



**ANNEX O: Appendix 14  
Pandemic Influenza Plan**

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## ANNEX O: Appendix 14 Pandemic Influenza Plan

### I. SUBJECT

- A. An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, public communications, rapid delivery of available vaccines and antiviral drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

### II. PURPOSE

- A. The intent of the Pandemic Influenza Plan Appendix to the East Baton Rouge Parish (EBRP) Emergency Operations Plan (EOP) is to provide general guidance specific to a pandemic flu response. The specific purposes of this document are as follows:
1. Limit illness and/or mortality within East Baton Rouge Parish during an influenza pandemic
  2. Preserve the continuity of essential government functions within East Baton Rouge Parish.
  3. Minimize economic loss within East Baton Rouge Parish.
  4. Minimize social disruption within East Baton Rouge Parish.
- B. The information contained in this plan is based upon information contained within Louisiana's Influenza Pandemic Operations Plan (Supplement 7 to the State of Louisiana Emergency Operations Plan) and existing plans developed by the Louisiana Department of Health and Hospitals (DHH), the Baton Rouge Metropolitan Medical Response System (MMRS), the Local Emergency Planning Committee (LEPC), and related plans.

### III. PLANNING ASSUMPTIONS

- A. Health and Medical Assumptions
1. The primary mechanism of influenza control will always be a coordinated, consistent, and thorough public information campaign, focusing on disease prevention, home-care, treatment, risk-groups, and recovery.
  2. The number of hospitalizations and deaths will depend on the virulence and communicability of the pandemic virus in Louisiana.
  3. East Baton Rouge Parish government has the primary responsibility to provide public health and emergency management services within East Baton Rouge Parish.
  4. State government may be requested to augment public health and emergency management services that exceed the capabilities of local governments.
  5. At a point of transition into a pandemic, Louisiana may activate the Strategic National Stockpile Plan.



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6. The primary functions related to a pandemic may include sustained antiviral distribution operations, if appropriate.
7. An effective licensed vaccine to the pandemic strain will eventually be produced and the Department of Health and Hospitals/Office of Public Health will make the vaccine available to high-risk groups and then available to the general public.
8. New influenza strains may prove to be sensitive or resistant to antiviral medications.
9. Certain public health measures (e.g., closing schools, quarantining household contacts of infected individuals, “Stay Home Days”) are likely to increase rates of absenteeism.

### B. Education Assumptions

1. Local schools and state agencies will coordinate on information for pandemic planning specific to schools, monitoring absenteeism through trigger points and/or the sentinel system, and reporting absenteeism, closures, and dismissals.
2. The closure of schools and childcare facilities will impact the workforce related to childcare. Any impact upon the workforce will have a corresponding influence on local, regional, and State economic communities.
3. Schools may be needed during a pandemic for other purposes such as vaccine distribution sites, or even medical triage centers.

### C. Workforce Assumptions

1. The CDC has estimated that a major influenza pandemic may reduce the available workforce by 40% for up to 2-3 months, in the most severe cases. This includes 30% of the population anticipated to be ill and 10% additional population who are not ill but will remain home to care for those who are ill, to self-isolate with a household that is ill, or to reduce risk by social distancing.
2. Absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates during the weeks before and after the peak.
3. The potential for a 40% reduction in the labor force will require East Baton Rouge Parish to adjust essential services and staffing patterns to support these services.
4. Social distancing and teleworking measures will be encouraged and/or implemented where policies and capability exists; however when enacted, these measures will decrease the on-site availability of the East Baton Rouge Parish workforce.
5. A pandemic may increase demand on governmental or non-governmental social services and decrease available social service workforce, thus the availability of social services may be impacted.
6. Essential personnel who must work in traditional office structures will practice social distancing measures.



