

# TRAVERSE COUNTY

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## Annex N Pandemic Influenza Continuity of Operations Plan

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**DOCUMENT APPROVAL FOR THE PANDEMIC INFLUENZA  
CONTINUITY OF OPERATIONS PLAN**

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\_\_\_\_\_  
(Date)

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(Date)

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## **GLOSSARY**

### **Avian influenza**

Avian influenza, also referred to as bird flu, is a virus that occurs naturally among wild birds. It has the capability to infect domesticated birds, including chickens, ducks, and turkeys. Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. A small number of people have also been infected after having very close contact with birds. There is no human immunity and no vaccine available. Also see influenza, seasonal influenza, and pandemic influenza.

### **Contact**

A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

### **H5N1**

H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968.

### **Hand hygiene**

Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus, hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

### **Human-to-human transmission**

Human-to-human transmission refers to the ability of an infectious disease to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.

### **Infection control**

Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

### **Infectious disease**

An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.

### **Influenza**

Influenza is a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by

infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

### **Isolation**

Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

### **Pandemic influenza**

A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; 4) spreads rapidly; and, 5) causes serious illness in humans. As a result:

- Many people will get sick with influenza.
- There will be a huge demand for health care services.
- Many aspects of daily life will be disrupted.
- The overall workforce available will be reduced due to illness.

Also see influenza, seasonal influenza, and avian influenza.

### **Personal Protective Equipment (PPE)**

PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

### **Prophylaxis**

Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza).

### **Quarantine**

A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

### **Respiratory etiquette**

Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs. A better way of covering the cough or sneeze is in your shirt sleeve, this saves from touching the germs in the tissue.

### **Seasonal influenza**

Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between October and April. The virus affects up to 10% of the population. For most previously healthy people, seasonal influenza is an unpleasant but not life-threatening infection. The very young, the very old, and people with certain chronic

illnesses are most at risk for serious illness. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.

### **Social distancing**

Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

### **Purpose and Objectives**

The primary purpose of the Pandemic Influenza Continuity Plan is to enable Traverse County to respond effectively and efficiently to ensure that essential operations are maintained during an influenza pandemic.

Our primary objectives during a local pandemic influenza are the following:

1. Reduce transmission of the pandemic virus strain among our employees, customers/clients, and partners.
2. Minimize illness among employees and customers/clients.
3. Maintain mission-critical operations and services.
4. Minimize social disruptions and the economic impact of a pandemic.

### **Supporting Plans**

The Traverse County Emergency Operation Plan (EOP) has other plans addressing emergency response and recovery. The Pandemic Influenza Continuity Plan will be implemented as Annex N to the EOP.

### **Pandemic Overview and Context**

Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year, causing an average of 36,000 deaths annually in the United States. Seasonal influenza epidemics are caused by influenza viruses which circulate globally in humans. Over time, people develop some degree of immunity to these viruses, and vaccines are developed annually to protect people from serious illness.

Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus, to which there is no immunity. The new virus strain may spread rapidly from person to person and, if severe, may cause high levels of disease and death around the world. The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an

influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.

The worldwide public health and scientific community is concerned about the potential for a pandemic to arise from the widespread avian influenza A (H5N1) found in birds across several continents. Although many officials believe it is inevitable that future influenza pandemics will occur, it is impossible to predict the exact timing of their arrival. It is difficult to predict the severity of the next pandemic, if it will be associated with the current H5N1 strain or an entirely different strain, and whether the pandemic virus strain will be treatable with existing medicines.

There are several characteristics of pandemic influenza that differentiate it from other public health emergencies. Unlike other natural disasters, where any disruption to service provision is likely to be infrastructure-related, disruption to operations in the event of a pandemic is anticipated to be human and material oriented. A pandemic has the potential to cause illness in a very large number of people, overwhelm the health care system, and jeopardize services by causing high levels of absenteeism in the workforce. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last many months and affect many areas throughout the world simultaneously.

In a pandemic situation, the goal is to slow the spread of disease to prevent illness. The most effective strategy to accomplish this is through vaccination. However, it is likely that effective vaccines will not be available for many months following the emergence of a new pandemic strain of influenza. Existing antiviral medications may also not be effective or available. Other infection control strategies such as social distancing, improved hygiene and respiratory etiquette, isolation, and quarantine may be used to control the spread of disease.

The federal government has issued its "National Strategy for Pandemic Influenza Implementation Plan" (May 2006) in which was outlined the actions of the federal government during a pandemic event. This strategy contains three pillars (1) preparedness and communication; (2) surveillance and detection; and (3) response and containment. The federal government has defined 6 stages in which they link their actions to the WHO phases.

The State of Minnesota has taken the WHO's Pandemic Phases and the stages of the US government to develop corresponding Minnesota Response Phases. These Minnesota Response Phases are further subdivided into both avian and pandemic sections. Each Minnesota Response Phase has a Lead Technical Agency which leads the state's response efforts.

The Minnesota Response Phases provide a standard framework for the State of Minnesota's response to HPAI and pandemic influenza. Additionally, the Minnesota response phases are separated in terms of avian influenza (when the virus is in birds) and pandemic influenza (when the virus is in people). The purpose of this separation is to ensure the smoothest response with the least amount of confusion. These two events do not necessarily form a continuum and, depending on the circumstances, may be occurring simultaneously or separately from one another.

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Monitoring will occur in all phases, and will be heightened as the situation warrants.

**Table 1. Highly Pathogenic Avian Influenza (HPAI) Outbreak**

WHO Phases	U.S. Stages	MN Response Phase
<b>WHO Phase 1</b> Low Risk of Human Cases	<b>U.S. Stage 0</b> New Domestic Animal Outbreak in At-Risk Country	<b>MN Response Phase A0</b> HPAI Outbreak – Non-Existent or Overseas
		<b>MN Response Phase A1</b> HPAI Outbreak in Wild Animal in North America
<b>WHO Phase 2</b> Higher Risk of Human Cases		<b>MN Response Phase A2</b> HPAI Outbreak in Wild Animal in MN
<b>WHO Phase 3</b> No or Very Limited Human to Human Transmission		<b>MN Response Phase A3</b> HPAI Outbreak in Domestic Animal in North America
		<b>MN Response Phase A4</b> HPAI Outbreak in Domestic Animal in MN
		<b>MN Response Phase A5</b> Recovery

**Table 2. Pandemic Influenza Outbreak**

WHO Phase	U.S. Stage	MN Response Phase
<b>WHO Phase 3</b> No or Very Limited Human-to-Human Transmission	<b>U.S. Stage 1</b> Suspected Human Outbreak Overseas	<b>MN Response Phase P0</b> Suspected Human Outbreak Overseas.
<b>WHO Phase 4</b> Evidence of Increased Human-to-Human Transmission	<b>U.S. Stage 2</b> Confirmed Human Outbreak Overseas	<b>MN Response Phase P1</b> Confirmed, Sustained Human-to-Human Transmission Overseas
<b>WHO Phase 5</b> Evidence of Significant Human-to-Human Transmission		
<b>WHO Phase 6</b> Efficient and Sustained Human-to-Human Transmission	<b>U.S. Stage 3</b> Widespread Human Outbreaks in Multiple Locations Overseas	<b>MN Response Phase P2</b> Suspected/Confirmed Human Case in North America
	<b>U.S. Stage 4</b> First Human Case in North America	
	<b>U.S. Stage 5</b> Spread Throughout U.S.	

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	<b>U.S. Stage 5</b> Spread Throughout U.S.	<b>MN Response Phase P4</b> Suspected/Confirmed Human Case in MN
		<b>MN Response Phase P5</b> Limited Outbreak in MN
		<b>MN Response Phase P6</b> Widespread Throughout MN
	<b>U.S. Stage 6</b> Recovery and Preparation for Subsequent Waves	<b>MN Response Phase P7</b> Recovery and Preparation for Subsequent Waves

Traverse County will follow the lead of the State of Minnesota as to the direction taken. Traverse County Emergency Management will be in constant contact with Minnesota Homeland Security Emergency Management should signs and symptoms show that there could be an HPAI or Pandemic Influenza Outbreak in the county.

**POTENTIAL IMPACT ON THE WEST CENTRAL REGION INCLUDING TRAVERSE COUNTY**

Proportionally, Our West Central Region of Minnesota which includes Traverse County could suffer anywhere from 140 to 1270 estimated deaths. Many more will suffer serious illness, with anywhere from 540 to 6100 hospitalizations estimated. Outpatient medical care visits are estimated to be 28,000 and could reach a much higher number. These numbers do not include deaths NOT due to influenza, and the tourist or visitor population is unaccounted for. Therefore, the true impact could extend beyond these projections. In addition to obvious health care costs, an enormous cost could be paid due to lost productivity and the disruption of the local economy, especially the tourism and travel-related industry. Many of these deaths, illnesses and much of the economic and social disruption may be preventable with timely, appropriate public health interventions and advance planning throughout the community.

