, that may be harder to obtain during a pandemic outbreak.

Medical/Mental Health

You must consider providing your community, internal or external, access to medical or mental health care, each of which may incur additional costs, if your organization provides such services normally. Mental health care can be of particular importance during a pandemic outbreak as these can be times of high stress.

Consider the following self-care tips for you and your coworkers when working during an emergency:

- **Taking Care of Your Body** - Get enough sleep and rest. Eat healthy. Exercise as much as you can. Avoid drugs and excessive drinking and smoking.

- **Taking Care of Your Mental Health** - Learn about normal and abnormal reactions to disasters. Don’t ignore your own emotions. Know when to seek help.

- **Taking Care of Your Spiritual Self** - Make time to reflect. Meditate. Pray. Find spiritual connection or community.

- **Increasing Your Resiliency** - Do something that will help you to regain a sense of control. Focus on your strengths and positive coping skills.

- **Reaching Out** - If you feel overwhelmed, reach out. Express your feelings. Do not be afraid to accept help.

- **Remaining Active** - Go back to your normal activities as soon as it feels comfortable to do so.
• **Managing Your Workload** - Maintain a healthy balance between your work and rest. Take breaks and time off. Prioritize your tasks.


There are resources available for people you encounter who may be going through emotional, psychological or spiritual stress or crisis:

**NYC Well—Crisis Intervention and Information Service**

NYC Well is New York City’s free, confidential support, crisis intervention and information and referral service for anyone seeking help for mental health or substance misuse concerns, available 24 hours a day, 7 days a week, 365 days a year. NYC Well is staffed by trained professionals who can help you find the services that best meet your needs. Get help immediately through the contacts at: https://nycwell.cityofnewyork.us/en/get-help-now/.

There are many ways to contact NYC Well on that webpage, and the primary contact numbers are:

- English: 888-NYC-WELL (888-692-9355), Press 2
- 711 (Relay Service for Deaf/Hard of Hearing)
- Spanish: 888-692-9355, Press 3
- Chinese: 888-692-9355, Press 4

**911—Emergency Services**

If you suspect that the person in crisis is in medical danger, or could cause harm to themselves or others, contact 911 immediately.

Encourage staff to look to one another for emotional support during a pandemic scenario. Consider instituting a buddy system where each staff member can be assigned or choose someone to provide dedicated psychological, emotional and spiritual support.

Remember that people may be confused and afraid during a pandemic. They may have questions about how the virus spreads or the effectiveness of vaccinations. The most important thing is to provide accurate and truthful information.

If your organization provides health insurance to staff, it may also be worth looking into what is covered in the event of a pandemic and if preventative measures, such as vaccinations, are included in coverage.
If your Human Resources policies require a doctor’s note for an absence, alter or eliminate this policy during a pandemic. A doctor’s note may require an additional visit to a doctor’s office by someone who may no longer be ill. All of these additional visits can place unnecessary stress on the health care system and would be better left open for those who require health care at the time.

Continuity Planning as a Continuous Process

As we conclude this section on continuity, remember that Continuity of Operations is a continuous process that never stops. You should always be preparing for the next emergency. Staff changes, resources change, facilities and services change. You must continually adapt your plans and procedures to keep up with the changes in your organization. For example, an emergency staff contact list that is years old is of no use; even if staff hasn’t changed, email addresses and phone numbers may have.

This guidance is critical. Requiring a doctor’s note for an absence can require additional, unnecessary doctor’s visits and testing. Altering or eliminating these policies greatly reduces unnecessary stress on the health care system.
IS-1300: Introduction to Continuity of Operations

Overview: Continuity is a critical part of every organization’s mission to ensure continuation of their essential functions and services during a broad range of circumstances. A wide range of threats and hazards continue to pose significant risks to the nation, affirming the need for continuity capabilities at all levels of government, within the private sector, and among non-governmental and community-based organizations. This course will also identify the fundamentals of building a continuity capability within your organization.