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### D. Public Safety, Fire, and EMS Assumptions

1. The traditional definition of “first responder” (e.g., fire, EMS, law enforcement) may need to be adjusted for a pandemic to include and/or prioritize health care responders and other support response agencies.
2. Various issues exist during a pandemic event that would challenge law enforcement agencies.
3. A significant decrease in first responder workforce due to illness will overtax available responders.
4. Secondary effects such as public demonstrations, looting, and civil unrest during a pandemic event or a concurrent disaster may lead to an increased need for first responders.
5. All operational actions taken will be in accordance with applicable laws, statutory authorities, and regulations.
6. Some law enforcement activities that may occur outside of normal duties may include situations of quarantine and/or isolation enforcement and support at sites of distribution of resources of points of dispensing of vaccinations and medications.

### E. Strategic Messaging and Communications Assumptions

1. Effective communications leading into, during, and after a pandemic are necessary to mitigate public fear and concerns.
2. East Baton Rouge Parish has established a website to serve as a centralized point of public information. East Baton Rouge Parish citizens are encouraged to refer to [www.redstickready.com](http://www.redstickready.com) or [www.brgov.com](http://www.brgov.com) for updated local emergency information. Additionally, updated information specific to Louisiana can be found at [www.flula.com](http://www.flula.com) and national level updates can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).
3. H1N1 Communications Plan 2009:
  - a. East Baton Rouge Parish has established a robust public awareness all-hazards campaign which includes specific guidance related to pandemic influenza and other disease outbreaks of concern for citizens and East Baton Rouge Parish staff.

### F. Concurrent Disaster During a Pandemic Event Assumptions

1. During a severe influenza pandemic, in combination with another disaster such as a hurricane, other states and regions may not be able to absorb evacuated Louisiana residents.
  - a. During a pandemic, up to 40% of the evacuated population may be affected by influenza creating difficulty in the separation of populations.



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2. In the event of a projected landfall of tropical weather anywhere on the coastline of Louisiana during a pandemic, the State of Louisiana will use the H-Hour Timeline to manage the evacuation and sheltering of coastal Louisiana in accordance with the activation of the Louisiana State Assisted Evacuation Plan.
  - a. During a pandemic event, transportation at the local level may require specific disinfection procedures.
  - b. A severe pandemic will negatively affect the availability of public and private transportation resources.

### G. Critical Infrastructure Assumptions

1. Critical infrastructure systems and operations, while intact, may be significantly impacted due to shortages of personnel

### H. Continuity of Operations (COOP) Assumptions

1. Supply chain and delivery networks, just-in-time delivery, warehousing, logistics, and the domestic and international flow of goods could be substantially restricted.
2. Shortages of and disruptions to basic commodities and municipal infrastructure may cause localized security challenges for businesses and communities.
3. The normal COOP paradigm of moving all personnel to an alternate location must be changed to personnel working in a decentralized fashion to comply with social distancing recommendations.

## IV. STRATEGIC GOALS

- A. Ensure continuity of operations of East Baton Rouge Parish departments and agencies.
- B. Protection of East Baton Rouge Parish citizens.
- C. Sustainment and support of critical infrastructure and key resources located within East Baton Rouge Parish.

## V. MISSION ESSENTIAL TASKS

- A. East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness
  - \_\_\_ 1. Coordinate all City-Parish wide efforts in response to and recovery from all emergency incidents to include pandemic influenza response.
  - \_\_\_ 2. Maintain the East Baton Rouge Parish Emergency Operations Plan.
  - \_\_\_ 3. Coordinate with the Louisiana Office of Public Health Region II Public Health Emergency Response Coordinator.