**ROLE OF EMERGENCY MANAGEMENT AND LOCAL PUBLIC HEALTH**

Traverse County Emergency Manager and Stevens Traverse Grant Public Health will lead in coordinating the county-wide public health and emergency medical response. Operating on a local, county-wide level, Traverse County Emergency Manager will activate its Emergency Operations Center (EOC) when a unified response is necessary. The epidemiology of the new influenza virus strain and the current situation will influence the health department's response. Specific guidance and policies, based on up-to-date intelligence, will be provided throughout each alert stage.

**PLANNING ASSUMPTIONS**

The following planning assumptions were used in the development of the Pandemic Influenza Continuity Plan in Traverse County:

- A pandemic could last 6-8 weeks and include several waves over the course of a year.

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- Up to 30 percent of the workforce could be out sick during a pandemic. Absenteeism could reach 40 percent during the peak of a pandemic. People may decide to stay home to care for family members or for children when schools are closed. Fear of exposure may lead to higher absenteeism rates before an actual outbreak begins.
- Employer flexibility will be necessary and might include staggered shifts, expansion of physical space between work stations, or allowing employees to work from home.
- Leave policies will need to be flexible.
- Employees may need personal protective equipment to maintain priority service functions. This requires implementation of personal protective equipment policies and procedures and ensuring the required training and fit testing is done.
- Availability of supplies will be limited because of hoarding, combined with limited production and transportation limits.
- Administrative rule waivers and alternate service delivery systems may be necessary to maintain priority service functions. Policies will need to be developed for reduced service delivery.
- Community buildings may need to be used as alternate care facilities and standards of care may need to be adjusted when hospitals are overwhelmed. Local jurisdictions need to make sure they can staff existing health care facilities before establishing alternate health care facilities.
- Up to two percent of the 30 percent who fall ill may die. This rate could overwhelm mortuary and burial services. Local jurisdictions may need to assist local mortuary services.
- Assistance from outside organizations, state and federal government will be limited.

### **I. Prioritization of Services**

The ability of local jurisdictions to provide services will be impacted during a pandemic and demand for those services will increase. It is necessary for local jurisdictions to clearly identify the level of service they intend to provide throughout the Minnesota Response Phases. Those phases are outlined above in Tables 2 and 3 and discussed more in depth in the State of Minnesota's Emergency Operations Plan (MEOP) Avian and Pandemic Influenza Supplement.

Local jurisdictions should consider the following factors when determining priority service levels:

- Health, welfare and safety of employees;
- Health, welfare and safety of citizens;
- Economic impact of not providing service;
- Impact of performing (or not performing) services;
- Ability to provide services during a pandemic; and
- Availability of alternate methods of delivering services.

Note: During a pandemic, the entire workforce is impaired and there will not be "extra help" readily available.

Using the "local priority service goals" and or mission statement that the Pandemic Flu Committee developed per Chapter Two, I.A. of this document, agencies should assign one of the following priority service levels to each of the services they provide:

**A. Priority Service One (Immediate threat to public health, safety or welfare)**

Activities that must remain uninterrupted. Generally, these would include agencies and facilities that operate 24 hours a day and/or 7 days a week. (If the service closes on a weekend or holiday, it is not a Priority Service One function.)

- Patient care at regional treatment centers or nursing care facilities
- Correctional facility operations and security
- Fire suppression
- Law enforcement; patrol
- Emergency medical operations
- Water treatment operations
- Emergency and disaster response functions
- Snow removal from roadways
- Emergency road repair
- Maintaining building HVAC systems
- Emergency Operations Center staffing
- Security
- All dispatch centers

**B. Priority Service Two (Direct economic impact, constitutionally or statutorily mandated time frames, or civil disorder may develop if not performed in a few days)**

Activities that can be disrupted temporarily or might be periodic in nature, but must be re-established within a few days.

- Processing payroll
- Payment to vendors
- Benefit payment to individuals
- Workers compensation
- Legal services
- Phone and internet communication services
- City Council/County Commissioner meetings
- Emergency procurements and contracting
- Insurance payments
- Disaster recovery assistance
- Time sensitive inspections for construction activities
- Emergency equipment repair
- Cleaning and disinfecting facilities during a pandemic

**C. Priority Service Three (Regulatory services required by law, rule or order that can be suspended or delayed by law or rule during an emergency)**

Activities that can be disrupted temporarily (a few days or weeks) but must be re-established sometime before the pandemic wave is over (<6 weeks).

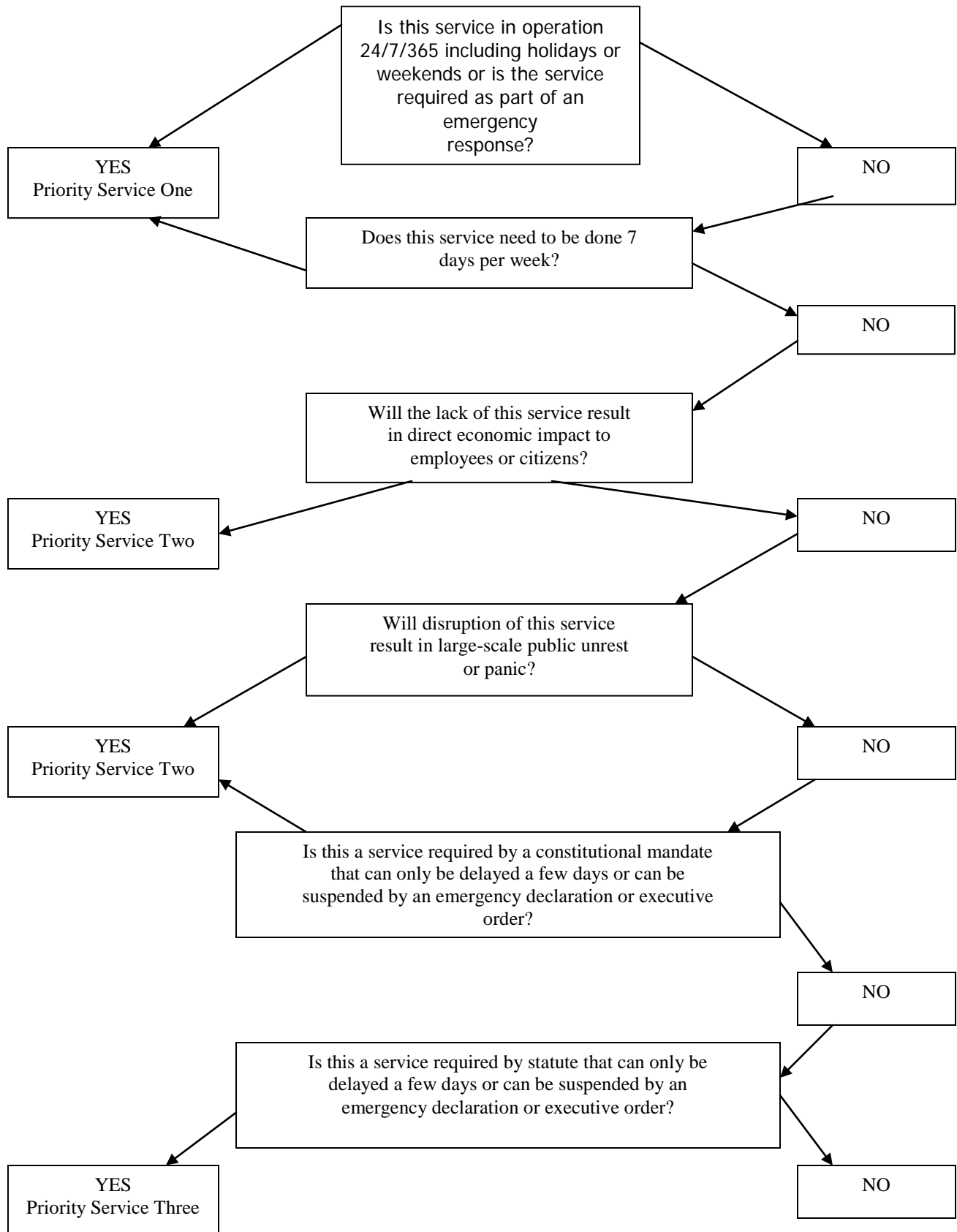
- Collective bargaining with labor unions
- License renewals
- Vehicle registration
- Recording land transactions
- Maintaining websites for information
- Employee right-to-know program
- Filling job vacancies
- General inspections services (not time sensitive)
- Project management
- Vehicle maintenance services
- Grant and contract management
- Shipping and receiving
- Investigation of complaints
- Mail services
- Issuing building permits

**D. Priority Service Four (All other services that could be suspended during an emergency and are not required by law or rule)**

Activities that can be deferred for the duration of a pandemic influenza wave (6-8 weeks).