Click, copy and paste, or type this link in a web browser to open it:
https://training.fema.gov/is/courseoverview.aspx?code=IS-1300

FEMA IS-520: Introduction to Continuity of Operations Planning for Pandemic Influenzas

Overview: This course introduces students to the characteristics of a pandemic influenza, the effects that a pandemic influenza can have on every facet of our society, and the steps their organizations can take to minimize the effects of a pandemic.

At the end of this course, the students should be able to:

• Explain the differences between seasonal influenza and pandemic influenza.
• Relate the effects of a pandemic influenza to daily organizational operations and basic services.
• Describe strategies for resolving continuity challenges presented in a pandemic situation.

Click, copy and paste, or type this link in a web browser to open it:
https://training.fema.gov/is/courseoverview.aspx?code=IS-520
**FEMA IS-522: Exercising Continuity Plans for Pandemics**

**Overview:** This course is based on the pandemic continuity tabletop exercise Determined Accord. The course covers fundamental continuity principles and processes but is focused on the special continuity requirements for pandemics. Strategies such as telework and other social distancing strategies are described as well as special protection strategies for first responders, health care personnel and others who have daily contact with the public. The flexible delivery version of this course includes the Determined Accord tabletop exercise based on the recent H1N1 pandemic. In this online version, students watch a discussion among first responders and respond to related questions.

At the conclusion of this course, the students should be able to:

- Relate the anticipated conditions and effects of a pandemic influenza to responders and communities.
- Describe best practices for planning for and responding to a pandemic influenza.
- Apply knowledge of the anticipated conditions and suggested practices to an activity.
- Develop next steps for pandemic planning within their agencies or communities.

*Click, copy and paste, or type this link in a web browser to open it:*
http://training.fema.gov/is/courseoverview.aspx?code=IS-520

**Psychological First Aid**

**Overview:** This course was developed by New York City to cover major topics involving Psychological First Aid and Disaster Mental Health.

*Click, copy and paste, or type this link in a web browser to open it:*
https://www.youtube.com/watch?v=ZZjarxxb5NQ
TEMPLATE MESSAGES

The templates on the following pages are form documents. They have a lot of basic content already in place but leave information specific to your needs blank so that you can fill them out for your community. These templates are based on standard preparedness messages for seasonal and pandemic influenza provided by the CDC and are useful for crafting messaging around most respiratory pandemics.
Template Message: Get Ready for Flu Season*

*This message applies to both seasonal and pandemic influenza and may be useful in crafting messaging for other respiratory virus pandemics.

TEMPLATE INSTRUCTIONS

• Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant and accurate.

• This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, service recipients and staff.

• Consider customizing this letter by using your organization’s stationery or email template, inserting a name and contact information of someone that community members can reach for influenza questions or adding the signature line of the president, executive director, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (MANAGEMENT, STAFF, VOLUNTEERS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION NAME),

Get Ready for Flu Season!

• The flu season lasts through the fall and winter. More than one kind of flu virus will be spreading this season, including seasonal flu and other flu viruses. If you get the flu, you can spread it to others at home, at work and in the community.

• Symptoms of flu can include all or some of the following: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, tiredness and sometimes diarrhea and vomiting. It’s important to note that not everyone with flu will have a fever.
• Plan to stay home if you are sick until at least 24 hours after you no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance or are sweating). This should be determined after fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen) are no longer needed.

Be prepared!

Get the vaccine for seasonal flu as recommended.

• (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAILABLE) Get the flu vaccine if it is recommended for you. Please visit http://www.cdc.gov/flu/protect/keyfacts.htm to see if you are recommended to receive flu vaccine.

• Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do.

• Make plans to care for sick household members or for children if schools dismiss students or early childhood programs close.

• Speak with your (WORKPLACE, SCHOOL, SUPERIOR, HUMAN RESOURCES (HR) DEPARTMENT) about influenza. Your (WORKPLACE, SCHOOL, SUPERIOR, HR DEPARTMENT) (MAY ALREADY HAVE, ALREADY HAS) a plan offering support and services for influenza. Find out about vaccinations, sick leave, working from home and other important issues if you or a loved one should become ill with influenza.