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- \_\_\_ 4. Provide information and resources to first responders.
- \_\_\_ 5. Provides information and training on risks and preparedness to citizens to dispel myths.
- \_\_\_ 6. Provides information on a readiness website, [www.redstickready.com](http://www.redstickready.com) or [www.brgov.com](http://www.brgov.com). Information will include updated guidance from leading local, state, federal, and world health experts.
- \_\_\_ 7. Encourage Critical Infrastructure/Key Resource sectors and nonprofit organizations to coordinate with the Louisiana Office of Public Health. These groups are also encouraged to participate in the Baton Rouge Area Mutual Aid System (B.R.A.M.A.S).
- \_\_\_ 8. Send weekly updates from the Louisiana Office of Public Health's Region II Public Health Emergency Response Coordinator to the Mayor-President's office for awareness and planning.
- \_\_\_ 9. Retain a copy of appropriate East Baton Rouge Parish agencies' continuity of operations plans on file.
- \_\_\_ 10. Coordinate with the Hospital Designated Regional Coordinator for updates on hospital admissions related to influenza.
- \_\_\_ 11. Coordinate with the East Baton Rouge Parish Coroner's office for updates on deaths related to influenza.
- \_\_\_ 12. Coordinate with the Louisiana Office of Public Health for awareness of the locations and plans for the Points of Dispensing in East Baton Rouge Parish.
- \_\_\_ 13. Activate resources for implementation of social distancing precautions and recommendations that are within East Baton Rouge Parish's authorities and capabilities.
- \_\_\_ 14. Include special considerations into all-hazards planning. Some special considerations for pandemic planning include the geographic location of Baton Rouge along major transportation corridors (to include interstates, the Mississippi River, railroads, and the second largest airport in the state), the seat of state government, the host of the majority of medical services which support the region, and is situated along the hurricane evacuation route for tropical weather situations.
- \_\_\_ 15. Receive notification of closure of public areas and/or cancellation of events and other large gatherings.



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- B. East Baton Rouge Parish departments and agencies
- \_\_\_ 1. Coordinate according to the Emergency Operations Plan.
  - \_\_\_ 2. Maintain a Continuity of Operations plan which some departments and agencies are required to update annually. Appropriate agencies must send a copy of their continuity of operations plans to the East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness.
  - \_\_\_ 3. Notify the East Baton Rouge Parish Mayor-President's office and/or the Mayor's Office of Homeland Security and Emergency Preparedness and/or law enforcement agencies of closure of public areas and/or cancellation of events and other large gatherings. Schools
  - \_\_\_ 4. Develop plans and processes for closure of schools and childcare facilities and cancellation of school related extracurricular activities.
  - \_\_\_ 5. Notify the East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness of closures.
  - \_\_\_ 6. May be required to report student absenteeism to the East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness.
- C. Social Services
- \_\_\_ 1. Maintain continuity of operations through coordination between agencies who have roles in social services according to the East Baton Rouge Parish Emergency Operations Plan.
- D. First Responder Agencies
- \_\_\_ 1. Maintain personal protective equipment for use during a pandemic response or a suspected disease outbreak response.
  - \_\_\_ 2. Provide support according to their roles and responsibilities in agency Standard Operating Guidelines and the East Baton Rouge Parish Emergency Operations Plan.
- E. Louisiana Office of Public Health Region II/Department of Health and Hospitals
- \_\_\_ 1. Set-up Points of Dispensing as necessary.
  - \_\_\_ 2. Receive and address requests for Closed Points of Dispensing to be open in East Baton Rouge Parish.
  - \_\_\_ 3. Provide social distancing precautions and recommendations.



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- F. Closure and/or cancellation of public events will be managed by those who are responsible for the management of those facilities. Notification of closure of public areas and/or cancellation of events and other large gatherings should be provided to the East Baton Rouge Parish Mayor-President's office and/or the Mayor's Office of Homeland Security and Emergency Preparedness and/or law enforcement agencies.

### VI. CRITICAL INFORMATION REQUIREMENTS

- A. Louisiana Office of Public Health Region II will provide East Baton Rouge Parish Emergency Operations Center and Louisiana Department of Health and Hospitals the following.
- \_\_\_ 1. Estimate of infection rate in Louisiana.
  - \_\_\_ 2. Number of cases reported in a locality, virulence of the influenza strain, and severity of the disease spread
  - \_\_\_ 3. Available health care resources by Louisiana Department of Health and Hospitals region (e.g., EMSystems)
- B. Schools will provide the following information to East Baton Rouge Parish Emergency Operations Center:
- \_\_\_ 1. Report on student absenteeism
  - \_\_\_ 2. Closure decisions regarding schools, school-related activities, and childcare facilities; coordinated with the Louisiana Department of Education
- C. East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness will report to the Louisiana Governor's Office of Homeland Security and Emergency Preparedness upon request if available:
- \_\_\_ 1. East Baton Rouge Parish departmental workforce status by department for essential personnel
  - \_\_\_ 2. Status of first responder Personal Protection Equipment inventory and distribution
  - \_\_\_ 3. Status of Continuity of Operations Plan implementation by East Baton Rouge Parish departments
  - \_\_\_ 4. Command staff status and East Baton Rouge Continuity of Operations planning