- Educational programs
- Training
- General maintenance programs
- Reception desks
- Internal audit
- Records retention
- Crime and fire prevention programs
- Grounds maintenance (lawn mowing)
- Youth service programs
- Financial analysis
- Research
- General education and outreach programs

## Pandemic Priority Service Continuation Determination Matrix



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Attachment: B1

**Government Service Continuation Priorities**

Priority Service Level	Service Description	Minimum Staff Req.	Staff Available w/Reallocation	Outside Assistance Required	Special Skills Required
1	E-911 Dispatch	4	10	No	Yes
1	Traverse County Jail	4	10	No	Yes
1	Law Enforcement Officers	4	7	No	Yes
1	Jail Administrator	1	1	No	Yes
3	Court Dates	1	3	No	Yes
4	Work Release	1	3	No	No
4	Program Services for Jail	1	3	No	Yes
4	Training	1	0	No	Yes
4	Deputy Patrol Duties/Civil Process Service	1	3	No	Yes
2	Assessor	1	4	No	Yes
4	Homestead Applications	1	4	No	Yes
4	Land Information	1	4	No	Yes
2	Passport Applications	1	4	No	Yes
2	Vital Statistics	1	4	No	Yes
2	UCC Filing	1	2	No	Yes
2	Real Estate Recording	2	2	No	Yes
1	Emergency Response	18	24	No	Yes
1	Snow Removal	13	20	No	Yes
2	Maintain Roads Motor Grading	5	18	No	Yes
2	Maintain Roads Graveling	7	18	No	Yes
2	Sign Maintenance	2	2	No	Yes
2	Equipment Maintenance	2	3	No	Yes
2	Construction Observation	3	3	No	Yes
2	Accounting/Administration	2	2	No	Yes
3	Repair Roads, Culverts	3	5	No	Yes
3	Vegetation Control	4	4	No	Yes
3	Engineer Design/Dept. Admin.	4	4	No	Yes
2	Social Services Director	1	MOU	Yes	Yes
2	Financial Worker	1	3	No	Yes
2	Social Worker	1	3	No	Yes
2	Fiscal Officer	1	1	No	Yes
3	Child Support Officer	1	1	No	Yes
3	Administrative Office Support	1	6	No	Yes
4	Senior Coordinator	1	1	No	Yes
4	Family Based Provider	1	1	No	Yes
1	County Admin & Management	3	5	No	Yes
1	Tax & Finance Authority	3	5	No	Yes
4	Policy Development & Approval	3	5	No	Yes
1	EOP Information Officer	1	6	No	Yes
2	Clerk, County Board	1	5	No	Yes
2	Coordinate County Projects	1	5	No	Yes
2	Payroll Reporting	1	2	No	Yes
2 or 3	Department Head Support	1	2	No	Yes

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**Government Service Continuation Priorities (Continued)**

Priority Service Level	Service Description	Minimum Staff Req.	Staff Available w/Reallocation	Outside Assistance Required	Special Skills Required
4	Administrator, Employee/ Retiree Benefit System	1	1	No	Yes
4	Personnel Director	1	5	No	Yes
4	Policy Development	1	1	No	Yes
4	Budget Preparation	1	2	No	Yes
2	Payroll Processing	1	2	No	Yes
2	Payment to Vendors	1	2	No	Yes
3	Tax Billing and Collection	1	2	No	Yes
3	Maintain Co. Financial Records	1	2	No	Yes
2	Maintain Facilities	1	4	No	Yes
2	Maintain Equipment	1	4	No	Yes
2	Mail Pickup	1	8	No	No
4	Organize facility meeting area	1	4	No	No
4	Conservation Program Planning	3	3	No	Yes
4	Conservation Practice Implementation (grass & tree planting and fabric)	4	4	No	Yes
4	Planning & Zoning Admin. Wetland Conservation Act Administration	2	2	No	Yes
4	MPCA Feedlot Program Admin	1	1	No	Yes
4	Shoreland Program Admin	1	1	No	Yes
4	SSTS (Septic System) Program Administration	1	1	No	Yes
4	State Cost Share Program Administration	2	2	No	Yes
4	Local Water Plan Program Administration	2	2	No	Yes

## **Prevention & Treatment**

- A vaccine may not be available for at least 6 to 8 months after an influenza pandemic begins and supplies may be limited.
- Antiviral medicines may not treat or protect against the pandemic influenza virus strain.
- If effective, antiviral medications (e.g. Tamiflu) may be in very limited supply and their distribution may occur in phases.
- Infection control (e.g. respiratory etiquette, hand hygiene) strategies will be used to slow the spread of disease.
- Social distancing strategies (e.g. postponing public gatherings) may be used to control the spread.
- Isolation of ill people will be required.
- Quarantine of people exposed to ill people may be implemented until it can be determined that they have not been infected.

## **AUTHORITY & PROTOCOLS**

### **I. Traverse County Emergency Preparedness and Planning Committee**

#### **a. Pandemic Flu Committee**

Traverse County has a defined group of leaders and community members which represent the County Emergency Preparedness and Planning Committee, groups represented in this Committee include, County and City Officials, lead County Government, Emergency Management, Local Public Health, Social Services, Hospital, Law Enforcement, City Mayors, City Maintenance, Fire, EMS, Nursing Homes, and other Community/Business personnel as deemed necessary. There are select members from this group, along with county department heads, that comprise the Traverse County Pandemic Flu Committee. (Refer to Attachment A to this plan.)

Traverse County's priority service goals include:

- Public Safety including;
  - E-911 Dispatch.
  - Jail and Administrator.
  - Law Enforcement Officers.
- Immediate Public Health concerns.
- Basic custodial care for residents in county-operated nursing homes.
- Benefit payment and medical services to individuals.

Necessary administrative and support services.

#### **b. Traverse County Pandemic Flu Co-Coordinator**

The Pandemic Flu Co-Coordinator for Traverse County are the County Coordinator and Emergency Manager.

#### **c. Traverse County Pandemic Flu Committee and Responsibilities**

The Traverse County Pandemic Flu Committee, Emergency Manager, and Pandemic Influenza Planning Coordinator, along with their positions and certifications are found in Attachment A of this plan. All department heads of Traverse County will assign a Departmental Pandemic Flu Coordinator for the department. They will be responsible to:

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- Develop a “Priority Service Function Task List” to catalog needed and available employee resources.
- Define departmental position’s certification and training requirements;
- Define the department’s Priority Service Functions One through Four.
- Re-allocate staff internally during a pandemic to ensure Priority Service One and Two functions are accomplished;
- If unable to re-allocate internal staff to accomplish Priority One and Two functions, request assistance from the Pandemic Flue Committee;
- Update departments All Hazard Emergency Operations and Service Continuation plans.
- Compile and report absenteeism to the Traverse County Pandemic Flu Committee as requested; and
- Require the Department Pandemic Flue Coordinator to ensure agencies conduct exercises throughout the planning process.

**d. Updating of Pandemic Flu Plans**

The Pandemic Flu Committee will charge each department head to create/update its All Hazard Emergency Operations and Service Continuation plan to include response to a possible pandemic. These plans are to define in detail the operations, actions, services and structure of the department in the event of a pandemic influenza event.

**e. Priority Service Function Task List**

The committee will oversee the creation of a list of required skills needed by various departments in the event of a pandemic when personnel shortages and workload increases occur. Individual employee qualifications and certifications will be cataloged according to this list to facilitate the re-allocation of workers to other departments as needs arise to maintain Priority Service One and Priority Service Two functions. (A standardized list will be made by the HR Department.)

**f. Service Continuation Communication Plan**

The committee will develop this plan. It should detail all aspects of communications within the operation of the local jurisdiction affected by the pandemic, including;

- Accurate and prompt communications to local departments within the county
  1. Include identification of key contacts (with back-ups) and chain of communication (including suppliers and customers).
- Coordination of support services to agencies.
- Media relations and public statements associated with the county’s service continuation.
  1. Communication to public on what services will be provided by the county during the pandemic.
- Develop internal communications to employees.
  1. There will likely be a high level of anxiety regarding a pandemic, contributing to increased work absence and/or increased distress to staff.

Suggested ways to manage includes:

- a. Communicate the possibility of a pandemic – and your department’s preparedness to manage it – very early to staff. Discuss with staff possible health and safety issues, potential for stand-down, and leave arrangements if staff are ill or need to look after those who are, or who have been “shut out” of childcare and school, ect.

- b. When activating your plan, provide clear, timely and proactive communications to staff, including how your organization is handling the situation.
- c. Develop and disseminate programs and materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans).
- d. Ensure that communications are culturally and linguistically appropriate.
- e. Develop platforms (e.g., hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact.
- f. Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g., vaccines and antivirals)

**g. Activation of the Service Continuation Plan**

The Service Continuation Plan will be activated using the State of Minnesota’s Response Phase plan. The Human Resource Department will monitor absenteeism. The Emergency Manager will receive bulletins from HSEM and DHS of the proximity of outbreaks to Traverse County. This information will be relayed to the County Coordinator who will notify the Pandemic Flu Committee and the Commissioners.

