

Wood Lane Residential Services, Inc.

***Pandemic Influenza
Preparedness and Operational
Response Plan***

09/01/09

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Purpose

The purpose of this plan is to promote the health and safety of all consumers, their families, employees, and service providers and business vendors, as well as the public at large, by taking steps to reduce morbidity and mortality, minimize social disruption, and facilitate planning for recovery in the event of a publicly declared pandemic.

This plan provides the framework to prepare for, identify, respond to, and attempt to control a pandemic.

If there was an announcement made by any local, state, or federal health care authority that a temporary closure of Wood Lane School and Wood Lane Industries will occur or if a group home needs to be quarantined, this plan and procedure would provide the details of the specific and limited services that would continue to be provided and the start-up of the operation of normally provided services during the recovery period.

Plan

It is the intent of WLRS to comply with all instructions and to follow local, state, and federal health care authorities if a pandemic should occur. WLRS will take proactive steps to prevent the spread of this influenza virus and facilitate the continuation of certain and specific services needed to enable the return to the normal delivery of services after the pandemic has ceased – as announced by the local, state, and federal health care authorities.

References

Ohio Department of Health Pandemic Influenza Preparedness and Response Plan, Second Draft, March 15, 2006

World Health Organization 2005 Checklist for Influenza

Pandemic Preparedness Planning: Epidemic Alert & Response

World Health Organization 2005 Global Influenza Preparedness Plan

Response Plan by Pandemic Phase

Rationale: To facilitate a quick response during a crisis so all those concerned should know what to do and in what order as detailed in this section. Although the WHO will recommend to counties activities to be carried out at each stage of a pandemic, counties will adjust these general recommendations to their local organization and infrastructure. Therefore, a WLRs response plan for each phase has been developed below, bringing together most of the known aspects of local preparedness. Articles will be included in WLRs website/newsletter annually referencing the Pandemic Plan along with other helpful information.

Interpandemic Period: Phase 1, 2

Phase 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^a of human infection or disease is considered to be low.

Developing a response plan for Phase 1 in the WLRs plan is not necessary since Phase 3 is in effect at the time of development of this plan. Therefore, details of preparedness will start at Phase 3 below.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk^a of disease.

Developing a response plan for Phase 2 in this WLRs plan is not necessary, since Phase 3 is in effect at the time of development of this plan. Therefore, details of preparedness will start at Phase 3 below.

Pandemic Alert Period: Phase 3, 4, 5

The distinction between the below **Phase 3**, **Phase 4**, and **Phase 5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.

Phase 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.^b

During Phase 3 the following actions will be taken:

1. **Plan Approval:** WLRs Board approval of the Flu Pandemic Operational Response Plan.
2. **Written Communication Packet Issued:** Development and distribution of various materials that outline all aspects of the plan to be given to all employees at Universal Orientation, consumers upon admission, parents/guardians via access on the website/notification in newsletter.
3. **Preparedness for Technology Increased:** Prepare for the increase in level of technology that will be needed for implementation during Phase 6 which includes:
 - On the WLRs website (www.woodlaneresidential.org) there is a button to click on to open the Pandemic Plan. Provided through this button will be the following:
 - WLRs Pandemic Operational Plan
 - Links to helpful informational sites regarding the Pandemic (www.ohiopandemicflu.gov, etc.)
 - Increase the level of technology we are capable of using with families through use of video and telephone capabilities

Phase 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.^b

At Phase 4 WLRs Pandemic Operational Response Plan is updated as well as information posted on the WLRs website (www.woodlaneresidential.org) based on any changes in information since Phase 3.

During Phase 4 the following actions will be taken:

1. Develop Phase 5 communications for consumers, parents/guardians, and employees.
2. Encouragement WLRs employees, consumers, and parents/guardians to develop a plan in case Phase 5 is announced by the WHO.
3. Practice good hygiene habits – get in the habit NOW!
 - Covering nose and mouth when sneezing, with tissue, or into upper sleeve. Dispose of used tissue in a covered, lined wastebasket right away.
 - Wash hands for at least 20 seconds with soap and running water frequently, but especially before preparing and eating food after coughing or sneezing, blowing or wiping nose, using the bathroom, or caring for a sick person. Use an alcohol based rub if soap and water is unavailable.
 - Disinfect all surfaces initially and at least every 7 days.
 - Stay home if sick.
 - Try to stay at least 4 feet away from sick people to avoid the spread of germs.
 - Stay healthy by eating a balanced diet, exercising regularly, and getting plenty of rest.
4. Stay informed by:
 - Knowing the facts is the best preparation. If a pandemic occurs having accurate and reliable information will be critical.
 - Reliable, accurate, and timely information is available at www.pandemicflu.gov and www.ohiopandemicflu.gov.
 - During an actual pandemic it is important to listen to the local radio or cable stations and check the health department website at www.co.wood.oh.us/healthdepartment.
 - Another source of information on pandemic flu is the Center for Disease Control and Prevention Hotline at 800-232-6348 and talking to your local health care provider and public health officials.

Phase 5: Larger cluster(s) but human-to-human spread is still localized suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

At Phase 5, WLRs Pandemic Operational Response Plan is again updated as well as information posted on the WLRs website (<http://www.woodlaneresidential.org>) based on any changes in information since Phase 4.

All employees will review the Pandemic Flu Plan at this time at upcoming staff meetings. Additional training and updates will be provided for all employees regarding preparation for a pandemic and how to safely work in close proximity to someone who has been exposed to the virus as needed.

Pandemic – Active: Phase 6

Phase 6: Build Pandemic: increased and sustained transmission in general population.^b

Pandemic: The influenza flu virus has evolved to a state of existence that enables it to be easily transmitted from human to human possibly through exhalation, coughing, sneezing, bodily fluids – the products which could be even transferred to another person on a piece of paper given to another person, touching a door handle, pushing down on a toilet handle used for flushing, laying arms and hands on a conference room table and desk tops, etc. These are hypothetical examples yet potential means of transmission for the virus – still to be confirmed by the WHO when the pandemic arrives.

The actual mode of transmission from person to person will be learned of when the situation actually occurs. However, in preparation for the actual event one must present a possible scenario for training and preparation to start from which is the purpose of this section. In this section details of the procedures to be followed during the actual pandemic will be provided. However, it is impossible to predict all such scenarios, so a best attempt will be made at addressing the more likely scenarios so that the principles of how to respond will be provided. Then when the actual situation presents itself and it is not contained herein and discussed a predictable response would be highly probable – as a means to help all parties feel more confident that everything has been done that can be done.

SCENARIO: Pandemic has been officially announced – Quarantines Mandated – Schools Closed

At Phase 6 in this scenario the WHO has announced that this section of the United States has been found to have high instances of human-to-human transmission of the virus. Also, the Ohio Department of Health and the

local health department has verified this to the local community in Wood County and **has mandated that all schools be closed to help prevent the spread of the virus.** The first wave of the virus attack could last from 6-8 weeks followed by 1 or 2 more waves lasting the same length of time per the WHO.

Actions:

WLS and WLI: An announcement will be made on the same radio stations used to announce inclement weather situations that as a result of the quarantine announcement of the local health department that schools must close, the following will occur:

- WLS and WLI have been closed until further notice
- Transportation services have been modified until further notice
- All WLRs operated residential settings will limit community access to essential contact, consolidation of homes may occur, families may elect to take consumers home. Employees scheduled to work in facilities that are closed will be redeployed as needed to other facilities. Families who take their family member home cannot come back until the quarantine is lifted.

Activation of the Video and Teleconferences: Please review the Appendix E in this plan entitled: *“Public Communication,”* in the section called *“Preparing for an Emergency.”* Each weekday of the pandemic there will be updates on the website as well as a recorded message of any new updates about the status of the pandemic or any action that can be taken to help prevent the further spread of the virus. These updates will be found on the WLRs website to access at (www.woodlaneresidential.org) at the Alert Link and a recorded message will be available at the WLRs phone line.

Compulsory Vaccination: It is projected by the healthcare professionals at the World Health Organization that it may take five to six weeks after the start of a pandemic for an influenza virus vaccination to be available for public dissemination. When such a vaccination would be available to the public WLRs employees would be inoculated.

SCENARIO: Pandemic has been officially announced – Quarantines Mandated – Businesses Closed

At Phase 6 in this scenario the WHO has announced that this section of the United States has been found to have high instances of human-to-human transmission of the virus. Also, the Ohio Department of Health and the local health department has verified this to the local community in Wood County and **has mandated that all businesses be closed to help prevent the spread of the virus.** The first wave of the virus attack could last from 6-8 weeks followed by 1 or 2 more waves lasting the same length of time per the WHO.