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- \_\_\_ 5. Public information campaigns (media distribution sources) and news conferences
  - \_\_\_ 6. Reports of businesses, or local government closures
  - \_\_\_ 7. Status report of any major closures of public gatherings/events
- D. Louisiana Governor's Office of Homeland Security and Emergency Preparedness will provide information to East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness.

### APPENDIX A: CONTINUITY OF OPERATIONS

- A. When a disaster strikes East Baton Rouge Parish, the Mayor's Office of Homeland Security & Emergency Preparedness coordinates all City-Parish wide efforts in response to and recovery from this incident. The Emergency Operations Center is activated and all City-Parish agencies send a representative to coordinate their duties and responsibilities. The Emergency Operations Center must be maintained and operated under all circumstances in order to protect East Baton Rouge Parish from disasters. The East Baton Rouge Parish Mayor's Office of Homeland Security and Emergency Preparedness' continuity of operations plan to include addressing issues related with pandemic planning.
- B. East Baton Rouge Parish departments have Continuity of Operations plans that include considerations for actions in response to a pandemic influenza.

### APPENDIX B: MASS FATALITY PLAN

The East Baton Rouge Parish's Mass Fatality Plan included in this appendix is maintained by the Office of the Coroner. The Mass Fatality Plan is also included as Appendix 2 in Annex U of the East Baton Rouge Parish's Emergency Operations Plan.

### APPENDIX C: UNITED STATES PANDEMIC SEVERITY INDEX AND WORLD HEALTH ORGANIZATION'S PANDEMIC PHASES

- A. The World Health Organization has five pandemic phases (Figure A). The United States Government (USG) has a Pandemic Severity Index that provides greater specificity for U.S. preparedness and response efforts than the pandemic phases outlined in the World Health Organization (WHO) global pandemic plan (Figures A and B). The severity index assigns pandemics to one of five discrete categories of increasing severity (Category 1 to Category 5). The index facilitated initial planning efforts by identifying objectives, actions, policy decisions, and messaging considerations for each WHO Pandemic phase. This provides a high-level overview for the Federal Government approach to a pandemic response and guides more detailed planning for Federal, State, and local responses



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which require a greater level of specificity than is afforded with the current USG stages. Therefore the Pandemic Severity Index provides communities a tool for scenario-based contingency planning to guide local pre-pandemic preparedness efforts. Accordingly, communities facing the imminent arrival of pandemic disease will be able to use the pandemic severity assessment to define which pandemic mitigation interventions are indicated for implementation.

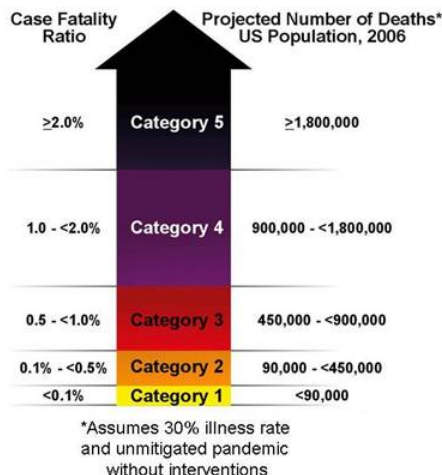
**Figure A. WHO Phases and USG Pandemic Severity Index**