**h. Re-Allocation of Personnel**

The single point of contact will be the Human Resource Department. Human Resources will develop procedures to re-allocate the available resources by utilizing the “Priority Service Function Task List” list in order to accomplish Priority Service One and Two functions during a pandemic. If re-allocation can’t be done at the local level the emergency manager will contact the State Emergency Operations Center for potential assistance for the “Priority Service One” functions.

**i. Define Service Continuation Planning Schedule**

- |          |  |
|----------|--|
| 11/27/06 | Identify pandemic flu committee members.   |
| 01/29/07 | Identify each department’s pandemic flu coordinator.   |
| 04/06/07 | “Priority Service Function Task List” given to departmental pandemic flu coordinators.                 |
| 05/18/07 | “Priority Service Function Task List” returned to EMD.   |
| 06/30/07 | Traverse County Pandemic Flu Service Continuation Plan rough draft submitted to HSEM.                  |
| 07/30/07 | Meeting of Pandemic Flu Committee to answer identified areas in “Plan” that need to be answered.       |
| 08/27/07 | Meeting of Pandemic Flu Committee to continue to identify area in the “Plan” that need to be answered. |
| 09/24/07 | Meeting of Pandemic Flu Committee to review “Plan”   |
| 10/31/07 | Resubmit Pandemic Flu Service Continuation Plan to HSEM.   |

## II. Records

### a. Daily/Weekly Attendance Reports

During a pandemic, county department heads are to track employee attendance. This record will be kept daily and reported to the pandemic flu committee through the HR department. Daily/Weekly attendance reports may be necessary to track the impact of the pandemic, and to facilitate transfer of employees to priority services.

## Chapter Three – Department Pandemic Flu Coordinator Requirements

### I. Department Pandemic Requirements

Department level planning is essential to ensuring service continuation. The planning should include input from employees and labor representatives.

#### a. Identify a Department Pandemic Flu Coordinator/Team.

The Department Pandemic Flu Coordinator/Team will:

1. Define position's certification and training requirements.
2. Update departmental All Hazard Emergency Operations and Service Continuation Plans.
3. Re-allocate staff internally during a pandemic to ensure Priority Service One and Two functions are accomplished.
4. If unable to re-allocate internal staff to accomplish Priority Service One and Two functions, request assistance from the Pandemic Flu Committee.
5. Compile and report absenteeism to the Pandemic Flu Committee as requested.

#### b. Pandemic Influenza Plans

The Department should create/update its Service Continuation plan to include response to a possible pandemic. The plan must define in detail the operations, actions, services and structure of the Department in the event of a pandemic influenza event.

#### c. Develop a "Priority Service Function Task List" to Catalog Personnel Attributes and Position Requirements

The Department Pandemic Flu Coordinator will oversee a census of current employees. The census has captured each employee's qualifications and certifications. The census will be used to re-allocate personnel during a pandemic. A list of positions with required certifications and duties has been compiled.

- Do you have systems that rely on periodic physical intervention by key individuals, to keep them going? How long would the system last without intervention?
- Is it possible to coordinate or operate your department "virtually" – that is, remotely, by using telephone and email?
- Who are the people required to manage your Service Continuation plan?

#### d. Service Continuation Communication Plan

The Department will follow the county Service Continuation Communication plan.

#### e. Re-Allocation of Personnel

The Department Pandemic Flu Coordinator will re-allocate available internal resources by utilizing the "Priority Service Function Task List" in order to accomplish Priority One and

Two functions during the pandemic. If unable to fulfill Priority Service One and Two functions, submit the request to the County Pandemic Flu Committee's designee

**f. Training and Exercises**

1. Train, Exercise, Evaluate, Implement

Upon the completion of the departmental plans:

- Employees will be trained on what is expected of them during a pandemic.
- Departmental exercises should be run to validate the effectiveness of the plan.
- Evaluate and correct any deficiencies and incorporate improvements before implementation.

2. Develop Alternate Scenarios

Alternate scenarios resulting from an increase or decrease of your services during a pandemic will be developed. Cross train current employees in several areas of the Department or ensure that you have a pool of available workers outside the Department on call if the need arises.

**Chapter Four – Economic Impacts**

**I. Supply and Supply Chain**

**a. Essential Supplies**

Traverse County has stockpiled essential supplies needed for Priority Service One and Two functions. Memorandums of Understanding will be made with key suppliers to ensure a plan for regular shipments of essential supplies exists in the event of shortages or disruptions in transportation systems. A list of local trucking companies is in the Resource Manual of the Emergency Operations Plan.

**b. Supply Chains**

1. Shortages may occur because of disruptions in transportation systems or inability of suppliers to meet demands because of their own staff shortages. Loss of up to 30 percent of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies.
2. There might also be restrictions at ports and airports where supplies are being shipped.
3. Supply lines may also be affected by self-imposed travel restrictions, with truckers/transporters unwilling to travel through or to infected areas.
4. Difficulties at border crossings may substantially affect supply lines. Consideration should be given to purchase of products made locally to avoid potential supply problems due to border crossing restrictions implemented at the time of the pandemic. Research this option prior to the pandemic.
5. International air movements may be disrupted in a pandemic, possibly affecting the delivery of imported goods, especially if they normally arrive in freight-holds of passenger aircraft.
6. Ensure that distributors, suppliers, carriers and drivers are aware of alternate routes to your facility and those of your customers.

## **II. Traverse County Funding Impact**

### **a. The Potential Impact**

An essential part of any Department's impact analysis is determining the potential effects of a pandemic on financials, using multiple possible scenarios that affect different organizational services. Financial impact analysis should include:

1. Estimates of the impact of decrease (e.g., licensing) or increase in consumer demand (e.g., health care).
2. Estimates of supply shortages (plan on the assumption that shortages will take place).
3. Estimates of the cost of employee workdays lost (15 – 25 percent absenteeism, 7days/employee).
4. Costs associated with stockpiling and sufficient surge capacity for shortages in supply.
5. Costs associated with hygiene supplies.
6. Costs associated with implementation of alternate communications channels in case normal communication channels become unreliable or overloaded.

These figures will be kept by the department heads of the various county departments.

## **III. Travel Considerations**

Determine the potential impact of a pandemic on Department-related domestic and international travel (e.g., quarantines, border closures).

It is possible that once efficient human-to-human transmission of a pandemic influenza occurs certain countries may close their borders sporadically. Screening (with quarantine measures) could be established at borders. Agencies should consider postponing non-essential travel. Arrangements may also be necessary for employees who are stranded because borders are closed. If your staff does travel for Department reasons, your plan will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, MDH/CDC recommendations may be that if an individual had recently (within the last 14 days) traveled to countries known to be affected by the disease, the individual must follow current MDH/CDC recommendations regarding possible quarantine.

Departments should set up a process for ensuring that the employee has not become ill during the quarantine period and is healthy before allowing him/her to return to work.

- If isolation and/or quarantine is being recommended by MDH/CDC, the employee will be advised by MDH not to report for work for the recommended period as identified by MDH/CDC;

## **Chapter Five - Employee Health and Safety**

### **I. Pandemic Influenza Infection Control/Containment Activities**

#### **a. General Principles**

1. Protect the Health of Employees

Protecting the health of employees by reducing the possibility that they will be exposed to humans or animals infected with avian or pandemic influenza should be paramount in planning activities and should be prioritized over continuity of Department

operations, unless those operations are essential to the health, welfare, and safety of Minnesota citizens.

## 2. Support Disease Containment Measures

The following disease containment measures may impact local jurisdictions:

- Isolation: restriction of movement/separation of ill/infected persons with a contagious disease;
- Quarantine: restriction of movement/separation of well persons who likely have been exposed to a contagious disease;
- Self-shielding: self-imposed exclusion from infected persons or those who may be infected (e.g., staying home);
- Social distancing: reducing interactions between people to reduce the risk of disease transmission; and
- "Snow" days: days on which offices, schools, transportation systems are closed or cancelled, as if there were a major snowstorm.

Of these measures, self-shielding is the most effective measure that can be taken at the individual level to prevent infection.

## 3. Enable Employees to Work from Home Whenever Possible

Business continuity measures (e.g., establishing web-based email capability, facilitating access to files and computer drives from home, and updating teleconference and videoconference capabilities) would help disperse the workforce while maintaining many business functions.

### **b. Reduce the Risk of Infected Persons from Entering the Workplace**

It is important that employees and visitors are educated about the symptoms of influenza and do not enter the workplace if they are symptomatic. Workplace visitors should be strictly limited to those essential for the operation of Priority Service Functions.