In addition to the above steps listed for Phase 6 the following will occur:

Activation of Quarantine at WLRs: If the contracted physician quarantines a specific home at this point:

- Staff will be provided with additional training regarding Rights, Universal Precautions, etc.
- Staff will be provided additional PPE (gowns, masks, etc.).
- Staff will work limited home locations to prevent the spread of the virus.
- Staff will be encouraged to come to work and/or stay at work.

Nursing Services: Nursing staff will be assigned in a manner so that nursing decisions can be made concerning medication administration, daily nursing care, and any isolation mandate. Nursing staff may be asked to provide services or give advice regarding medical care in settings in which they normally don't have contact.

Employee and Human Resources Issues: See Employee Appendix

SCENARIO: Quarantine has been announced as over: When the quarantine has been announced as over for the Wood County area by the local health departments and the Wood County Emergency Response Team, the WLRs CEO will announce that employees must return to work after all employees who have been ill complete a checklist regarding fit for duty. Also, all services will return to the normal level as during the pre-pandemic phase. The CEO will decrease the website communication by video and telephone conferencing.

SURVEILLANCE

Influenza Status: WLRs will fully collaborate with the local Health Departments in providing any known information requested, concerning the influenza virus transmission status.

References:

Ohio Department of Health Pandemic Influenza Preparedness and Response Plan, Second Draft of March 15, 2006

World Health Organization 2005 Checklist for Influenza

Pandemic Preparedness Planning: Epidemic Alert & Response; World Health Organization 2005 Global Influenza Preparedness Plan

Appendix A – Procedure/Introduction

Procedure

The World Health Organization (WHO) is considered the global authority in providing the direction and oversight for dealing with a pandemic. The WHO made the statement that “The threat of an influenza pandemic is not as much a question of if, but rather a question of when.”

Introduction

According to the World Health Organization “an influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness.” During an influenza pandemic, the level of sickness and death from influenza and influenza-related complications could increase dramatically worldwide. With increased rates of illness and death come indirect effects that impact the global economy and every day life. Based on observations from previous pandemics, the Centers for Disease Control and Prevention (CDC) has estimated the economic losses in the United States associated with the next pandemic will range from approximately \$71 billion to \$166 billion. The level of economic loss will depend on the attack rate of the virus and the resulting sickness and death.

The impact of influenza pandemic on the health care system could be devastating. The CDC estimates in the United States a moderate pandemic could result in 90 million people becoming ill; 45 million outpatient visits; 865,000 hospitalizations; and 209,000 deaths. Given the potential for high levels of sickness and death and the significant disruption to society, the State of Ohio has joined the federal government in giving high priority to planning for the next influenza pandemic.

The Ohio Department of Health’s (ODH) Pandemic Influenza Preparedness and Response Plan (PIPRP) is an integral part of the overall Ohio preparation and response to influenza pandemic.

Plan Development

Ohio’s plan development occurred through an assessment of the federal target capabilities that applied to influenza pandemic. The target capabilities were then combined into functional areas within the plan. Additionally, the plan was organized into phases developed by the WHO (see below) with preparedness activities identified for Phases 1 through 4 and response activities for Phases 5 and 6. Although WHO Phase 5 (large clusters of infected people but human-to human spread is still localized) is a pandemic alert phase and Phase 6 signifies the pandemic period, these 2 phases were both considered response phases for the Ohio Department of Health. As a designation of pandemic influenza Phase 5 would lead to response activities at the Ohio Department of Health including the initiation of an incident command structure.

Relationship Between Federal, State and Local Response

ODH’s planning and response to an influenza pandemic makes operational the ODH roles and responsibilities of the State Emergency Operations Center (EOP) and serves to support local response plans. Pandemic response is primarily a function of local response. The ODH plan supports the local response effort, it does not replace it. Further, federal response cannot be guaranteed as it usually can in other types of disaster response plans. State and local government must plan to respond to their own disaster and expect minimal or no federal response. WLRS’ preparedness plan is contained in this document and the extensiveness of this plan will depend upon the degree of support provided at the state and local Department of Health agencies, as well as what support is provided by the local hospital (Wood County Hospital) to the community.