| PANDEMIC INFLUENZA  |   |                                    |   |
|---|---|------------------------------------|---|
| WHO Global Pandemic Phases and the Stages for Federal Government Response |   |                                    |   |
| WHO Phases  |   | Federal Government Response Stages |   |
| INTER-PANDEMIC PERIOD   |   |                                    |   |
| 1   | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low. | 0                                  | New domestic animal outbreak in at-risk country           |
| 2   | No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.  |                                    |   |
| PANDEMIC ALERT PERIOD   |   |                                    |   |
| 3   | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.  | 0                                  | New domestic animal outbreak in at-risk country           |
|   |   | 1                                  | Suspected human outbreak overseas                         |
| 4   | Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.  | 2                                  | Confirmed human outbreak overseas                         |
| 5   | Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).                 |                                    |   |
| PANDEMIC PERIOD   |   |                                    |   |
| 6   | Pandemic phase: increased and sustained transmission in general population.   | 3                                  | Widespread human outbreaks in multiple locations overseas |
|   |   | 4                                  | First human case in North America                         |
|   |   | 5                                  | Spread throughout United States                           |
|   |   | 6                                  | Recovery and preparation for subsequent waves             |



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**Figure B. USG Pandemic Severity Index**



B. Interventions will be recommended based on the severity of pandemic, including: isolation and treatment of ill persons with antiviral drugs; voluntary home quarantine of members of households containing confirmed or probable cases; dismissal of students from school; closure of childcare facilities, and use of social distancing measures to reduce contacts between adults in the community and workplace. (Table A)

**Table A. Summary of the Community Mitigation Strategy by Pandemic Severity**

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



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

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

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

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

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

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

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

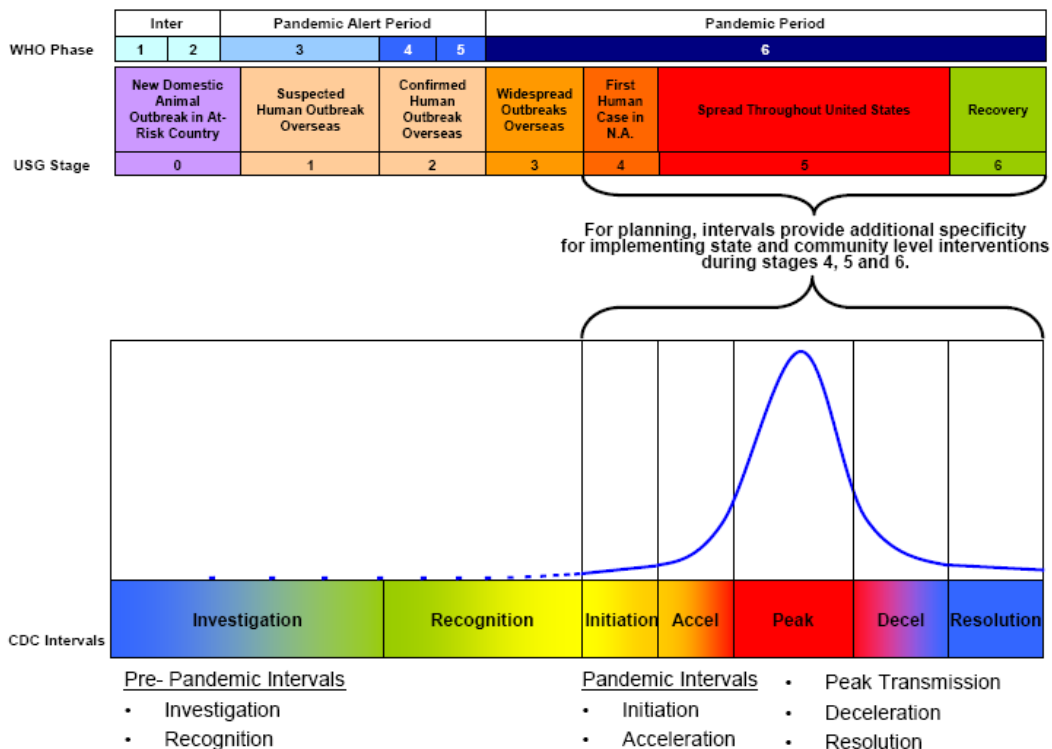
### C. Periods, Phases, Stages and Intervals (Figure C)

While it is difficult to forecast the duration of a pandemic, we expect there will be definable periods between when the pandemic begins, when transmission is established and peaks, when resolution is achieved, and when subsequent waves begin. Intervals are designed to inform and complement the use of the Pandemic Severity Index for choosing appropriate community mitigation strategies. The PSI guides the range of interventions to consider and/or implement given the epidemiological characteristics of the pandemic. The intervals are more closely aligned with triggers to indicate *when* to act, while the PSI is used to indicate *how* to act.