### **c. Department Pandemic Flu Coordinators will Ensure**

- Each work unit understands its responsibilities detailed in the department Service Continuation Plan.
- Employees receive information about pandemic influenza, including information regarding how to prevent transmission of the virus with hand hygiene, environmental cleaning, and social distancing via brochures, newsletters, global emails, employee notice boards, and information included with pay stubs.
- Workers are cross-trained for Priority Service One and Two functions to increase capacity.
- Visual alerts are posted at all entry points to the facility, advising staff and visitors not to enter if they have symptoms of influenza.
- Adequate supplies of tissues, hand hygiene products (e.g., soap and water, paper towels, alcohol-based hand rubs), cleaning supplies, and surgical masks (for people who become ill at work) are available for employees.
- Visual alerts with key infection control messages (hand hygiene, covering coughs and sneezes, and social distancing) should be posted in the workplace (including entrances, notice boards, conference rooms, break rooms, and restrooms). For

materials, please

see: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/>

- Shared work areas such as desktops and tables, and frequently touched surfaces such as door handles, stair rails, etc., are cleaned and disinfected at least between shifts or more often if possible. Specialized cleaning solutions are not needed. Routinely used cleaning products (EPA-registered disinfectants, bleach solution) may be used.

## Employee Pandemic Influenza Fact Sheet

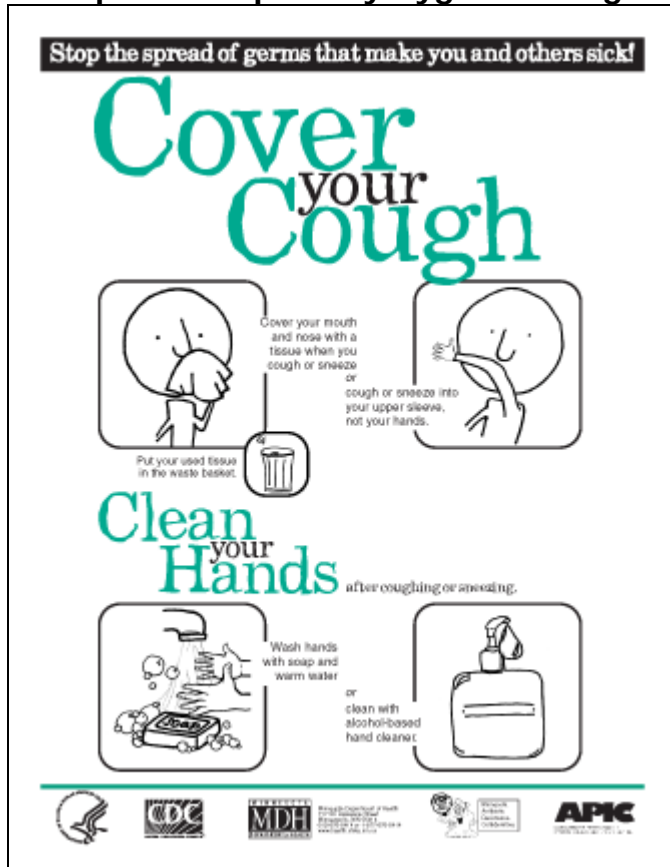
### Advice for Employees

- Influenza is a respiratory disease that spreads easily from person to person.
- Do not come to work if you are ill, especially if you have any symptoms of influenza. The symptoms are fever, headache, fatigue or weakness, sore throat, cough, difficulty breathing, and muscle or joint aches and pains. These symptoms usually occur suddenly.
- Influenza is spread by coughs and sneezes, so cover your nose and mouth with a tissue or your upper arm when you are coughing, sneezing or blowing your nose. Throw used tissues away and clean your hands immediately.
- Influenza is also spread when people touch their eyes, nose, or mouth with hands contaminated with discharges of the nose or throat of infectious people. It is important to keep your hands away from your eyes, nose and mouth, and to keep your hands clean to minimize the risk of infecting yourself with influenza virus.
- Influenza virus is readily inactivated on hands by cleaning them with soap and water or an alcohol-based hand rub.
- To clean your hands with soap and water: lather them with soap and water (it is not necessary to use an antibacterial soap), rub hands together vigorously for 15-20 seconds (this is about the time it takes to sing the ABC song), rinse hands thoroughly with water, and dry hands with a clean cloth or paper towel or an automatic hand dryer.

To clean hands with an alcohol-based hand rub: use a product that contains at least 60% alcohol, put enough rub on one palm to cover all surfaces of both hands, and rub hands together covering all surfaces of the hands and fingers until dry.

- Avoid exposure to the saliva of other people by not sharing glasses and eating utensils, etc.

### Example of Respiratory Hygiene/Cough Etiquette Visual Alert



#### D. Social Distancing

Social distancing refers to strategies to reduce the frequency of contact (and the transmission of pandemic influenza virus) between people by minimizing close contact between people.

##### 1. Departments Should Ensure

- All employees receive information on social distancing measures;
- Social distancing is encouraged for those employees remaining in the workplace; and
- Ill employees are excluded from the work place.

##### 2. Department Social Distancing Strategies

- Arrange for employees to work from home (e.g., telecommuting), as possible;
- Encourage the use of flexible work schedules for employees who must be in the workplace to minimize contact with other employees;
- Minimize face-to-face contact with other people by using telephone, video conferencing and the Internet to conduct business, even for employees in the same building;
- Separate work teams into different work locations, as possible;
- Stagger work shifts to minimize contact between employees;
- Avoid unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops, and training sessions;

Traverse County  
Pandemic Influenza Continuity of Operations Plan

- Allow an interval between shifts so that the worksite can be thoroughly ventilated (either opening all doors and windows or turning up air conditioning system);
- Bring a lunch from home and eat at desk or away from others (avoid the lunch room, cafeteria, and crowded restaurants);
- Introduce staggered lunchtimes so the number of people in the lunch room is reduced;
- Limit congregating in areas where people socialize. Employees should be instructed to do what needs to be done and then leave the area;
- If a face-to-face meeting with people is unavoidable, minimize the meeting time, using a large meeting room and instructing employees to sit as far away from other people as possible (>6 feet);
- Avoid shaking hands or hugging other people;
- Use stairs instead of crowded elevators; and
- Set up systems where clients can request information via phone, email, and fax and have information ready for fast pickup or delivery.

**3. Department Recommended Social Distancing Measures for Individuals and Families**

- Stay home and away from other people as much as possible;
- Minimize visitors to the home;
- When outside of the home, avoid crowded settings. If a crowd setting cannot be avoided, minimize the amount of time spent there and try to stay as far away from other people as possible (> 6 feet);
- Avoid public transportation: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- If public transportation is used, ensure good ventilation within the vehicle (e.g., open windows), clean hands often, cover coughs and sneezes and sit as far away from other people as possible (> 6 feet);
- Cancel or postpone family gatherings, outings, trips;
- Stock up on basic items to reduce the necessity to shop;
- Shop at off-peak hours at stores that are less busy and have shorter checkout lines;
- Order groceries and other items over the phone/online for delivery or quick pick up; and
- Arrange to pay bills online or over the phone.

**E. Workplace Cleaning**

Influenza virus can survive on nonporous surfaces up to 24-48 hours. Cleaning frequently touched surfaces can help reduce the risk of influenza transmission. The transfer of bacteria and viruses from environmental surfaces to people occurs largely by hand contact with the surface followed by inoculation of the mucous membranes of the eyes, nose, or mouth by contaminated hands. In a pandemic, it is likely that there will be a shortage of cleaning staff and that available staff may be working outside of regular business hours to reduce the chance of exposure in the workplace. Therefore, it may be necessary for other employees to assist with cleaning their facilities.

- Routine cleaning tasks (e.g., vacuuming, floor cleaning, dusting) should be suspended and the focus should be on cleaning frequently touched surfaces/items in

areas where employees are working (not all areas of a building may be used in a pandemic);

- Shared work areas such as desktops and tables, and frequently touched surfaces such as door handles, stair rails, faucet handles, etc., should be cleaned and disinfected by cleaning staff or other employees at least between shifts and more often if possible;
- Telephones and other equipment should not be shared. Equipment that must be shared should be cleaned and disinfected between users;
- Cleaning supplies should be made available for use by employees. Specialized cleaning solutions are not needed. Routinely used cleaning products (EPA-registered disinfectants, bleach solution) may be used;
- If bleach solution is used, mixing ¼ cup household bleach with 1 gallon of water makes bleach solution. This solution should be mixed fresh daily;
- Persons performing cleaning duties should wear cleaning gloves and should clean hands after removing gloves;
- Vacuuming and dusting should be avoided during a pandemic to reduce the spread of dust particles that could contain influenza virus. If dusting is performed, it should be damp, not dry. If vacuuming is performed, it should be done using vacuum cleaners with high-efficiency particulate air (HEPA) filters; and
- Remove non-essential items (e.g., magazines/newspapers) from common areas (such as lunch rooms).

## **F. Hand Hygiene**

Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual. By frequently cleaning your hands, you eliminate germs that you have picked up from other people, from contaminated surfaces, or from animals and animal waste.

- Hand hygiene is an important step in preventing the spread of infectious diseases, including influenza;
- Hand hygiene can be performed with soap and warm water by using waterless alcohol-based hand sanitizers;
- Influenza virus is readily inactivated by soap and water or an alcohol-based hand rub;
- Antibacterial hand wash products are not required because routine products, along with proper hand washing procedures, will inactivate influenza virus; and
- Employees should take responsibility for keeping their hands clean and for minimizing hand contact with environmental surfaces, both to reduce contamination of surfaces and to reduce the risk of contaminating their hands.