• Be prepared in case you get sick and need to stay home. To help avoid the need to make trips out in public while you are sick, have a supply of fever-reducing medicines that contain acetaminophen or ibuprofen, alcohol-based hand rubs and tissues on hand.

  * Remember to cover your coughs and sneezes with a tissue. Throw the tissue in the trash after you use it.
  * If you do not have a tissue, cover your coughs and sneezes with the inside of your elbow. Do not use your hand.
  * Avoid touching your eyes, nose or mouth. Germs spread this way.
  * Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used.

If a severe flu outbreak hits our community, we will share additional information about staying healthy.
Template Message: If You Are Not Feeling Well

TEMPLATE INSTRUCTIONS

• Coordinate efforts with your local health department before distributing this letter or email communication to ensure that all information is timely, relevant and accurate.

• This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, service recipients and staff.

• Consider customizing this letter by using your organization’s stationery or email template, inserting a name and contact information of someone that community members can reach for flu questions and adding the signature line of the president, executive director, clergy, etc.

BEGIN TEMPLATE

To all (MANAGEMENT, STAFF, VOLUNTEERS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION NAME),

If you or a loved one is not feeling well …

• Watch carefully for signs and symptoms of flu. Some children may not be able to tell you about their symptoms, which can delay your response to their illness. Symptoms of flu can include all or some of the following: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and sometimes diarrhea and vomiting. Not everyone with flu will have a fever.

* Watch for emergency warning signs that need urgent medical attention. These warning signs include one or more of the following:

  **In children**
  • Fast breathing, trouble breathing, shortness of breath or stopping breathing
  • Bluish, purplish or gray skin color, especially around the lips, inside the mouth, or around the nails
  • Not drinking enough fluids, refusing to drink
  • Not waking up or not interacting
  • Being irritable (a child may not want to be held or cannot be consoled)
  • Flu-like symptoms improve but then return with fever and worse cough
  • Fever with a rash
In adults
- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

* Stay home. The person sick with the flu should stay home from work or school until at least 24 hours after there is no longer a fever or signs of a fever without the need for fever-reducing medicine. Children and teenagers should not be given aspirin (acetylsalicylic acid); this can cause a rare but serious illness called Reye’s syndrome.

* Make sure your child gets plenty of rest and drinks clear fluids (such as water, broth or sports drinks) to prevent dehydration. For infants, use an oral rehydration solution, such as Pedialyte.

* If the sick person is in a high-risk group, contact a health care provider to discuss the need for antiviral medicines. This is important because treatment with antiviral medicines that fight the flu should be started as early as possible. They work best when started within the first 2 days of getting sick.

* Keep the sick person in a separate room in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick person. This person should not be at high risk for complications from the flu.

To protect other family members ...

* (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAILABLE) Get your family vaccinated for (SPECIFIC VIRUS NAME, “2009”, “H1N1”) according to CDC recommendations: https://www.cdc.gov/flu/about/keyfacts.htm.

* Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit https://a816-healthpsi.nyc.gov/NYCHealthMap.

* Cough and sneeze into a tissue, or into your elbow or shoulder if a tissue is not available. Throw tissues away right after use.

* Make sure hands are washed often, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used. Help young children wash their hands for 20 seconds with soap and water.

* Clean surfaces and objects that are frequently touched. Wipe these surfaces with a household disinfectant, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
Template Message: Staying Healthy

TEMPLATE INSTRUCTIONS

• Coordinate efforts with your local health department before distributing this letter or email communication to ensure that all information is timely, relevant and accurate.

• This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, service recipients and staff.

• Consider customizing this letter by using your organization’s stationery or email template, inserting a name and contact information of someone community members can reach for flu questions, and adding the signature line of the president, executive director, clergy, etc.