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**Figure C: Periods, Phases, Stages and Intervals**



### APPENDIX D: INTERIM GUIDANCE FOR FIRST RESPONDERS AT RISK FOR PANDEMIC INFLUENZA

The East Baton Rouge Parish Mayor’s Office of Homeland Security and Emergency Preparedness coordinate among other parish directors, the EMS system, Law Enforcement, Fire Departments, healthcare facilities (e.g. emergency departments), and the public health system for a coordinated response to swine-origin influenza A (H1N1). First Responders will provide appropriate precaution and prevention practices. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of First Responders is critically important. The guidance provided in this document is based on current knowledge of swine-origin influenza A (H1N1) provided by the United States Centers for Disease Control and Prevention (CDC).

A pandemic will potentially impact supply and delivery systems of high demand items such as personal protective equipment. The availability of PPE during a pandemic may be limited due to high consumer demand. MOHSEP has purchased a cache of appropriate PPE in advance of the upcoming flu season.

#### First Responders at Risk for Pandemic Influenza

First Responders will inevitably have contact with people who are known or suspected to be infected with the pandemic virus; there are important practices to reduce the risk of infection and

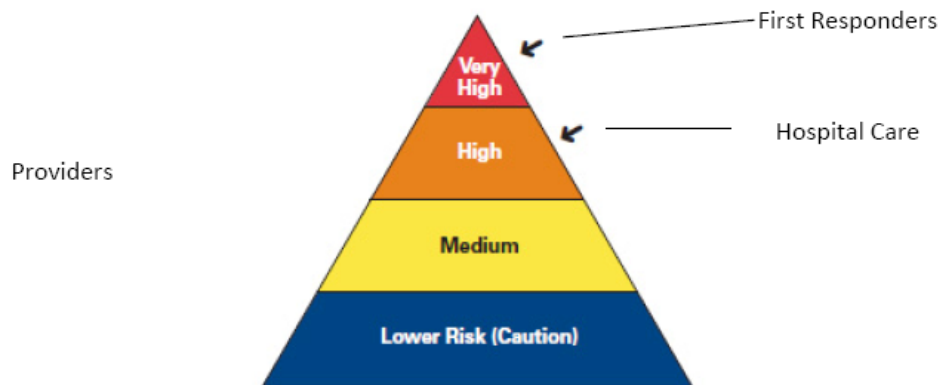


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to protect responders. First Responders are at a very high risk of contracting influenza because they are the initial contact with patients prior to diagnosis.

**Very High** exposure risk encounters are those with high potential for exposure to known or suspected sources of pandemic influenza during specific medical, rescue or civil unrest situations, such as:

- Responders responding to calls for help from suspected or potential pandemic patients.
- First Responder support staff exposed to equipment used on known or suspected pandemic patients.
- Staff providing medical transport of known or suspected influenza patients in enclosed vehicles.



Occupational Risk Pyramid for Pandemic Influenza

### Administrative Controls

The following types of controls involve making changes to the work environment to reduce work-related hazards by the employer:

First Responder facilities need to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposures.

- Post signs requesting responders and responders' family members to immediately report symptoms of respiratory illness to administration so that appropriate actions can be taken to prevent the contamination of other First Responders.
- Train workers in work practices such as hand hygiene, facility hygiene, and other infection control measures. Provide conveniently located masks, tissues and alcohol-based hand rubs for waiting areas and patient evaluation areas to reduce the spread of infection.