Responsibilities for Plan

Ohio’s plan will be maintained by the ODH, Division of Prevention, Bureau of Public Health Preparedness (BPHP), in cooperation with appropriate subject matter experts from other divisions and bureaus. Responsibility for maintaining the preparedness plan for WLRS is the Health and Safety Committee in collaboration with the WCBDD, the local health department, Wood County Hospital, and other agencies represented on the Wood County Pandemic Influenza Committee.

Appendix B – Plan

Plan Maintenance and Approval

The original plan for Ohio will be approved by the Director of ODH. Subsequent revisions unless deemed significant will be approved by Ohio's Division of Prevention. A significant revision is one that changes a concept of operations, results in a large shift in planning and response capabilities, or results in revising more than 30 percent of the plan in a single revision.

Ohio's plan will be reviewed annually by all affected ODH bureaus primarily:

- Bureau of Public Health Preparedness (BPHP)
- Bureau of Infectious Disease Control (BIDC)
- Bureau of Health Surveillance, Information and Operational Support (BHSIOS)
- Bureau of Public Health Laboratories

After review of Ohio's plan, suggested changes will be submitted to BPHP. If considered appropriate a revision will be prepared and approved.

WLRS Board approves the Pandemic Influenza Response Plan. The WLRS plan will be monitored and reviewed by the Health and Safety Committee and will be updated as necessary. Should significant changes be necessary (i.e., there is an announcement that North America has moved from a lower to a higher pandemic flu risk, then the Boards approval may be sought based on the CEO). (See Phases below.) Before approval all final plan development and significant revisions will be the result of receiving input from representatives of the Wood County Safety Committee including representatives from the:

- Wood County Board of DD
- Wood County Hospital
- Bowling Green City Police (and other police departments in Wood County)
- Bowling Green Fire Department
- Wood County Commissioners
- Wood County Health Department
- Wood County Emergency Management
- Wood County Prosecutor's Office
- BGSU
- Local Office of the Ohio Department of Jobs and Family Services
- Municipal Governments
- The Red Cross
- WC Net
- Wood County Educational Service Center
- Wood County Funeral Home Directors

Appendix C – Definitions of Phases

World Health Organization (WHO) Phases Of Influenza Pandemic

In 2005, the WHO Secretariat published updated guidance for an influenza pandemic and defined the phases of a pandemic. This schema provides guidance to those involved in public health, medical and emergency preparedness to respond to threats and the occurrence of an influenza pandemic. In addition, the guidance can assist governments in the development of national pandemic influenza preparedness plans. The new definitions place more emphasis on pre-pandemic phases when pandemic threats may exist in animals or when new influenza virus subtypes infect people but do not spread efficiently. In the United States, pandemic phases will be defined, based on the global phase. During the Pandemic Phase (Phase 6), additional subdivisions may be defined, based on the extent of disease. In addition, the distinction between the various phases of an influenza pandemic may be blurred or occur in a matter of hours, again underscoring the need for flexibility. The WHO phases of pandemic follows:

Phases	Overarching Public Health Goals
Interpandemic Period	
Phase 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 ^a of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.
Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk ^a of disease.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic Alert Period	
Phase 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. ^b	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
Phase 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. ^b	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 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).	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.
Pandemic Period	
Phase 6. Pandemic: increased and sustained transmission in general population. ^b	Minimize the impact of the pandemic.
^a The distinction between Phase 1 and Phase 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.	
^b The distinction between Phase 3 , Phase 4 and Phase 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.	

A New Influenza Virus: How it Could Cause a Pandemic

Annual outbreaks and epidemics of influenza are caused by Influenza A and B viruses. They are the result of minor changes in the influenza viruses that enable them to evade the immunity people have developed after previous infections with the viruses, or in response to vaccinations. Only the Influenza A virus can cause pandemics. When a major change in either one or both surface proteins of the Influenza A virus occurs, no one will be immune, as this represents a completely new virus. When the virus also has the capacity to spread from person to person, a pandemic may develop.

Global pandemics have been reported for many hundreds of years. The best documented pandemics occurred in 1918 (H1N1, the Spanish flu), 1957 (H2N2, the Asian flu) and 1968 (H3N2, the Hong Kong flu).