BEGIN TEMPLATE

To all (MANAGEMENT, STAFF, VOLUNTEERS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION NAME),

• Important Actions to Take to Stay Healthy and Prevent the Spread of Germs

  * (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAILABLE) Get your family vaccinated for (SPECIFIC VIRUS NAME, “2009”, “H1N1”) according to CDC recommendations: https://www.cdc.gov/flu/about/keyfacts.htm.
  * Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit https://a816-healthpsi.nyc.gov/NYCHealthMap.
  * Every time you cough or sneeze, cover your mouth and nose with a tissue, and throw used tissues in the trash. If you don’t have a tissue, cough or sneeze into your elbow or shoulder, not into your hand.
  * Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used.
  * Avoid touching your eyes, nose or mouth. Germs spread this way.
  * Try to avoid close contact with sick people.
  * If you are at higher risk for complications from the flu, talk to your health care provider about what you will need to do if you get sick. People at higher risk for flu complications include pregnant women, children younger than 5, people 65 and older and people with certain chronic medical conditions (such as asthma, heart disease or diabetes). Contact [INSERT NAME, TELEPHONE, EMAIL ADDRESS] if you have any questions.
  * Stay home if you get sick. Keep children home if they get sick.
**Absenteeism rate**
Proportion of employed persons absent from work at a given point in time or over a defined period of time.

**Access and Functional Needs**
Any condition or situation in which someone may require accommodation to receive full and equal access to a service. Access and functional needs may include, but are not limited to, mobility disabilities (use of a walker, wheelchair or cane), sensory disabilities (blindness or low vision, deafness or low hearing), limited English proficiency (LEP), dietary restrictions (low-sodium, Kosher, Halal), emotional and cognitive disabilities (post-traumatic stress, dementia, Alzheimer’s).

**Acquired immunity**
Immune defense that develops following exposure to a pathogen (e.g., bacterium or virus) or vaccine. It involves the production of specific defensive blood cells (lymphocytes) and proteins (antibodies), and provides lasting immunity based on the experience or “memory” of previous exposure (contrast with “innate immunity”).

**After Action Review (AAR)**
A process used by a group to capture the lessons learned from past activities. The goal is to improve future effectiveness. AARs may also be used during an activity to evaluate the effectiveness of current operations. AARs are not intended to assign blame, but to determine better practices.

**Airborne transmission**
Movement of viral particles through the air either attached to solid particles (such as dust) or suspension in droplets of liquid.

**Alcohol hand gels**
Gels that are effective against respiratory viruses, even though they are often labeled as “antibacterial” with no reference to action against viruses. They should (but often don’t) contain at least 62% ethanol. Also referred to as hand sanitizers or hand rubs.

**Antibody**
Proteins made by a class of white blood cells (B lymphocytes) and which are a major component of the body’s immune response.
**Antigenic shift**
A significant genetic change in a virus that causes it to produce a very different antigen, which may allow it to escape recognition by the host’s immune system. This is often associated with the onset of a pandemic, since people in the general population do not have the necessary protective antibodies to the new type of viral antigen. Antigenic shift for influenza viruses occurred in 1918, 1957, 1968 and the H1N1, the virus that caused the 2009-10 pandemic, represents a similar change.

**Antiviral medications**
Medications used for treating certain viral infections or for prophylaxis to prevent illness in people exposed to certain viruses. Examples of antiviral medications for flu include the neuraminidase inhibitors oseltamivir (Tamiflu) and zanamivir (Relenza).

**Antiviral resistance**
The lack of responsiveness of a virus to an antiviral drug, caused by natural variation or as a result of adaptation by the virus.

**Asymptomatic infection**
An infection that does not generate observable symptoms, but which can produce full immunity.

**“At risk” groups**
Groups of people who, through their immune disposition or long-term illness (e.g., diabetes, chronic heart or respiratory disease), are deemed to be especially threatened by infection.

**Attack rate**
In epidemiology, a term referring to the proportion of a population affected by a disease over a defined length of time during an epidemic.

**Case fatality ratio (CFR)**
The proportion of people who become ill (clinical cases) who end up dying during an outbreak.