## **G. Personal Protection Equipment (PPE)**

Employees whose work involves close contact with humans or animals known or suspected to be infected with avian or pandemic influenza must be provided appropriate personal protective equipment (PPE). Employees providing direct care to patients known or suspected of being infected with avian or pandemic influenza or those employees working directly with animals known or suspected of being infected with avian influenza should use Full Barrier PPE.

### 1. Full Barrier PPE

- respirator at least as protective as a NIOSH-certified N95 respirator;\*
- gown;
- gloves; and
- eye protection (face shield/goggles)

Although most employees outside of healthcare or animal control settings will not need PPE, the need for PPE by employees whose regular duties do not involve possible contact with infected humans or animals will be evaluated on a case-by-case basis.

\*Respirators should be used in the context of a complete respiratory protection program as required by OSHA. This includes pre-use medical evaluation, training, and fit testing, as well as seal checking at time of use to ensure appropriate respirator selection and use. To be effective, respirators must seal properly to the wearer's face. Detailed information on respiratory protection programs is available at:

<http://www.osha.gov/SLTC/etools/respiratory/> and  
<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/rpp/index.html>

### 2. Surgical Masks

People with respiratory infection symptoms should use a disposable surgical mask to help contain respiratory secretions and prevent others from being exposed to respiratory aerosols. Masks should be disposed of as soon as they become moist, in an appropriate waste receptacle, and hands must be thoroughly cleaned with soap and water or an alcohol-based hand rub after the used mask has been discarded.

### 3. Other Protective Barriers

Protective barriers in the form of plastic or glass may provide useful protection for people (e.g., front-counter staff, cashiers, public transport drivers) whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical and they are performing priority service functions.

## H. Management of Ill Employees in the Workplace

The latest Minnesota Department of Health (MDH) recommendations should be followed regarding management of employees who become ill at work and the identification of workplace contacts (see below).

### 1. Employee Becomes Ill at Work

If an employee feels ill or observes that another person is exhibiting influenza symptoms at work, they should contact the Department Pandemic Flu Coordinator by telephone immediately or as soon as possible.

- Post visual alerts advising what to do if people become ill while at work.
- The Department Pandemic Flu Coordinator should avoid face-to-face contact with ill employee if at all possible and should manage the evaluation process over the phone.
- The Department Pandemic Flu Coordinator will determine if the employee has influenza symptoms by using the *Influenza-Like Screening Form*.

### Influenza-Like Illness Screening Form

Ask the ill person if they have any of the following symptoms:

- Fever (feels feverish and hot)
- Headache
- Fatigue or weakness
- Sore throat, cough, or difficulty breathing
- Muscle or joint aches or pains

Ill person with any of the above symptoms should be considered a suspect case of pandemic influenza.

If the employee does *not* have any symptoms listed in the *Influenza-Like Illness Screening Form*:

- The employee is unlikely to have influenza. However, the ill employee should still be advised to go home as soon as possible, to contact the Department Pandemic Flu Coordinator later to report their health status, and to contact their healthcare provider if they are still concerned.

If the ill employee has any of the symptoms listed on the *Influenza-Like Illness Screening Form*, the Department Pandemic Flu Coordinator should:

- Consider the ill employee to be a possible pandemic influenza case.
- Inform the ill employee where they can find a surgical mask and instruct them to wear it immediately. This will help prevent other employees from exposure to respiratory secretions/aerosols from the ill employee.
- Advise the ill employee to leave the workplace immediately and to contact a healthcare provider **by telephone** in the manner recommended by MDH at that time.
- Advise the ill employee not to use public transport if at all possible. If the use of public transportation cannot be avoided, the ill employee should be advised to clean their hands before using public transportation, to wear a surgical mask, and to stay as far away from other passengers as possible.
- Advise the ill employee who cannot immediately leave the workplace because of transportation or other issues to isolate themselves from others in a room with a door that closes.
- Request to be informed when the ill employee has left the workplace.
- After the ill employee has left the workplace, ensure that their work area and any other known places they have been that day are thoroughly cleaned and disinfected, (see section on workplace cleaning above).
- Advise an ill employee not to return to work until they are healthy and no longer infectious using the current MDH/Center for Disease Control and Prevention (CDC) definition of the infectious period for pandemic influenza.

## 2. Return to Work of a Recovered Individual

Employees who have recovered from pandemic influenza will have developed immunity to the pandemic influenza strain and are unlikely to be re-infected. Such employees should be encouraged to return to work as soon as they are healthy again and no longer infectious.

### 3. Identification of Workplace Contacts

Early in a pandemic, MDH may ask employers to assist in the identification of workplace contacts of employees known or suspected to be infected with pandemic influenza.

When efforts are directed toward containing the pandemic or managing small clusters, in this early stage, contact tracing and associated quarantine of contacts by MDH may be vigorous. However, once the pandemic affects larger numbers of people, these measures are unlikely to be effective in containing the pandemic and will be discontinued.

#### I. Pandemic Influenza Vaccine

If a vaccine for the pandemic influenza virus strain is available, MDH/CDC will determine priority groups for vaccine and will inform the public on how the vaccine will be used. It may take six months or more from the beginning of the pandemic to manufacture the vaccine. Employees should be encouraged to receive the annual seasonal influenza vaccine.

#### J. Antiviral Medications

Antiviral medications may play an integral role in the treatment and prevention of pandemic influenza, however, the certainty of their efficacy is currently unknown. Unlike a pandemic influenza vaccine, antiviral medications are already available, however, the supply may be limited during a pandemic and these medications may not prove to be an effective treatment and prevention tool for pandemic influenza. If antivirals are available and thought to be efficacious, MDH/CDC will determine priority groups for antivirals and will inform the public on how antivirals will be used. This information is included in the Public Health Pandemic Plan.

#### K. Heating, Ventilation, and Air Conditioning (HVAC) Systems

There is evidence that influenza can spread more easily in inadequately ventilated indoor spaces. Workspaces should be well ventilated. In office buildings, ventilation is usually done by using HVAC systems. HVAC should be maintained regularly according to appropriate standards and building codes. Filters should be cleaned and change frequently.

#### L. Summary of Individual Influenza Protection Measures

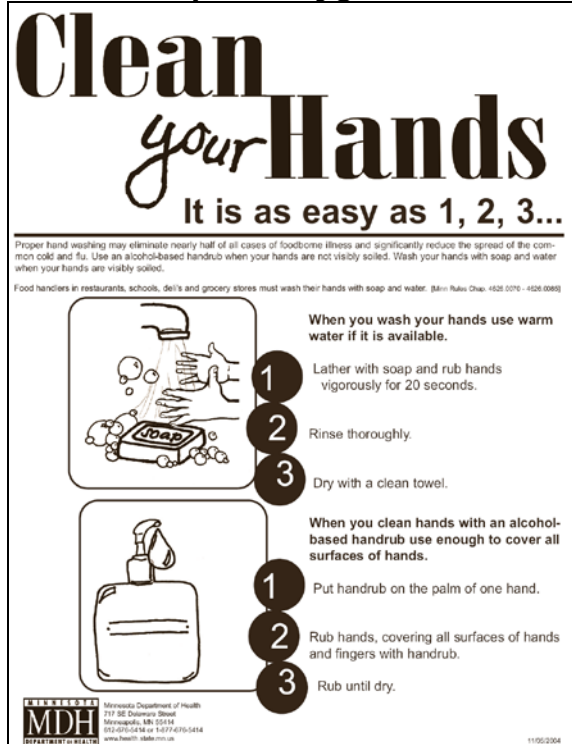
Protection Measure	Applicability
Hand and respiratory etiquette, ventilation	Everyone, all the time.
Self-shielding	Everyone, whenever possible.
Social distancing	Everyone, all the time (leverage technologies).
Protective barriers	To avoid close contact with the public.
Disposable surgical mask	Persons with influenza symptoms.
Disposable particulate respirator, eye protection, gloves, gown	Employees in close contact with humans or animals known or suspected of being infected with avian or pandemic influenza.

**M. Differences Between Influenza and the Common Cold**

Symptom	Influenza	Common Cold
Fever	Usual, sudden onset, and lasts 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset, and can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual

Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a chronic condition; can be life threatening	Congestion or earache
Fatalities	Well recognized	Not reported

## N. Example of Hygiene Notice



## Chapter Six - Security

### I. Requirements for Security

Traverse County does consider that during a pandemic the possibility of serious violence or property damage is possible and it is incumbent upon the county to adequately plan for these possibilities. Traverse County Sheriff's Office and the Browns Valley and Wheaton Police Departments have a plan to increase security to protect property and resources during a pandemic.

#### A. Access to Facilities

Individual circumstances will determine the extent to which public access must be restricted in order to ensure the safety of employees, the public, public records, and property. Traverse County Departments Heads have created plans to implement should the need arise to implement a restricted access/security system.