Appendix D - Consequences

Consequences of an Influenza Pandemic

During the 20th century influenza pandemics caused millions of deaths, social disruption and profound economic losses worldwide. Influenza experts agree that another pandemic is likely to happen but are unable to say when. The specific characteristics of a future pandemic virus cannot be predicted. Nobody knows how pathogenic a new virus would be and which age groups it would affect. The impact of improved nutrition and health care needs to be weighed against the effect of increased international travel or simultaneous health threats that weaken the immune system such as HIV/AIDS. The level of preparedness will also influence the final death toll. However, even in one of the more conservative scenarios, it has been calculated that the world will face up to 233 million outpatient visits, 5.2 million hospital admissions and 7.4 million deaths globally within a very short period.

In addition to their human toll epidemics can have enormous social and economic consequences in a closely interconnected and interdependent world. For example, in 2003 the outbreak of Severe Acute Respiratory Syndrome (SARS) caused economic losses and social disruption far beyond the affected countries and far out of proportion to the number of cases and deaths. While influenza is distinctly different from SARS, it can be anticipated that a pandemic would have a similarly disruptive effect on societies and economies.

Pandemics do not occur frequently. The last major influenza pandemic was in 1968. Since then, however, Highly Pathogenic Avian Influenza (HPAI), which has previously infected only birds, has caused illness in humans several times. HPAI outbreaks remind us that the next pandemic could occur at any time if an influenza virus were to combine the high case fatality rate associated with HPAI infections in humans and the high transmissibility of seasonal influenza. Governments and their partners need to develop strategies and programs to prepare for a pandemic.

Appendix E - Preparedness

Prepare

The objective of pandemic planning on a global level is to enable countries to be prepared to recognize and manage an influenza pandemic. Planning may help to reduce transmission of the pandemic virus strain, to decrease cases, hospitalizations and deaths, to maintain essential services and to reduce the economic and social impact of a pandemic. In addition, blueprints for an influenza pandemic preparedness plan can easily be used for broader contingency plans encompassing other disasters caused by the emergence of new, highly transmissible and/or severe communicable diseases.

Preparing for and Addressing an Emergency

It is strongly recommended to ensure that existing emergency plans and structures coincide with this plan, to prevent overlap and ensure efficient use of resources.

Getting Started

Rationale: To ensure that decision-makers are willing and able to make difficult choices before and during a pandemic, political and bureaucratic commitments are essential. In order for the plan and its implementation to be acceptable to the public, community involvement should be ensured as well.

The importance of influenza pandemic preparedness cannot be overstated, and will be insured through implementation of the WLRS plan. Collaboration with governmental, public, and private agencies and businesses will be necessary to insure success of the plan.

Funding: WLRS has budgeted sufficient monies to implement the plan at a level that will be defensible to the public as being fiscally responsible while also implementing a plan that shows compassion in meeting needs within a limited budget.

Administrative

Rationale: In order to be able to make clear and timely decisions and to have a uniform plan that is endorsed by all officials it is essential to know who is in charge of different activities and how that might change if a limited outbreak becomes a major emergency. In addition, it is essential to know who is in charge of key elements in the response (i.e. - enforcement of quarantine).

Administrative Function: With the approval of this plan, the WLRS Board hereby gives the authority to the CEO to implement this plan. Unexpected variables will need to be taken into account by the CEO during the implementation of this plan and may be required by these unknown variables to take action that is outside the scope of this plan in order to address life saving emergency health safety issues that would require immediate action.

WLRS will cooperate and collaborate with the existing local Wood County Emergency Response Team and control entities (Emergency Management Agency, Ohio Department of Health and Wood County Health Department) in all phases of the pandemic.

Administrative Back-ups: In terms of hierarchy in implementing this plan the WLRS Board approves the plan and the CEO is responsible to implement all phases of this plan. If the CEO is unable to fulfill this duty then the Associate Director will take over the full duties of the CEO in this crisis which also includes plan implementation.

Fiscal Office Back-ups: The Finance Director will oversee all fiscal operations. The back up for Fiscal Operations is based upon the Table of Organization. Should no one be available the Human Resources Manager will provide the back up.

Human Resource Manager Back-Up: WLRS Human Resources Manager will carry out the HR duties as under normal operations. During a pandemic if the Human Resources Manager cannot perform their function, the Executive Assistant will assist as needed. Should basic and necessary functions not be fulfilled the Associate Director will assist as needed.