**CDC**
Centers for Disease Control and Prevention - A U.S. government organization based in Atlanta, Georgia, that is responsible for, amongst other things, assisting state monitoring of disease outbreaks, implementing preventative measures and organizing the response to disease outbreaks throughout the U.S.

**Chronic**
Occurring over a long period of time; a persistent or recurring illness (contrast with “acute”).
Community
A group of people with diverse characteristics that share commonalities, including geography or social, political or economic experiences.

Community mitigation strategy
A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

Confirmed cases
Cases of illness that have been confirmed by laboratory analysis. During a pandemic, cases will not often be tested for lab confirmation and are, instead, presumed to be cases of the strain based on symptoms and widespread illness in the community.

Contagious
Used to describe an illness that can be passed to another person or animal by contact.

Coronavirus
Any of a family (Coronaviridae) of single-stranded RNA viruses that have a lipid envelope studded with club-shaped projections, infect birds and many mammals including humans and include the causative agents of MERS, SARS and COVID-19.

Continuity of Operations
Procedures designed to keep an organization running in the event of an emergency. This may include plans to address staff, supply or other resource shortages.

Countermeasures
Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

COVID-19
An infectious disease caused by a severe acute respiratory syndrome identified as coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 and spread globally, resulting in the 2019–20 coronavirus pandemic. Common symptoms include fever, cough and shortness of breath.

Critical infrastructure
Systems and assets, whether physical or virtual, so vital to the U.S. that the incapacitation or destruction of such systems and assets would have a debilitating impact on national security, economy or public health or safety, either alone or in any combination. Specifically, it refers to the critical infrastructure sectors identified in Homeland Security Presidential Directive 7 (HSPD-7).

Disinfectant
An agent applied to surfaces or objects that kills microorganisms or prevents their growth/ability to reproduce. They may have a narrow or broad range.
**Droplet transmission**  
See ‘airborne transmission’.

**Epidemic**  
A rapid and extensive spread of an infection that affects many individuals in a single or restricted area or population at the same time (see also ‘pandemic’).

**Epidemiology**  
The study of the incidence and prevalence of disease in large populations (epidemics).

**Faith-based organization**  
Any organization that has a faith-inspired interest.

**FEMA**  
The Federal Emergency Management Agency is a division of the U.S. Department of Homeland Security. Its primary purpose is to coordinate response to disasters that overwhelms the resources of local and state authorities.

**Fever**  
A rise in body temperature, usually in response to infection. One of the symptoms of respiratory viruses.

**Flu**  
Abbreviation for influenza. May refer to the virus or the disease.

**Herd immunity**  
If enough members of a population are immune to infection, a virus cannot find enough susceptible or previously unexposed individuals to sustain a spread through the population.

**HIPAA**  
The Health Insurance Portability and Accountability Act of 1996. Title I of HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. Title II of HIPAA, known as the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

**ILI**  
Influenza-like Illness. A collection of symptoms which strongly suggest the person has influenza.

**Illness rate or clinical attack rate**  
Proportion of people in a community who develop illness (symptomatic cases divided by population size).

**Immune system**  
The system of specialized cells and tissues that provide defense against infection.
Immunity
Resistance to infection.

Improvement Plan
The ultimate result of an After Action Review. It should consist of a set of steps, actions or processes to improve activities in the future.

Incubation period
The time from the point at which infection occurs until the appearance of signs or symptoms of disease.

Infection
The acquisition and active growth of a foreign microbial agent in a host, such as a human or animal, usually with a detrimental outcome.

Infection control
Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of personal protective equipment such as face masks and respirators and disinfection).

Infectious
A disease caused by a microorganism that can be transmitted from one person to another (see also ‘contagious’).

Influenza A
Influenza type A viruses are divided into subtypes based on two proteins on the surface of the virus, called haemagglutinin (HA) and neuraminidase (NA). There are 16 different HA subtypes and 9 different NA subtypes. Many different combinations of HA and NA proteins are possible. Only two influenza A subtypes (H1N1 and H3N2) are currently in general circulation among humans. Influenza type A viruses circulate in birds, pigs and horses, in addition to humans and seals; whales, cats and dogs are occasionally infected. Wild birds show the widest range of subtypes and are considered the natural evolutionary hosts for these viruses. All 16 HA subtypes and all 9 NA subtypes can be found in avian species.