#### B. Responding to Other Emergencies

Traverse County will routinely remind employees of normal procedures for reporting and evacuating buildings in case of fires or other emergencies.

## Chapter Seven – Information Systems and Technology

### I. Requirements for Information Systems and Technology

County Department Heads will consider how telecommuting might be used to reduce the need for employees to gather at a workplace (social distancing). Departments should follow existing technology policies as they expand the ability of employees to telecommute.

County Department Heads will need to evaluate current technology capacity and make necessary modifications to support the Department pandemic plan. The following are areas of consideration.

**A. Accessing Department LANs and Computer Systems**

1. Identify current dial-in capabilities.
2. Determine capacity required during pandemic event.
3. Enhance resources to meet need.
4. Provide dial-in procedures to staff for access. Include procedures in continuity of operations plan.
5. Provide information/URL to employees on how to access email via Internet. Include procedures in continuity of operations plan.
6. Require employees with laptops to bring them home nightly, so they are prepared to work from home at any given time.

**B. Accessing Department Phone Systems**

1. Provide voice mail instructions to employees. Include procedures in the Service Continuation Plan.
2. Provide instructions to employees for transferring work telephone line to telephone at alternate location (home phone or cell phone). Include procedures in the Service Continuation Plan.

**C. Computer Systems Support**

1. Determine required support of computer systems. Can systems be maintained remotely or is on-site staff required?
2. Document procedures for remote monitoring.
3. Identify required level of on-site support required.

**Chapter Eight - Human Resource Considerations**

Traverse County will deal with and respond to employee issues on a case-by-case basis.

**I. Introduction**

This chapter offers human resource advice and directives that Traverse County will follow in the event that the County Board of Commission declares a State of Emergency for Traverse County. In the event of such an emergency, many human resources processes may be simplified and the administration of collective bargaining agreements and plans narrowed in order to meet urgent staffing needs.

The provisions of this chapter confer no new privilege, right of appeal, right of position, transfer, demotion, promotion, nor reinstatement for any county employee, contract worker, or volunteer. This section does not constitute an express or implied contract. It provides general guidance that cannot form the basis of a private right of action.

It should be noted that the information contained in this chapter was drafted prior to any evidence of a pandemic influenza on the North American continent and relatively early in county wide pandemic planning efforts. As new knowledge is acquired and/or events take place, the information/advice contained in this chapter may be revised.

All of the information contained in this chapter is applicable to the period or periods of a declared emergency and is based upon the following assumptions:

1. The County Board of Commission has exercised the statutory authority provided by Minn. Stat. §12.21, subd. 3 to amend certain working conditions of county employees.
2. Traverse County department heads have limited or discontinued all but the priority service functions as identified in their department plans as priority services one through four.
3. The Minnesota Department of Health or the Governor has either advised against or prohibited public gatherings, including classroom instruction at schools, colleges and universities in Traverse County and the surrounding counties.
4. Neither the federal government nor the Minnesota state government have adopted legislation or taken administrative action, other than the use of statutory authority mentioned in the first assumption, modifying employment related laws or regulations or collective bargaining agreements or plans in effect in June, 2006. The Traverse County Board of Commissioners retain the same statutory authority.
5. Restricted or declining revenues will require that priorities be established for payment and processing of payroll.
6. The County will make every effort to see that county employees who are reporting to work to perform priority service functions will be given priority status to receive antiviral vaccines and/or prophylactic medication. This will be coordinated through our local public health department.

## II. General Expectations

**Policy:** The basic operating principle in an emergency will be to continue providing priority services to the citizens of Traverse County to the extent possible. Employees will be expected to report to work as assigned. Managers will be expected to take the necessary steps to accomplish the agency's priority services.

**Recommended Changes:** When the County Board Chairman declares a State of Emergency, standard operating procedures may be suspended and measures taken to ensure that priority services continue.

**Significant Issue:** Employees will be expected to follow the departmental, county and state mandates.

**Preplanning:** Departments identify priority services and resources needed to carry them out.

1. Management can assign employees to any type of work in any location as necessary to keep priority services functions operational.
2. Managers are empowered to take the necessary steps to get the work done.

3. Departments will use social distancing principles when making decisions about how and where to conduct meetings and other business gatherings.

### III. Labor Relations- Emergency Administration

**Policy:** Certain collective bargaining agreement and plan provisions will be suspended in order to maintain the necessary flexibility to best manage the county's priority services.

**Recommended Changes:** The primary contract provisions subject to consideration for suspension are those that concern scheduling, notification procedures and assignment of work, limited interruption, layoff, vacancy filling, seniority, and severance payout.

**Preplanning:** Departments should identify barriers caused by provisions of county collective bargaining agreements and plans that interfere with the ability of agencies to carry out their priority services and should contact their labor relations representative.

1. Collective bargaining agreements and plans will be honored to the extent possible, but not at the risk of failing to provide priority services to the citizens of Traverse County.
2. All provisions of all county collective bargaining agreements and plans are subject to review and temporary suspension.
3. Provisions of collective bargaining agreements and plans that pertain to compensation practices are not expected to be suspended.
4. Provisions of collective bargaining agreements and plans likely to be subject to review and temporary suspension include but are not limited to:
  - a. scheduling
  - b. notification procedures
  - c. assignment of work
  - d. limited interruption
  - e. layoff
  - f. vacancy filling
  - g. seniority
  - h. vacation and comp time liquidations
  - i. severance payout
5. During a State of Emergency, the county may temporarily suspend collective bargaining negotiations, grievance processing and labor-management committee meetings. Where such meetings are found to be necessary, the county will use social distancing principles.
6. Labor Relations will notify the bargaining units representatives when the County Board of Commission declares an emergency order suspending, amending, or superseding provisions of the collective bargaining agreements.

#### IV. Leaves

**Policy:** Leaves will not be granted to employees who are assigned to priority services, except as required by law or indicated below.

**Recommended Changes:** Pre-approved leaves may be canceled to ensure that sufficient resources are available to carry out the priority services of the state.

**Preplanning:** Communication with employees that leaves approved may be canceled in the event of an emergency. Managers and supervisors should be trained on how to handle situations with ill employees.

1. Employees assigned to work in priority service functions will be required to report for work as assigned (Unless the employee is ill or qualifies for FMLA).
2. Previously approved vacation leave and compensatory time off may be rescinded in order to provide staffing coverage for priority service functions.
3. Rescission of an employee's leave which is already in progress will be based upon the priority service functions of the agency and the employee's ability to report to work.
4. Statutorily provided leaves such as FMLA will continue to be administered in accordance with federal requirements, unless suspended by an appropriate authority, e.g., federal agencies, Governor, etc.
5. The County HR office will continue to communicate to employees about the qualifications for FMLA
6. The County HR office will make a determination on whether an absence qualifies for FMLA based on the information available to them in the event that medical certification is not obtainable.
7. Vacation leave accrual maximums may be suspended for the duration of the pandemic.
8. Leave approval to attend medical appointments will be handled on a case-by-case basis.
9. Considering the operational needs of the agency, employees will be permitted to use accrued leave to care for those within their household who are ill or other family members as defined by collective bargaining agreements or plans.
10. At the discretion of the appointing authority, employees will be permitted to use a reasonable amount of accrued leave to attend the funerals of family members and members of their household.
11. If an employee presents symptoms consistent with influenza in the workplace, supervisors have the authority to require the employee to leave the workplace.

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12. The decision to remove an employee from the workplace should be based on the safety of all employees and whether the health of employees is endangered by the health of an ill employee.
13. Employees who are sent home because they are believed to be ill may use accumulated sick leave. Employees sent home ill who have no sick leave available, or once they have exhausted their sick leave, may elect to use vacation, comp time or leave without pay.
14. The agency may determine the need to require a medical authorization when an ill employee decides to returns to work.
15. The provisions of the county's leave donation policy will be suspended during a declared emergency. Current recipients may use accumulated leave until it is exhausted. Employees may continue to donate hours to current recipients, but no new recipients will be added during the emergency. Processing may be delayed.
16. Employees who are sent home because of lack of work may elect to use accrued vacation, compensatory time, or leave without pay. Departments will try to find priority service functions for them to perform either within the department or in another department.
17. The employee may use sick leave only if it meets the conditions in the collective bargaining agreements or plans.

#### **V. Assignments, Schedules and Position Filling**

**Policy:** Appropriate measures will be taken to adequately staff the state's priority services.

**Recommended Changes:** Suspension of collective bargaining and plan provisions and policies/practices such as, but not limited to, posting requirements, Affirmative Action requirements, discretionary background and reference checks, and ability to use temporary services providers.

**Significant Issue:** An alternative position filling/qualification process needs to be developed by the County Board of Commissioners and Coordinator so that legal appointments can be made. Layoff provisions of collective bargaining agreements or plans may be suspended in order to permit appointing authorities to send county employees home without pay.