IT Back-ups: The WCBDD Computer Support Supervisor (CSS) is responsible for implementation of the maintenance and all operations of the computer network prior to a pandemic. If during a pandemic the CSS cannot perform the responsibilities, the WCBDD Computer Network Technician will carry out these duties with assistance from the WCBDD Computer Systems Analyst/Designer. Should basic and necessary functions not be fulfilled the WCBDD Director of Quality & Compliance will assist as needed.

Other WLRS service issues during a pandemic are covered in the section entitled: “Response Plan by Pandemic Phase.”

Procedures for Alert and Outbreak Verification: The Health and Safety Coordinator will contact the local emergency and health department authorities to verify a local general community outbreak and then notify the CEO. The “Response Plan by Pandemic Phase” will be followed.

WLRS Emergency Team (RET): The RET team will consist of the following members:

- CEO
- Associate Director
- Finance Director
- Human Resources Manager
- Executive Assistant
- Maintenance Supervisor
- Residential Supervisor
- Program Coordinator
- Nursing Supervisor
- Program Supervisor
- Compliance Coordinator

If a number of team members become infected and thus not able to serve on the team then the team would consist of any of the remaining members.

Information Reports: Information will be disseminated after a review of such with WLRS Emergency Team. Briefings will be held daily through electronic means since in a pandemic community members will be quarantined which includes WLRS Emergency Teams. Reports will be posted on the radio if possible and on the pandemic section of WLRS web site at www.woodlaneresidential.org. The designated spokesperson during the pandemic is the CEO or designee.

Communication

Rationale: Communication strategies are an important component in managing any infectious disease outbreak, and are essential in the event of a pandemic. Accurate and timely information at all levels is critical in order to minimize unwanted and unforeseen social disruption and economic consequences, and to maximize the effective outcome of the response.

Public Communication

Should there be a pandemic all consumers served, employees, and parents/guardians will receive an information packet containing the major points of this plan.

Information will be referenced on the WLRS website at www.woodlaneresidential.org where you can click on “Alerts” and will find the Pandemic Plan. The site will contain answers to frequently asked questions, the most up-to-date attachments listed at the end of this plan, links to other related sites on local, state, and federal levels; videos about the prevention of catching the influenza flu, and much more. A visitor to the site may also ask questions and receive answers as soon as possible.

The pandemic spokesperson for WLRS is the CEO or designee. During a pandemic quarantine, there will be updates daily on the WLRS website. People who don't have a computer will be able to listen to a recorded message hearing the same information. Information will include the current status of the pandemic, closure status, any health related information that is needed in the care of those who have contracted the virus, and steps to take to prevent the spread of the virus, and much more. Consumers and parent/guardians may contact

the WCBDD or WLRS central phone line should they have questions and each Emergency Team will designate someone to answer questions.

When the pandemic appears to be over, verification of such will be obtained and communicated in the same video and teleconferencing manner, as well as through the radio.

Communication Among the Emergency Teams: WLRS Emergency Team will use the following technologies: videoconferencing, conference calls, access to web sites and emailing, fax equipment, cell phones, radios, and telephones.

Appendix F – Legal/Ethical Issues

Legal Issues

Rationale: During the pandemic it may be necessary to violate (individual) human rights. Examples of such at WLRS, during a pandemic would be the enforcement of quarantine (overruling individual freedom of movement), compulsory vaccination, and implementation of emergency shifts in essential services.

Other times when individual human rights may be violated during a pandemic would be:

- Travel or movement restrictions (leaving and entering areas where infection is established)
- Closure of Wood Lane School and Wood Lane Industries
- Prohibition of mass gatherings or meetings
- Isolation or quarantine of infected persons, or of persons suspected of being infected, or persons from areas where pandemic strain influenza infection is known.
- Priority inoculation of the influenza vaccination of health-care and direct-care workers, and workers in essential services at high risk.
- Liability insurance coverage will be ensured to address instances when temporary or retired health-care workers and volunteers who may be working in areas outside their training and competence in health and emergency services, may be used to provide services.

Ethical Issues

Rationale: Ethical issues are closely related to the legal issues as mentioned above. A few of the ethical issues are further reviewed below.