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- Jails or holding areas equipped with isolation rooms should be used when performing processing or holding of those known or suspected pandemic influenza cases.
- Ensure appropriate PPE levels (i.e. gloves/masks) are used when dealing with known or suspected pandemic patients.
- When possible First Responders should take complaints via alternative means instead of face to face contact with known or suspected pandemic cases. This type of task may be assigned to Responders that must be socially distanced due to being affected themselves.
- Provide guidance and review equipment decontamination procedures with responders to help prevent the spread of pandemic to other responders or patients.
- Review and increase housekeeping vigilance to control the spread of infectious agents through additional cleaning of contact surfaces, and through prompt and thorough waste disposal.

### Personal Protective Equipment (PPE) (See Appendix E – Secure)

For those who work closely (within 6 feet) with people known or suspected to be infected with pandemic influenza:

- Use basic surgical masks for routine contact. However, for extended exposure or when both fluid protection (e.g., blood splashes) and respiratory protection are needed, use a "surgical N95" mask that has been certified by the National Institute for Occupational Health and Safety (NIOSH).
- Use gloves made of latex, vinyl, nitrile, or other synthetic materials as appropriate, when there is contact with blood and other bodily fluids, including respiratory secretions.
- Wear an isolation gown when it is anticipated that soiling of clothes or uniform with blood or other bodily fluids, including respiratory secretions, may occur.
- Use eye and face protection if sprays or splatters of infectious material are likely. Goggles should be worn during the performance of aerosol-generating procedures.
- Use of a full face shield in front of a respirator may also prevent bulk contamination of the respirator.

### Suggested Minimum Protection

|                              | POLICE | FIRE        | EMS                     |
|------------------------------|--------|-------------|-------------------------|
| Suggested Minimum Protection | Mask   | Mask        | Mask                    |
|                              | Gloves | Gloves      | Gloves                  |
|                              |        | Face Shield | Goggles                 |
|                              |        |             | Gown (extended contact) |

### Agency SOP's Should Consider:

- Handling of staff that become ill at work.
- When personnel may return to work after recovering from pandemic influenza.
- When personnel who are symptomatic but well enough to work will be permitted to continue working.



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- Personnel who need to care for their ill family members.
- A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
- A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
- Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
- The ability to monitor seasonal influenza vaccination of personnel.
- Offering annual influenza vaccine to personnel.

### **Surge Capacity Considerations:**

- A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members.
- The minimum number and categories of personnel necessary to sustain public safety.
- Contingency staffing plans have been developed in collaboration with other First Responder agencies.
- Hospitals, Law Enforcement, and Emergency Response Associations and regional planning groups have been consulted regarding contingency staffing resources.
- Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.
- A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.
- Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.
- An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.

### **9-1-1 Public Safety Answering Points (PSAP) Planning Considerations:**

It is important for the PSAPs to question callers to ascertain if there is anyone at the incident location who is possibly afflicted by the swine-origin influenza A (H1N1) virus, to communicate the possible risk to EMS personnel prior to arrival, and to assign the appropriate EMS resources. PSAPs should review existing medical dispatch procedures and coordinate any modifications with their EMS medical director and in coordination with their local department of public health.

- PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever or other flu-like symptoms.

- o If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory febrile illness, they should make sure any first responders and EMS personnel



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are aware of the potential for “acute febrile respiratory illness” before the responders arrive on scene.

### **First Responder Employee Controls:**

The following types of controls involve making changes to the work environment to reduce work-related hazards by the employee:

- Recommendations for EMS, Firefighter and Law Enforcement First Responders:  
Contact assessment Considerations:
  - If there HAS NOT been swine-origin influenza reported in the geographic area, First Responders should assess all patients as follows:
    - First Responder personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
    - Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
    - If no acute febrile respiratory illness, proceed with normal EMS care.
    - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
      - .. If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
      - .. If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).
  - If the CDC confirmed swine-origin influenza in the geographic area:
    - 1. Address scene safety:
      - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
      - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, First Responders should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
    - 2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough).
      - If no symptoms of acute respiratory illness, provide routine EMS care.
      - If symptoms of acute respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.