**Preplanning:** Departments should identify the gap between their ability to maintain adequate staffing and their need to share resources deployed from other agencies. The HR department will establish an alternative position filling process.

#### **Deployment of County Employees**

1. Management reserves the right to deploy county employees to alternative worksites in varied county departments in order to carry out priority service functions.
2. Employees deployed to perform priority service functions, whether or not the assignment is within their home department, are expected to report to work.

3. If an employee refuses to come to work as assigned, Traverse County shall deny the use of vacation and the employee will be subject to discipline.

### **Work-Out-of-Class/Shift Differential**

1. An appointing authority may temporarily assign an employee to a classification that is higher or lower than the employee's permanent classification. If the assignment constitutes a work-out-of-class or shift differential, in which additional pay is appropriate, payment may be delayed until the conclusion of the declaration of emergency. Assignments should be made in writing as soon as practicable.
2. Shift differential shall continue to be paid in accordance with collective bargaining agreements or plans based on the assignment during the state of emergency.

### **Employees Not Performing Priority Service Functions**

1. If employees already at work are sent home because of the closure of specific offices, they will be paid through the end of their regular shift.
2. If an employee is not assigned to perform priority service functions within their home agency, or another agency, the employee may be told to not report to work and it does not constitute a layoff under the collective bargaining agreement.
3. During a pandemic, if an agency meets its 1 and 2 priority service functions, that department's 3 and 4 priority service functions may be discontinued and HR may reassign those employees to another department that cannot meet its 1 and 2 priority service functions. If there is no need for a reassignment, the agency may continue its 3 and 4 priority service functions based on the following considerations:
  - The Department of Health or Governor has not issued a recommendation that all employees stay home, except those performing 1 and 2 priority service functions
  - There is sufficient revenue to meet the payroll requirements for 3 and 4 priority service functions.
4. Employees who are told not to report to work because of lack of work may elect to use accrued vacation, compensatory time, or leave without pay. Departments will try to find priority service functions for them to perform either within the department or in another department.
5. The employee may use sick leave only if it meets the conditions in the collective bargaining agreements or plans.

### **Alternative Work Schedules and Training**

1. Departments should review their normal business hours and work schedules to determine if they can be modified in a manner that best promotes social distancing, business continuity or other emergency response goals during an emergency.

2. Training will be canceled for the duration of the declared emergency, unless the training is mandatory for the continuation of priority service functions.
3. Departments may determine the necessity and practicality of providing telecommuting alternatives for employees assigned to perform priority service functions.

### **Filling of Positions**

1. Only hires necessary to provide priority service functions shall occur.
2. Departments will still be required to conduct legally required background and reference checks unless regulation is suspended in accordance to the law.
3. Departments can continue to hire individuals for permanent or temporary work. They are permitted to use temporary hiring agencies.

### **VI. Compensation and Payroll**

**Policy:** The county will continue to pay employees who work as assigned or on approved paid leave.

**Recommended Changes:** In order to process payroll it may be necessary to process a standard payroll cycle and make necessary adjustments at a later date or it may be necessary to prioritize payroll payments.

**Significant Issue:** Some payments may occur at the conclusion of the declared emergency and post audit clean up of payroll is expected.

**Preplanning:** Departments should plan for payroll input and supervisory processing of timesheets with staff assigned as back ups.

1. Compensation provisions of collective bargaining agreements and plans will not be suspended but may be streamlined in order to administer payroll in a timely manner.
2. Departments should continue to process payroll under the guidelines determined by the County Coordinator. Due to staffing shortfalls or reassignment of employees, payroll may continue on an emergency basis with priority processing for those performing priority service functions.
3. Payment for work-out-of-class assignments or shift differentials may be delayed until the conclusion of the declared emergency.
4. If a department function or program closes after the start of an employee's shift, employees who are sent home will be paid through the end of their shift.
5. Workers Compensation claims should be processed through normal procedures. Benefits claimed during the emergency may be delayed to the conclusion of the emergency.

6. In the event that an employee separates for any reason e.g., resignation, retirement, death, etc., it is important to ensure that this information is given to the Auditor/Treasurer's office in a timely fashion so that overpayments do not occur. Reconciliation and recovery for overpayments may occur following the conclusion of the declared emergency.

## VII. Insurance Benefits

**Policy:** Insurance benefits currently in place at the start of a pandemic are expected to be maintained for the duration of the declared emergency for a period of up to 18 months. Insurance eligible employees will continue to receive health insurance coverage and will continue to receive the employer contribution during this time. Employees are expected to continue to pay the employee contribution. The county will be required to continue to make the employer contribution for health insurance coverage.

**Significant Issue:** Medical services are expected to be overwhelmed during a pandemic and limited to only those services for life threatening conditions. Access to primary care clinics may be limited. The timing of a pandemic may limit the county's ability to provide open enrollment opportunities.

**Preplanning:** Departments should cross train staff in insurance benefit management.

1. The processing of benefit applications and claims is expected to be delayed during a pandemic.
2. The employee will be responsible for their share of the insurance premiums. Deductions from payroll may be delayed until they return to work.
3. Life insurance claims will continue to be processed through the carrier, Minnesota Mutual Life Insurance Company. Payments may be delayed.
4. Short term and long term benefits will continue to be processed through the carrier, Blue Cross/Blue Shield of Minnesota. Payments may be delayed.

## VIII. Health and Safety

**Policy:** County departments will implement occupational health and safety recommendations put forth by the Departments of Health and Labor & Industry during pandemic influenza.

**Recommended Changes:** Refer to Chapter 5 – Employee Health and Safety, Traverse County Pandemic Service Continuation Guide for specific recommendations on organizational and environmental changes that can reduce the spread of influenza.

**Significant Issue:** Shortages of certain personal protection equipment (PPE) are expected to occur during a pandemic. Departments should consider whether they can modify work procedures to avoid the need for PPE during a pandemic.

**Preplanning:** Departments should assess their expected service delivery needs during a pandemic and consider the current recommended personal protection guidelines. If personal protection is expected to be necessary during a pandemic, departments should make arrangements in advance to evaluate, train, and equip employees with the appropriate PPE.

1. Traverse County will be responsible for providing employees with properly selected and fitted PPE when needed during a pandemic. Traverse County must provide

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training on the proper use of PPE. Departments must follow any applicable OSHA regulations. Employees that are issued PPE are required to wear the equipment.

2. Departments that have a clear need for PPE during a pandemic (direct care of individuals ill with influenza or other priority service functions where PPE is required) should consider the gradual stock piling of PPE. Departments considering the stock piling of PPE should coordinate with the Traverse County Board of Commissioners and County Coordinator.
3. Guidelines regarding the operation and maintenance of building systems during a pandemic will be distributed to agencies. Departments that are responsible for their own building maintenance should expect to modify system operation to increase ventilation. Departments occupying leased space should discuss building operation expectations with landlord.
4. Basic guidelines regarding building cleaning are outlined in Chapter 5 – Employee Health and Safety of the Traverse County Pandemic Service Continuation Guide. Additional information will be distributed to agencies as specific recommendations are developed in response to a pandemic. Departments that are responsible for their own custodial activities should expect to modify their processes and make arrangements for acquiring appropriate products. Departments occupying leased space should discuss custodial activity expectations with landlord.
5. Product specifications will be distributed as they become available. Departments considering the purchase of products for response to a pandemic should coordinate with the County Coordinator.

### **IX. Performance Management**

**Policy:** Employees are expected to report to work and perform duties, unless directed otherwise. Managers should continue to hold employees accountable for meeting performance expectations.

**Recommended Changes:** Formal performance reviews will be suspended.

**Preplanning:** Employees should be informed of the expectation that they report to work and that the consequence for not doing so is potential disciplinary action.

1. Employee misconduct, including unexcused absences, may arise and need to be addressed through normal disciplinary measures.
2. Department heads should take the necessary and appropriate action to hold employees accountable for their behavior and performance.
3. Grievance hearings and timelines may be suspended or delayed.
4. If an employee refuses to come to work as assigned, the county shall deny the use of vacation and the employee will be subject to discipline.

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Attachment: A

Pandemic Influenza Planning Committee

Janet Raguse, Coordinator/Pandemic Flu Co-Coordinator  
Thomas A Schmitz, Traverse County Em. Management/Wheaton Ambulance/Pandemic Flu  
Co-Coordinator  
Marcia Hesse, RN, Stevens Traverse Grant Public Health  
Kit Johnson, Auditor-Treasurer  
Donald Montonye, Sheriff  
Lois Summerfelt, Assessor  
LeAnn Peyton, Recorder  
Larry Haukos, Engineer  
Rhonda Antrim, Social Services  
Board Chairperson, Commissioners  
Mike Neuman, Building and Grounds Maintenance  
Chere Rikimoto, Traverse Care Center  
Dan Posthumous, School District 803  
Peggy Granberg, Wheaton Community Hospital  
Linda Schwagel, City of Browns Valley/Browns Valley Ambulance  
Jamie Beyer, City of Wheaton