Influenza pandemic
A worldwide epidemic caused by the emergence of a new or novel influenza strain to which humans have little or no immunity, and which develops the ability to infect and be transmitted efficiently for a sustained period of time in the community between humans.

Influenza virus
The common name of a virus of the family Orthomyxoviridae (the influenza viruses) which cause influenza.
**Innate immunity**
Protection against infection that is present from birth, and does not depend on memory or experience of previous exposure (also known as “natural immunity”). Does not confirm permanence of long-lasting immunity (contrast with “acquired immunity”).

**Isolation of ill people**
Separation or restriction of movement of persons ill with an infectious disease in order to prevent transmission to others.

**Mitigation strategy**
Actions aimed at reducing the impact of infection (e.g. closing schools).

**Mortality rates**
The number of deaths in a given time period (see also ‘case fatality ratio’).

**Mutation**
A genetic change.

**Natural immunity**
See ‘innate immunity’.

**Neuraminidase antigen**
A glycoprotein made by influenza viruses that forms spikes on the virus surface (see ‘antigen’) required to release newly produced virus from the surface of infected cells in which they were produced. The ‘N’ in a flu variant’s name refers to neuraminidase (e.g. H1N1).

**Neuraminidase inhibitors**
Chemicals which inhibit the enzymatic function of the neuraminidase protein and so have antiviral properties. The currently approved neuraminidase inhibitors are oseltamivir (Tamiflu) and zanamivir (Relenza).

**Nonpharmaceutical intervention (NPI)**
Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures.

**Nonpharmaceutical interventions (NPIs) strategy (early, targeted and layered)**
A strategy for using combinations of selected community-level NPIs implemented early and consistently to slow or limit community transmission of a pandemic virus.

**Novel H1N1 influenza strain**
An H1N1 strain that is genetically significantly different from H1N1 strains that had been circulating in humans. For example, the 2009-10 pandemic strain.
**Oseltamivir**
An orally active neuraminidase inhibitor used to treat flu infection, marketed by Roche as Tamiflu.

**Pandemic**
The worldwide community spread of an infection. Occurs rarely—three times in the 20th century, and again in 2009, with a larger impact than regular seasonal flu.

**Pandemic (H1N1) 2009**
The worldwide community spread of a new H1N1 influenza virus, originating in pigs and entering the human population in 2009.

**Pandemic vaccine**
Vaccine for a specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

**Personal protective equipment (PPE)**
PPE is any type of clothing, equipment or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso and extremities. Gowns, face shields, gloves, face masks and respirators are examples of PPE commonly used within health care facilities. When PPE is used in a workplace setting to protect workers against workplace hazards, its use must be consistent with regulations issued by the Occupational Safety and Health Administration (www.osha.gov/index.html).

**Points of Dispensing (PODs)**
Locations that can be opened for the purpose of dispensing medication or giving vaccinations to large populations in a public health emergency.

**Post-exposure prophylaxis**
The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

**Pre-pandemic vaccine**
Vaccine against strains of influenza virus in animals that have caused isolated infections in humans and which may have pandemic potential. This vaccine is prepared prior to the emergence of a pandemic strain and may be a good or poor match (and hence of greater or lesser protection) for the pandemic strain that ultimately emerges.

**Prophylaxis**
Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza, this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.
**Rapid diagnostic test**
Medical test for rapidly confirming the presence of infection with a specific respiratory virus strain.

**Reassortment (genetic reassortment)**
The mixing of genes that can occur following infection of a cell by more than one strain of virus (e.g. influenza A).

**Relenza**
See ‘Zanamivir’.

**Respiratory**
Relating to the respiratory system (e.g. the nose, throat, trachea and lungs).

**Respiratory virus**
There are many different types of viruses that can affect the breathing passages and cause respiratory illnesses such as a cold or flu-like illness. Respiratory viruses are the most frequent causative agents of disease in humans, with significant impact on morbidity and mortality worldwide.