## ANNEX O: Appendix 14 Pandemic Influenza Plan

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### **PANDEMIC INFLUENZA ADDITIONAL RESOURCES**

#### A. Resources to Assist Employers in preparing for an Influenza Pandemic

1. East Baton Rouge Parish has implemented teleworking capabilities for essential personnel which may be activated as needed. Continuity of operations plans are up to date and include pandemic planning contingencies. Recommendations for Infection Control of City-Parish Buildings and Personnel were distributed to all city-parish departments.

#### B. Public Outreach for an Influenza Pandemic

1. East Baton Rouge Parish has a public outreach campaign which includes a televised informational series called Red Stick Ready T.V. During the month of September the show specifically addressed information on influenza planning and precautions. The video is available for viewing at any time at [www.redstickready.com](http://www.redstickready.com).

#### C. Pandemic Influenza - When to Return to the Workplace or to School

1. This information is for people who have been diagnosed with pandemic influenza by a health care provider or who believe that they have pandemic influenza based on symptoms of illness. It is intended to assist these people in deciding when to return to the workplace or school to decrease the chance of spreading pandemic influenza to others.
2. Transmission of Pandemic Influenza: Pandemic influenza (flu) is an illness that is easy to spread by close contact with others at home, in the community, at work, or at school. Influenza viruses spread mainly from person to person when people with influenza cough or sneeze. Sometimes people may become infected by touching something with influenza virus on it and then touching their mouth or nose.
3. Symptoms of Pandemic Influenza: Sudden onset of:
  - a. Fever (100.4°F [38°C]) or higher AND cough, sore throat, and/or difficulty breathing
  - b. These often occur with chills, headache, muscle aches, fatigue, and runny or stuffy nose
4. Pandemic influenza illness will likely make many people, even young adults; feel very sick—sick enough to stay in bed. If you are unsure whether you have pandemic influenza, want information about antiviral medications that may help you get better faster, or want to know how to avoid transmitting the influenza virus



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to others, contact your health care provider. Additional information about pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

5. If you have pandemic influenza, before returning to your workplace or school:
  - a. **STAY HOME AND AWAY FROM OTHERS**, as much as possible. Stay out of school or work until your fever has been gone for 24 hours without your taking fever-reducing medicines such as acetaminophen (Tylenol), and ibuprofen (Motrin, Advil).
    - i. **WHY?** Studies show you are most contagious and likely to spread influenza virus to others while you have a fever, up until 24 hours after your fever has ended.
  - b. **IF YOU ARE IMMUNOSUPPRESSED, CONSULT WITH YOUR HEALTH CARE PROVIDER** for guidance on when you may return to your workplace or school and on possible treatment with antiviral medications.
    - i. **WHY?** Being immunosuppressed means your body's immune system may be weaker than normal, for example, from cancer or cancer treatment, organ or bone marrow transplants, HIV/AIDS, or from treatment with drugs such as steroids. Studies show that an immunosuppressed person who is infected with influenza may be able to transmit virus for a longer time than a person who is not immunosuppressed.
  - c. **IF YOU WERE OR ARE TAKING ANTIVIRAL MEDICATIONS FOR TREATMENT OF INFLUENZA, CONSULT WITH YOUR HEALTH CARE PROVIDER AS TO WHEN TO RETURN TO YOUR WORKPLACE OR SCHOOL**
    - i. **WHY?** Antivirals for influenza are prescription drugs such as oseltamivir (Tamiflu) and zanamivir (Relenza), and may or may not be indicated for certain individuals. While no one should return to work or school until fever has been gone for 24 hours, for some people, antiviral drugs may shorten the period when you are contagious (capable of transmitting influenza virus), allowing you to return earlier.
6. After returning to your workplace or school, remember to:
  - a. Cover your coughs or sneezes with tissues (if no tissues are available cough into your sleeve), and dispose of tissues in trashcans or wastebaskets. Clean your hands after coughing or sneezing as soon as you can.



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- b. Keep your hands clean by washing with soap and water or using alcohol-based hand gels frequently. As much as possible, avoid touching people and surfaces with unwashed hands.
  
- c. Return home or stay home and contact your health care provider if your symptoms worsen or re-occur.