Limiting Personal Freedom: During certain periods of the quarantine phase there will be limited movement of employees in or out of the WLRS homes, unless such movement has been authorized by the CEO or designated member of the Emergency Team. The reason for this limitation of movement in and out of the home is that one or more of the employees and residents in the home may become infected.

Sending Employees Home: During the quarantine phase of the pandemic, diagnostic laboratory testing will be almost impossible to obtain, due to the overwhelming demand by the general public for such a service. If such testing would become available, those who are quarantined at a WLRS home will be provided any testing thought to be necessary by the WLRS nursing staff. Those employees who are tested and found infected with the influenza virus will be asked to go home.

Compulsory Vaccination: It is projected by the healthcare professionals at the World Health Organization that it may take 5 to 6 weeks after the start of a pandemic for a vaccination to be available for public dissemination. When or if such a vaccination would be available to the public, WLRS employees who are actively working would be inoculated as a measure of protection for them and to those for whom they provide services.

Appendix G - Personnel

Donated Sick Leave Policy

Exception to Procedure
No more donated sick leave
after quarantine announced

Return to Work after Flu

Exception to Procedure
Checklist completed by employee who was ill to
indicate symptom free

Emergency Program Closing Days

Exception to Procedure
Regular rate of pay

All previously approved Leaves (vacation, personal, comp time earned) could be placed "on hold" to ensure coverage for minimum services to be provided.

Questions:

- How to reassign staff once quarantine announced – Emergency Team; Home Supervisor does not have authority at this time to reassign
- Paying people who aren't working – Follow Existing Procedures
- What if employees refuse assignment? – Emergency team work individually with employee to reassign

Appendix H - PPE and Emergency Supply List

Listed below are the anticipated supplies needed by this agency in case of a pandemic. Some or all of these items may not be purchased until there has been a Pandemic Alert. This list is predicated on the assumption that direct support missions will continue for WLRS. Such missions include providing employees to other facilities to care for individuals served while absenteeism is high and providing for home visits to individual or caregivers who are ill and unable to obtain necessary services.

The major assumption is that this agency will stockpile enough supplies to last at least one week for 300 personnel once proper authority for this region has issued a pandemic alert. Pandemic Alert Quantities will be obtained and maintained once a Phase 6 school closed is announced.

Items:	On Hand Quantity¹	Pandemic Alert Quantity²
Surgical masks - regular	2 single masks	4500 single masks
Gloves	Varies based on needs	2 cases per size
Eye protection	2 individual	300 individual
Barrier gowns	2 individual	3000 individual units
Hand sanitizer	3-5 individual units	3 cases per facility
Disinfectant cleaner	1 case per facility	2 cases per facility
Thermometers	1 per facility	2 per facility
Thermometers sleeves as needed	200 per home	1500 individual units
Garbage bags	2 cases per facility	3 cases per facility
Biohazard bags	1 case total (all facilities)	1 case total
Tissues	2 cases per facility	3 cases per facility
Toilet paper	2 cases per facility	3 cases per facility
Paper Towels	10 rolls	2 cases per facility
OTC flu-related medications such as Ibuprofen, Pedialyte, or Gatorade	Standing orders for consumers	Standing orders for consumers
Attends	Based on Need	3 X Normal Use
Attends Pant Liner	Based on Need	3 X Normal Use
Underpad	Based on Need	3 X Normal Use
Protective Underwear Pull-up	Based on Need	3 X Normal Use
Build up emergency supplies of: <ul style="list-style-type: none"> • Food to last at least two weeks – long lasting foods, such as canned or dried meats, fruits or vegetables, protein or fruit bars, dry cereal, peanut butter or nuts, formula and canned baby food. Include a supply of food for a pet • Manual can opener • Water in sealed water containers that are labeled and date labeled and stored in a cool and dry location 		

Note 1: Figure is at or above normal levels maintained in facilities

Note 2: Figure indicates total quantities needed for agency employees one week of operations.

Note 3: In all Non-Licensed settings and those with drop in staff, every effort will be made to assist individuals to prepare and gain quantities that will sustain them through an emergency.

- Prescribed medicine and medical supplies, such as glucose and blood pressure monitoring equipment. Renew prescription medicine well before you run out to ensure an adequate supply
- First Aid Kit (include a thermometer)
- Portable radio, flashlight and batteries
- Cleansing agents, soap and alcohol based hand wash