**Respiratory virus with pandemic potential, aka: respiratory pandemic**
Influenza viruses, coronaviruses, as well as certain other respiratory viruses, are readily transmitted in a population, mutate frequently so that most of the population has little if any immunity to new strains and cause severe illness and death thus having the potential to become pandemic.

**Seasonal epidemic**
An epidemic that occurs at a defined time each year, typically in the autumn and winter months due to climatic or social factors (e.g., the end of school vacation).

**Seasonal flu**
Flu that occurs at a defined time each year, typically in the fall and winter months. Often a smaller and more manageable impact than pandemic influenza.

**Secondary infection**
Infection by a second agent following a primary, unrelated infection. For example, a bacterial infection, such as pneumococcal pneumonia, could follow a virus infection, such as influenza.

**Second- and third-order consequences**
Chains of effects that may arise as a consequence of intervention and which may require additional planning and intervention to mitigate. These terms generally refer to foreseeable unintended consequences of intervention. For example, dismissal of students from schools may lead to workplace absenteeism for taking care of a child. Subsequent workplace closings due to high absenteeism may lead to loss of income for employees, a third-order effect that could be detrimental to families living at or near subsistence levels.
Sector
A subdivision (sociological, economic or political) of society.

Shedding
The loss of a virus from a cell following replication; the movement of a virus from one part of the body into another part of the body or from a host body into the environment, where it may infect other bodies.

Social distancing
The act of arranging and maintaining additional distance between individuals to limit physical contact. This is often practiced to limit the spread of disease.

Strain
Influenza Type B, or subtypes of Influenza Type A, for example H1N1, may be characterized into different strains that can be clearly differentiated from other groups by a set of genetic characteristics. New strains of influenza viruses appear and replace older strains.

Surge capacity
Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context includes the ability of health care or laboratory facilities to provide care or services above their usual capacity and to expand manufacturing capacity of essential medical material (e.g., vaccine) to meet increased demand.

Surveillance
Purposeful observation for the occurrence of an infection.

Suspected cases
Cases of illness identified through symptoms but not confirmed by laboratory analysis.

Swine flu
H1N1 influenza arising in 2009 from pigs and the cause of the 2009 pandemic in humans.

Swine influenza
See ‘swine flu’.

Symptoms
What patients complain of when suffering an infection or disease (e.g., sore throat, cough, muscle pains). Signs are what observers (usually doctors) can detect objectively, e.g., a high temperature (fever) by using a thermometer or lung congestion using a stethoscope.

Tamiflu
See ‘Oseltamivir’.
**Telework**
Refers to activity of working away from the usual workplace (often at home) through telecommunication or other remote access means (e.g., computer, telephone, cellular phone, fax machine).

**Underlying health problems**
A medical condition that exists prior to infection and which may predispose the individual to infection or exacerbate the infection.

**Vaccine**
A substance that is administered in order to generate an immune response, thereby inducing acquired immunological memory that protects against a specific disease.

**Viral shedding**
Discharge of virus from an infected person.

**Virus**
A microorganism containing genetic material (DNA or RNA) which is smaller than a bacterium and cannot grow or reproduce outside of a living cell. A virus reproduces by invading living cells and using them to replicate itself.

**Virulence**
The severity of a viral infection, usually at the cellular level.

**WHO**
World Health Organization - the central authority for health within the United Nations system.

**Whole Community**
FEMA concept which includes not only government, but emphasizes the importance of working with all partners private, private nonprofit and citizen partners to successfully prevent, protect against, respond to, recover from and mitigate all hazards.

**Zanamivir**
An inhaled neuraminidase inhibitor developed by GSK and marketed as Relenza.

**Zoonosis / Zoonoses (pl.)**
The transfer of an infection from a non-human animal species to humans (the reverse is sometimes referred to as a reverse zoonosis). An avian influenza virus infecting a human would be described a zoonotic event.
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